

Form **990**

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

OMB No. 1545-0047
2022
 Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 07/01/22, and ending 06/30/23

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

C Name of organization: **UNITED WAY OF NORTH CENTRAL NEW MEXICO**

Doing business as: _____

Number and street (or P.O. box if mail is not delivered to street address): **2340 ALAMO AVE SE, 2ND FLOOR** Room/suite: _____

City or town, state or province, country, and ZIP or foreign postal code: **ALBUQUERQUE NM 87106**

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

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

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

G Gross receipts \$: **14,726,403**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

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

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

K Form of organization: Corporation Trust Association Other

L Year of formation: **1979** **M** State of legal domicile: **NM**

H(c) Group exemption number: _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	34	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	33	
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	74	
	6 Total number of volunteers (estimate if necessary)	6	543	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9 Program service revenