

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
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

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 \$ 18,297,535

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? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

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

J Website: WWW.UWCNM.ORG

H(c) Group exemption number ▶

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.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	40
4 Number of independent voting members of the governing body (Part VI, line 1b)	38
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	57
6 Total number of volunteers (estimate if necessary)	231
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 39	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	15,812,220	17,916,209
9 Program service revenue (Part VIII, line 2g)	583,573	10,976
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	136,770	5,156
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,765	2,310
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,535,328	17,934,651
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,289,943	12,083,698
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,310,981	3,495,464
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,566,832		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,455,547	1,633,303
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,056,471	17,212,465
19 Revenue less expenses. Subtract line 18 from line 12	-521,143	722,186

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	13,422,668	12,102,414
21 Total liabilities (Part X, line 26)	4,106,232	3,837,459
22 Net assets or fund balances. Subtract line 21 from line 20	9,316,436	8,264,955

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: 2021-02-25
Type or print name and title: LISA KRUGER SEC/TREAS/INTERIMCFO

Paid Preparer Use Only
Print/Type preparer's name: PULAKOS CPAS PC
Preparer's signature: [Signature]
Date: 2021-02-25
Check if self-employed
PTIN: P00446108
Firm's name: PULAKOS CPAS PC
Firm's EIN: 85-0219147
Firm's address: 5921 JEFFERSON ST NE, ALBUQUERQUE, NM 87109
Phone no. (505) 338-1500

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 \$ 14,298,839 including grants of \$ 12,083,698) (Revenue \$ 10,976)
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 ▶ 14,298,839

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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 5 columns: Question, 1a, 1b, Yes, No. Rows include: 1a Enter the number of voting members... 40; 1b Enter the number of voting members included in line 1a... 38; 2 Did any officer, director, trustee, or key employee have a family relationship... No; 3 Did the organization delegate control over management duties... No; 4 Did the organization make any significant changes to its governing documents... 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? 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; 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 VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	156,198				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	17,760,011				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f		17,916,209				
Program Service Revenue	2a AFFILIATED PROGRAMS & ACTIV.	Business Code					
		900099	10,976	10,976			
	b						
	c						
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.		10,976					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		39,976			39,976	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	6a				
			(ii) Personal				
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c				
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a	328,064			
			(ii) Other				
		b Less: cost or other basis and sales expenses	7b	362,884			
		c Gain or (loss)	7c	-34,820			
	d Net gain or (loss)		-34,820			-34,820	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a				
		b Less: direct expenses	8b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19		9a				
		b Less: direct expenses	9b				
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances		10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a OTHER INCOME	900099	2,310	2,310				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		2,310					
12 Total revenue. See instructions		17,934,651	13,286		5,156		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,083,698	12,083,698		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	793,766	274,485	286,983	232,298
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,110,687	742,190	759,825	608,672
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	130,514	39,764	48,618	42,132
9 Other employee benefits	234,807	71,539	87,469	75,799
10 Payroll taxes	225,690	68,761	72,856	84,073
11 Fees for services (non-employees):				
a Management				
b Legal	11,880	8,236	550	3,094
c Accounting	39,644	27,485	1,836	10,323
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,037	719	48	270
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	589,584	396,822	37,125	155,637
12 Advertising and promotion	69,518	51,113	1,776	16,629
13 Office expenses	29,176	25,340	372	3,464
14 Information technology	130,497	92,553	3,182	34,762
15 Royalties				
16 Occupancy	169,835	95,767	7,407	66,661
17 Travel	83,886	53,407	3,159	27,320
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	172,453	86,226	8,623	77,604
22 Depreciation, depletion, and amortization	49,158	12,553	6,798	29,807
23 Insurance	25,040	12,520	1,252	11,268
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	57,266	33,269	2,400	21,597
b CO BRANDED EXPENSES	47,315	30,916	7,019	9,380
c CREDIT CARD CHARGES	37,934	18,967	1,897	17,070
d DUES AND SUBSCRIPTIONS	36,681	21,367	5,581	9,733
e All other expenses	82,399	51,142	2,018	29,239
25 Total functional expenses. Add lines 1 through 24e	17,212,465	14,298,839	1,346,794	1,566,832
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	1,161,750	1	1,114,862
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	7,441,378	3	6,406,355
	4 Accounts receivable, net	136,712	4	129,956
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	339,265	9	364,352
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,181,183		
	b Less: accumulated depreciation	1,049,499		
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	2,709,162	12	2,384,574
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,509,322	15	1,570,631
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,422,668	16	12,102,414	
Liabilities	17 Accounts payable and accrued expenses	580,520	17	537,229
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	3,525,712	25	3,300,230
	26 Total liabilities. Add lines 17 through 25	4,106,232	26	3,837,459
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,807,368	27	1,970,762
	28 Net assets with donor restrictions	6,509,068	28	6,294,193
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	9,316,436	32	8,264,955	
33 Total liabilities and net assets/fund balances	13,422,668	33	12,102,414	

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	17,934,651
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,212,465
3	Revenue less expenses. Subtract line 2 from line 1	3	722,186
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,316,436
5	Net unrealized gains (losses) on investments	5	26,333
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	-1,800,000
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,264,955

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		

Software ID:**Software Version:****EIN:** 85-0277138**Name:** UNITED WAY OF CENTRAL NEW MEXICO

Form 990 (2019)

Form 990, Part III, Line 4a:

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 ABOVE AND BEYOND WHAT EXISTED IN OUR BASELINE YEAR OF 2010. THIS MULTI-SECTOR PARTNERSHIP IS COMMITTED TO A VISION FOR A WORLD-CLASS, SEAMLESS, AND COORDINATED EDUCATION SYSTEM THAT PROVIDES EQUITABLE OPPORTUNITIES FOR ALL TO EXCEL AND SUCCEED IN SCHOOL; GRADUATE WITH A CERTIFICATE OR POSTSECONDARY DEGREE; AND ENTER A CAREER OF THEIR CHOOSING IN CENTRAL NEW MEXICO. COMMUNITY IMPACT FUND THE COMMUNITY IMPACT FUND IMPROVES OUR COMMUNITY BY PROVIDING PROGRAM GRANTS TO QUALIFYING HEALTH AND HUMAN SERVICES AGENCIES IN CENTRAL NEW MEXICO. THE COMMUNITY FUND ADVANCES THE COMMON GOOD AND WORKS TO CREATE A STRONGER COMMUNITY. WE PROVIDE GRANTS IN THREE AREAS: 1) IMPACT GRANTS THAT FOCUS ON EDUCATION/YOUTH DEVELOPMENT AND FAMILY STABILITY. 2) BASIC NEEDS GRANTS SUPPORT EMERGENCY NEEDS, SUCH AS FOOD AND EMERGENCY SHELTER. 3) CAPACITY BUILDING GRANTS IMPROVE A NONPROFIT'S ABILITY TO FULFILL ITS MISSION. UWCNM INVESTS IN EDUCATIONAL PROGRAMS TO SUPPORT CENTRAL NEW MEXICAN COMMUNITIES WHERE ALL CHILDREN ARE BORN HEALTHY AND DEVELOP ON TRACK AND ARE FULLY PREPARED TO ENTER THE EDUCATIONAL SYSTEM; WHERE ALL STUDENTS PROGRESS SUCCESSFULLY THROUGH ELEMENTARY SCHOOL, MIDDLE SCHOOL, AND GRADUATE HIGH SCHOOL WITHIN 5 YEARS, READY FOR SCHOOL, LIFE OR WORK; AND WHERE ALL INDIVIDUALS HAVE AN OPPORTUNITY TO ATTAIN POST-SECONDARY EDUCATION, FROM TRADE SCHOOLS TO 4-YEAR UNIVERSITIES. UWCNM INVESTS IN FAMILY STABILITY PROGRAMS TO SUPPORT CENTRAL NEW MEXICAN COMMUNITIES WHERE ALL INDIVIDUALS AND FAMILIES HAVE ADEQUATE AND SUSTAINABLE RESOURCES TO SUPPORT THEIR NEEDS; AND HAVE THE SKILLS, KNOWLEDGE, AND RELATIONSHIPS THEY NEED TO BUILD RESILIENCY. UWCNM INVESTS IN BASIC NEEDS PROGRAMS TO SUPPORT CENTRAL NEW MEXICAN COMMUNITIES WHERE VULNERABLE POPULATIONS ARE SAFE, SOCIALLY ENGAGED, AND LIVE WITH DIGNITY. UWCNM INVESTS IN CAPACITY BUILDING GRANTS WHICH ARE SMALLER GRANTS AWARDED TO ORGANIZATIONS TO SUPPORT THEIR ABILITY TO FULFILL THEIR MISSIONS MORE EFFECTIVELY. COMMUNITY IMPACT FUND EXPENSES ARE PRESENTED UNDER THE IMPACT GRANTS, BASIC NEEDS GRANTS, AND CAPACITY BUILDING GRANTS HEADINGS IN THE STATEMENTS OF ACTIVITIES. MISSION: FAMILIES MISSION: FAMILIES IS A PART OF UWCNM'S CRADLE TO CAREER IMPACT AGENDA AND WAS ESTABLISHED IN 2018 IN RESPONSE TO MISSION: GRADUATE'S WORK, THE EDUCATIONAL COMPONENT OF UWCNM'S IMPACT AGENDA. MISSION: FAMILIES FOCUSES ON FAMILY STABILITY, AND THE VISION IS RESILIENT CHILDREN AND FAMILIES FREE FROM ADVERSE CHILDHOOD EXPERIENCES IN CENTRAL NEW MEXICO. THE GOAL IS TO IMPACT 20,000 FAMILIES BY THE YEAR 2030 IN CENTRAL NEW MEXICO. TAX HELP NEW MEXICO TAX HELP NEW MEXICO PROVIDES FREE TAX PREPARATION TO NEW MEXICO HOUSEHOLDS WITH AN ANNUAL HOUSEHOLD INCOME OF LESS THAN 56,000. VOLUNTEERS SERVED 11,273 CLIENTS LAST FILING SEASON, WHICH ALSO CORRESPONDED WITH THE STATE'S SHUTDOWN DUE TO THE COVID-19 PANDEMIC. TAX HELP NM SAVED NEW MEXICO FILERS MORE THAN 3.6 MILLION IN TAX PREPARATION FEES AND WAS RESPONSIBLE FOR RETURNING OVER 16 MILLION IN TAX REFUNDS TO LOCAL ECONOMIES. TAX HELP NEW MEXICO EXPENSES ARE PRESENTED UNDER THE OTHER INITIATIVES HEADING IN THE STATEMENTS OF ACTIVITIES. 2-1-1 2-1-1 IS THE NATIONAL ABBREVIATED DIALING CODE FOR FREE ACCESS TO HEALTH AND HUMAN SERVICES INFORMATION AND REFERRAL. UNITED WAY OF CENTRAL NEW MEXICO'S 2-1-1 IS A COMPREHENSIVE SOURCE FOR INFORMATION ABOUT HEALTH AND HUMAN SERVICES, GOVERNMENT AGENCIES, AND COMMUNITY-BASED ORGANIZATIONS. UWCNM'S 2-1-1 SERVICE, WHICH INCLUDES OUR PHONE SERVICE AND WEBSITE EXPERIENCED MORE THAN 26,000 CONTACTS IN 2020; THIS YEAR, CALL VOLUME DRAMATICALLY INCREASED IN THE CONTEXT OF COVID BECAUSE SO MANY COMMUNITY MEMBERS ARE SUFFERING FOOD INSECURITY, LOSS OF INCOME AND HOUSING INSTABILITY AND NEED EXTRA SUPPORT. 2-1-1 (OR 245-1735) IS STAFFED BY LIVE AGENTS BETWEEN 8:30 A.M. AND 4:30 P.M. MT MONDAY THROUGH FRIDAY; AN AUTOMATED SYSTEM FIELDS CALLS AFTER HOURS AND ON WEEKENDS AND HOLIDAYS. CALLERS WHOSE NEEDS ARE NOT MET BY THE AUTOMATED SYSTEM CAN LEAVE VOICEMAIL MESSAGES WHICH ARE RESPONDED TO THE NEXT BUSINESS DAY. 2-1-1 EXPENSES ARE PRESENTED UNDER THE OTHER INITIATIVES HEADING IN THE STATEMENTS OF ACTIVITIES. FAMILY ADVOCACY CENTER UWCNM HELPED ESTABLISH THE FAMILY ADVOCACY CENTER (FAC) IN 2007 TO CHANGE THE SYSTEM OF CARE FOR VICTIMS OF DOMESTIC AND INTERPERSONAL VIOLENCE. THE FAC IS A "ONE-STOP" SHOP FOR VICTIMS THAT OFFERS A SAFE, SECURE AND CARING ENVIRONMENT FOCUSED ON THE NEEDS OF VICTIMS OF INTERPERSONAL CRIME. THE FAC HOUSES MANY DIFFERENT AGENCIES WORKING TOGETHER UNDER ONE ROOF. THE UNIQUE DESIGN OF THE FACILITY DRAMATICALLY REDUCES THE STRESS AND TRAUMA OFTEN PLACED ON VICTIMS AND THEIR FAMILIES THROUGH GIVING THEM ACCESS TO A WIDE RANGE OF SUPPORT SERVICES AT ONE LOCATION. SERVICES INCLUDE MEDICAL CARE, ADVOCACY, LEGAL AND FINANCIAL ASSISTANCE, AS WELL AS LAW ENFORCEMENT AND PROSECUTION. MANY OF THE AGENCIES THAT HOUSED AT OR WORK WITH THE FAC APPLY FOR AND RECEIVE COMMUNITY FUND IMPACT GRANTS. IN ORDER TO KEEP CLIENTS AND STAFF MEMBERS SAFE DURING THE COVID-19 PANDEMIC AND IN ACCORDANCE WITH NEW MEXICO STATE GUIDELINES, SERVICES ARE CURRENTLY OFFERED ON AN APPOINTMENT BASIS. FAC EXPENSES ARE PRESENTED UNDER THE OTHER INITIATIVES HEADING IN THE STATEMENTS OF ACTIVITIES. THE CENTER FOR NON-PROFIT EXCELLENCE (CNPE) STRENGTHENS THE CAPABILITIES AND CAPACITIES OF NEW MEXICO NONPROFITS SO THEY CAN EFFECTIVELY ACHIEVE THEIR MISSIONS. CNPE DOES THIS BY PROVIDING ORGANIZATIONAL AND PROFESSIONAL DEVELOPMENT RESOURCES TO NONPROFIT PROFESSIONALS AND VOLUNTEERS THROUGH THE CNPE EDUCATION PROGRAM. AS OF JUNE 30, 2020, CNPE IS NO LONGER A UWCNM PROGRAM. COVID-19 RELIEF IN RESPONSE TO THE RELIEF NEEDED AS A RESULT OF THE COVID-19 PANDEMIC, UNITED WAY OF CENTRAL NEW MEXICO CREATED THREE RELIEF FUNDS, THE EMERGENCY ACTION FUND (IN PARTNERSHIP WITH THE ALBUQUERQUE COMMUNITY FOUNDATION), THE FEEDING FAMILIES FUND, AND THE NATIVE AMERICAN RELIEF FUND. THE EMERGENCY ACTION FUND PROVIDED GRANTS TO LOCAL NON-PROFITS WHO EXPERIENCED GREATER NEED DUE TO THE PANDEMIC. THE FEEDING FAMILIES FUND PROVIDED FUNDING RELIEF TO BOTH LOCAL NON-PROFITS AND SMALL BUSINESSES THROUGH FUNDING FOOD-SECURITY PROGRAMS BY USING LOCAL RESTAURANTS TO PROVIDE MEALS. THE NATIVE AMERICAN RELIEF FUND (IN PARTNERSHIP WITH NEW MEXICO COMMUNITY FOUNDATION AND SANDIA NATIONAL LABS) RAISED FUNDS TO SUPPORT TRIBAL AND STATE GOVERNMENTS' EFFORTS TO DELIVER EMERGENCY SUPPLIES TO COMMUNITIES IMPACTED BY COVID-19. IN TOTAL, OVER 1.2 MILLION WERE RAISED TO PROVIDE SUPPORT THROUGH THE THREE FUNDS.

Form 990, Part 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			
JEANETTE BRAHL CCO	50.00			X				87,261	0	14,553
MEGAN DUNN DAVISON CIO AS OF FE	50.00			X				69,792	0	3,546
ANGELO GONZALES CSO	50.00			X				124,806	0	10,539
WILLIAM NEWELL CFO- AS OF O	50.00			X				23,514	0	1,989
CECILIA RIVAS CFO TO JULY	50.00			X				99,126	0	13,342
RANDALL WOODCOCK VP OF CORP R	50.00			X				127,559	0	13,312
RODNEY PRUNTY PRESIDENT/CE	50.00	X		X				112,546	0	12,032
SONYA PRIESTLY BOARD CHAIR	1.00	X		X				0	0	0
RYAN A SHELL IMMEDIATE PA	1.00	X		X				0	0	0
JOHN CAREY BOARD CHAIR	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			
LISA KRUGER SEC/TREAS/IN	1.00	X		X				22,000	0	0
CAROL MAYO COCHRAN PUBLIC POLIC	1.00	X						0	0	0
H NOELLE CHAVEZ COMMUN. IMPA	1.00	X						0	0	0
DALE MAXWELL CAMPAIGN CHA	1.00	X						0	0	0
PAUL MOYA STRATEGIC DE	1.00	X						0	0	0
DIANA GOOD RURAL COUNTI	1.00	X						0	0	0
SUSAN WILSON MARKETING CH	1.00	X						0	0	0
TERESA SALAZAR GRADUATE CO	1.00	X						0	0	0
LEIGH CASWELL FAMILIES CO	1.00	X						0	0	0
ELLEN BERNSTEIN DIRECTOR	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD BERRY DIRECTOR	1.00	X						0	0	0
PAUL CASSIDY DIRECTOR	1.00	X						0	0	0
SUE CLEVELAND DIRECTOR	1.00	X						0	0	0
ELAINE DARNELL DIRECTOR	1.00	X						0	0	0
LISA EDEN DIRECTOR	1.00	X						0	0	0
KELCY FLANAGAN DIRECTOR	1.00	X						0	0	0
JULIAN GARZA DIRECTOR	1.00	X						0	0	0
SYDNEY GUNTHORPE DIRECTOR	1.00	X						0	0	0
JASON HARRINGTON DIRECTOR	1.00	X						0	0	0
JESSICA M HERNANDEZ DIRECTOR	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EMILY HOWARD DIRECTOR	1.00	X						0	0	0
GUIDO KEMP DIRECTOR	1.00	X						0	0	0
MARGARET MEG MEISTER DIRECTOR	1.00	X						0	0	0
RALPH MIMS DIRECTOR	1.00	X						0	0	0
KELLIE S MIXON DIRECTOR	1.00	X						0	0	0
KAREN MOSES DIRECTOR	1.00	X						0	0	0
JAMES PEERY DIRECTOR	1.00	X						0	0	0
RAQUEL REEDY DIRECTOR	1.00	X						0	0	0
RON SCHRANZ DIRECTOR	1.00	X						0	0	0
SHYLA SHEPPARD DIRECTOR	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN STICHMAN DIRECTOR	1.00	X						0	0	0
GARNETT STOKES DIRECTOR	1.00	X						0	0	0
ANDY STREBE DIRECTOR	1.00	X						0	0	0
DEREK VALDO DIRECTOR	1.00	X						0	0	0
JOHN VALENTINE DIRECTOR	1.00	X						0	0	0
LORI WALDON DIRECTOR	1.00	X						0	0	0
SHERMAN MCCORKLE MEMBER EMERI	1.00	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 instructions and the latest information.

OMB No. 1545-0047
2019
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) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	24,238,181	18,647,755	18,386,537	15,812,220	17,916,209	95,000,902
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	24,238,181	18,647,755	18,386,537	15,812,220	17,916,209	95,000,902
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.						95,000,902

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	24,238,181	18,647,755	18,386,537	15,812,220	17,916,209	95,000,902
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	29,029	51,161	149,044	34,262	39,976	303,472
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.). . .		10,115	1,750	2,765	2,310	16,940
11 Total support. Add lines 7 through 10						95,321,314
12 Gross receipts from related activities, etc. (see instructions)					12	4,840,497

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 2019 (line 6, column (f) divided by line 11, column (f))	14	99.660 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	99.580 %

- 16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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	OTHER INCOME 16,940

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization UNITED WAY OF CENTRAL NEW MEXICO

Employer identification number 85-0277138

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 showing total number and aggregate values.

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... 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

Table for conservation easements with columns: Held at the End of the Year, 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06...

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? 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)? 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. 1b 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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	3,168,879	3,110,617	3,042,301	2,603,543	2,881,493
b Contributions	60,860	42,089	52,175	203,396	49,553
c Net investment earnings, gains, and losses	22,975	44,042	153,784	347,427	-61,719
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	175,732	27,869	137,643	112,065	265,784
g End of year balance	3,076,982	3,168,879	3,110,617	3,042,301	2,603,543

- 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 | 3a(i) Yes | No |
| (ii) related organizations | 3a(ii) | 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	383,207	11,866
d Equipment		510,623	400,845	109,778
e Other		275,487	265,447	10,040
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				131,684

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	2,210,526	F
(B) CERTIFICATES OF DEPOSIT	95,473	F
(C) LONG-TERM INVESTMENTS	78,575	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	2,384,574	

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	1,570,631
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	1,570,631

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(1) DONOR OPTIONS PAYABLE	2,114,965
(2) PPP LOAN	621,232
(3) PLANNED GIVING PAYABLE	291,720
(4) NON-CAMPAIGN DONOR OPTION PAYABLE	272,313
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	3,300,230

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	10,063,034
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	26,333
b	Donated services and use of facilities	2b	1,028,931
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,055,264
3	Subtract line 2e from line 1	3	9,007,770
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	8,926,881
c	Add lines 4a and 4b	4c	8,926,881
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	17,934,651

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	11,114,515
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,028,931
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1,800,000
e	Add lines 2a through 2d	2e	2,828,931
3	Subtract line 2e from line 1	3	8,285,584
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	8,926,881
c	Add lines 4a and 4b	4c	8,926,881
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	17,212,465

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 TAXEXEMPT PURPOSE, AND THAT THERE ARE NO UNCERTAIN TAX POSITIONS. ANY INTEREST AND PENALTIES RECOGNIZED ASSOCIATED WITH A TAX POSITION ARE CLASSIFIED AS CURRENT IN UWCNMS FINANCIAL STATEMENTS. THERE WERE NO INTEREST OR PENALTIES RECORDED AS OF JUNE 30, 2020 AND 2019.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	AMOUNTS RAISED ON BEHALF OF OTHERS 8,926,881

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	SEE SCHEDULE O FOR EXPLANATION- REVERSION OF PLEDGE 1,800,000

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	AMOUNTS RAISED ON BEHALF OF OTHERS 8,926,881

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 8,926,881.

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

2019

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...
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.

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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Row 1: (1) SEE ATTACHED SCHEDULE, 11,138,871, SEE ATTACHED SCHEDULE.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 385
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 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

2019**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
<p>FORM 990, PAGE 2, PART III, LINE 4A</p>	<p>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 ABOVE AND BEYOND WHAT EXISTED IN OUR BASELINE YEAR OF 2010. THIS MULTI-SECTOR PARTNERSHIP IS COMMITTED TO A VISION FOR A WORLD-CLASS, SEAMLESS, AND COORDINATED EDUCATION SYSTEM THAT PROVIDES EQUITABLE OPPORTUNITIES FOR ALL TO EXCEL AND SUCCEED IN SCHOOL; GRADUATE WITH A CERTIFICATE OR POSTSECONDARY DEGREE; AND ENTER A CAREER OF THEIR CHOOSING IN CENTRAL NEW MEXICO. COMMUNITY IMPACT FUND THE COMMUNITY IMPACT FUND IMPROVES OUR COMMUNITY BY PROVIDING PROGRAM GRANTS TO QUALIFYING HEALTH AND HUMAN SERVICES AGENCIES IN CENTRAL NEW MEXICO. THE COMMUNITY FUND ADVANCES THE COMMON GOOD AND WORKS TO CREATE A STRONGER COMMUNITY. WE PROVIDE GRANTS IN THREE AREAS : 1) IMPACT GRANTS THAT FOCUS ON EDUCATION/YOUTH DEVELOPMENT AND FAMILY STABILITY. 2) BASIC NEEDS GRANTS SUPPORT EMERGENT NEEDS, SUCH AS FOOD AND EMERGENCY SHELTER. 3) CAPACITY BUILDING GRANTS IMPROVE A NONPROFIT'S ABILITY TO FULFILL ITS MISSION. UWCNM INVESTS IN EDUCATIONAL PROGRAMS TO SUPPORT CENTRAL NEW MEXICAN COMMUNITIES WHERE ALL CHILDREN ARE BORN HEALTHY AND DEVELOP ON TRACK AND ARE FULLY PREPARED TO ENTER THE EDUCATIONAL SYSTEM; WHERE ALL STUDENTS PROGRESS SUCCESSFULLY THROUGH ELEMENTARY SCHOOL, MIDDLE SCHOOL, AND GRADUATE HIGH SCHOOL WITHIN 5 YEARS, READY FOR SCHOOL, LIFE OR WORK; AND WHERE ALL INDIVIDUALS HAVE AN OPPORTUNITY TO ATTAIN POST-SECONDARY EDUCATION, FROM TRADE SCHOOLS TO 4-YEAR UNIVERSITIES . UWCNM INVESTS IN FAMILY STABILITY PROGRAMS TO SUPPORT CENTRAL NEW MEXICAN COMMUNITIES WHERE ALL INDIVIDUALS AND FAMILIES HAVE ADEQUATE AND SUSTAINABLE RESOURCES TO SUPPORT THEIR NEEDS; AND HAVE THE SKILLS, KNOWLEDGE, AND RELATIONSHIPS THEY NEED TO BUILD RESILIENCY. UWCNM INVESTS IN BASIC NEEDS PROGRAMS TO SUPPORT CENTRAL NEW MEXICAN COMMUNITIES WHERE VULNERABLE POPULATIONS ARE SAFE, SOCIALLY ENGAGED, AND LIVE WITH DIGNITY. UWCNM INVESTS IN CAPACITY BUILDING GRANTS WHICH ARE SMALLER GRANTS AWARDED TO ORGANIZATIONS TO SUPPORT THEIR ABILITY TO FULFILL THEIR MISSIONS MORE EFFECTIVELY. COMMUNITY IMPACT FUND EXPENSES ARE PRESENTED UNDER THE IMPACT GRANTS, BASIC NEEDS GRANTS, AND CAPACITY BUILDING GRANTS HEADINGS IN THE STATEMENTS OF ACTIVITIES. MISSION: FAMILIES MISSION: FAMILIES IS A PART OF UWCNM'S CRADLE TO CAREER IMPACT AGENDA AND WAS ESTABLISHED IN 2018 IN RESPONSE TO MISSION: GRADUATE'S WORK, THE EDUCATIONAL COMPONENT OF UWCNM'S IMPACT AGENDA. MISSION: FAMILIES FOCUSES ON FAMILY STABILITY, AND THE VISION IS RESILIENT CHILDREN AND FAMILIES FREE FROM ADVERSE CHILDHOOD EXPERIENCES IN CENTRAL NEW MEXICO. THE GOAL IS TO IMPACT 20,000 FAMILIES BY THE YEAR 2030 IN CENTRAL NEW MEXICO. TAX HELP NEW MEXICO TAX HELP NEW MEXICO PROVIDES FREE TAX PREPARATION TO NEW MEXICO HOUSEHOLDS WITH AN ANNUAL HOUSEHOLD INCOME OF LESS THAN 56,000. VOLUNTEERS SERVED 11,273 CLIENTS LAST FILING SEASON, WHICH ALSO CORRESPONDED WITH THE STATE'S SHUTDOWN DUE TO THE COVID-19 P</p>

990 Schedule O, Organizational Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>ANDEMIC. TAX HELP NM SAVED NEW MEXICO FILERS MORE THAN 3.6 MILLION IN TAX PREPARATION FEES AND WAS RESPONSIBLE FOR RETURNING OVER 16 MILLION IN TAX REFUNDS TO LOCAL ECONOMIES. TAX HELP NEW MEXICO EXPENSES ARE PRESENTED UNDER THE OTHER INITIATIVES HEADING IN THE STATEMENTS OF ACTIVITIES. 2-1-1 2-1-1 IS THE NATIONAL ABBREVIATED DIALING CODE FOR FREE ACCESS TO HEALTH AND HUMAN SERVICES INFORMATION AND REFERRAL. UNITED WAY OF CENTRAL NEW MEXICO'S 2-1 -1 IS A COMPREHENSIVE SOURCE FOR INFORMATION ABOUT HEALTH AND HUMAN SERVICES, GOVERNMENT AGENCIES, AND COMMUNITY-BASED ORGANIZATIONS. UWCNM'S 2-1-1 SERVICE, WHICH INCLUDES OUR PHONE SERVICE AND WEBPAGE EXPERIENCED MORE THAN 26,000 CONTACTS IN 2020; THIS YEAR, CALL VOLUME DRAMATICALLY INCREASED IN THE CONTEXT OF COVID BECAUSE SO MANY COMMUNITY MEMBERS ARE SUFFERING FOOD INSECURITY, LOSS OF INCOME AND HOUSING INSTABILITY AND NEED EXTRA SUPPORT. 2-1 -1 (OR 245-1735) IS STAFFED BY LIVE AGENTS BETWEEN 8:30 A.M. AND 4:30 P.M. MT MONDAY THROUGH FRIDAY; AN AUTOMATED SYSTEM HANDLES CALLS AFTER HOURS AND ON WEEKENDS AND HOLIDAYS. CALLERS WHOSE NEEDS ARE NOT MET BY THE AUTOMATED SYSTEM CAN LEAVE VOICEMAIL MESSAGES WHICH ARE RESPONDED TO THE NEXT BUSINESS DAY. 2-1-1 EXPENSES ARE PRESENTED UNDER THE OTHER INITIATIVES HEADING IN THE STATEMENTS OF ACTIVITIES. FAMILY ADVOCACY CENTER UWCNM HELPED ESTABLISH THE FAMILY ADVOCACY CENTER (FAC) IN 2007 TO CHANGE THE SYSTEM OF CARE FOR VICTIMS OF DOMESTIC AND INTERPERSONAL VIOLENCE. THE FAC IS A "ONE-STOP" SHOP FOR VICTIMS THAT OFFERS A SAFE, SECURE AND CARING ENVIRONMENT FOCUSED ON THE NEEDS OF VICTIMS OF INTERPERSONAL CRIME. THE FAC HOUSES MANY DIFFERENT AGENCIES WORKING TOGETHER UNDER ONE ROOF. THE UNIQUE DESIGN OF THE FACILITY DRAMATICALLY REDUCES THE STRESS AND TRAUMA OFTEN PLACED ON VICTIMS AND THEIR FAMILIES THROUGH GIVING THEM ACCESS TO A WIDE RANGE OF SUPPORT SERVICES AT ONE LOCATION. SERVICES INCLUDE MEDICAL CARE, ADVOCACY, LEGAL AND FINANCIAL ASSISTANCE, AS WELL AS LAW ENFORCEMENT AND PROSECUTION. MANY OF THE AGENCIES THAT HOUSED AT OR WORK WITH THE FAC APPLY FOR AND RECEIVE COMMUNITY FUND IMPACT GRANTS. IN ORDER TO KEEP CLIENTS AND STAFF MEMBERS SAFE DURING THE COVID-19 PANDEMIC AND IN ACCORDANCE WITH NEW MEXICO STATE GUIDELINES, SERVICES ARE CURRENTLY OFFERED ON AN APPOINTMENT BASIS. FAC EXPENSES ARE PRESENTED UNDER THE OTHER INITIATIVES HEADING IN THE STATEMENTS OF ACTIVITIES. THE CENTER FOR NON-PROFIT EXCELLENCE (CNPE) STRENGTHENS THE CAPABILITIES AND CAPACITIES OF NEW MEXICO NONPROFITS SO THEY CAN EFFECTIVELY ACHIEVE THEIR MISSIONS. CNPE DOES THIS BY PROVIDING ORGANIZATIONAL AND PROFESSIONAL DEVELOPMENT RESOURCES TO NONPROFIT PROFESSIONALS AND VOLUNTEERS THROUGH THE CNPE EDUCATION PROGRAM. AS OF JUNE 30, 2020, CNPE IS NO LONGER A UWCNM PROGRAM. COVID-19 RELIEF IN RESPONSE TO THE RELIEF NEEDED AS A RESULT OF THE COVID-19 PANDEMIC, UNITED WAY OF CENTRAL NEW MEXICO CREATED THREE RELIEF FUNDS, THE EMERGENCY ACTION FUND (IN PARTNERSHIP WITH THE ALBUQUERQUE COMMUNITY FUND)</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	NDATION), THE FEEDING FAMILIES FUND, AND THE NATIVE AMERICAN RELIEF FUND. THE EMERGENCY ACTION FUND PROVIDED GRANTS TO LOCAL NON-PROFITS WHO EXPERIENCED GREATER NEED DUE TO THE PAN DEMIC. THE FEEDING FAMILIES FUND PROVIDED FUNDING RELIEF TO BOTH LOCAL NON-PROFITS AND SMALL BUSINESSES THROUGH FUNDING FOOD-SECURITY PROGRAMS BY USING LOCAL RESTAURANTS TO PROVIDE MEALS. THE NATIVE AMERICAN RELIEF FUND (IN PARTNERSHIP WITH NEW MEXICO COMMUNITY FOUNDATION AND SANDIA NATIONAL LABS) RAISED FUNDS TO SUPPORT TRIBAL AND STATE GOVERNMENTS' EFFORTS TO DELIVER EMERGENCY SUPPLIES TO COMMUNITIES IMPACTED BY COVID-19. IN TOTAL, OVER 1.2 MILLION WERE RAISED TO PROVIDE SUPPORT THROUGH THE THREE FUNDS.

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

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	<p>FORM 990, PART XI, LINE 9 AND SCHEDULE D, PART XII, LINE 2D IN 2016, UWCNM ENTERED INTO AN IRREVOCABLE GIFT AGREEMENT WITH DONORS WHICH PROVIDED FOR CONVEYANCE OF OWNERSHIP TO UWCNM OF THE BUILDING THAT HOUSES UWCNMS LEASED OPERATING FACILITIES. THIS CONVEYANCE WAS TO TAKE PLACE AT THE EARLIER OF THE END OF A DEFINED OPTION PERIOD OR THE DEATH OF BOTH DONORS. AS A RESULT, UWCNM RECORDED A LONG-TERM PLEDGE RECEIVABLE FOR THE FAIR MARKET VALUE OF THE BUILDING ON THE DATE OF THE AGREEMENT. THE BALANCE OF THIS PLEDGE RECEIVABLE WAS 1,800,000 ON JUNE 30, 2019. IN 2020, UWCNM AGREED TO TERMINATE THE IRREVOCABLE GIFT AGREEMENT. ACCORDINGLY, UWCNM HAS REMOVED THE VALUE OF THE PLEDGED BUILDING AS OF JUNE 30, 2020. IN RETURN FOR AGREEING TO TERMINATE THE GIFT AGREEMENT, THE ORIGINAL DONOR MADE A PLEDGE OF 1,000,000, OF WHICH 865,000 IS TO BE PAID IN 2021, AND THE REMAINING 135,000 IS TO BE PAID OVER A TEN-YEAR PERIOD. THE REMOVAL OF THE ORIGINAL PLEDGE AND THE ADDITION OF THE NEW PLEDGE RESULTS IN A NET DECREASE IN NET ASSETS OF 800,000. AS OF THE DATE OF BOTH UWCNM AGREEING TO TERMINATE THE GIFT AGREEMENT AND UWCNM ACCEPTING THE 1,000,000 PLEDGE IN ITS PLACE, UWCNMS BOARD CHAIR WAS A DONOR OF THE BUILDING AND THE 1,000,000 PLEDGE. THE BOARD CHAIR RECUSED HERSELF OF ALL ACTIONS TAKEN BY THE UWCNM BOARD OF DIRECTORS ON THESE MATTERS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	AMOUNTS RAISED ON BEHALF OF OTHERS -8,926,881 SEE SCHEDULE O FOR EXPLANATION- REVERSION OF PLEDGE -1,800,000 AMOUNTS RAISED ON BEHALF OF OTHERS 8,926,881 TOTAL -1,800,000

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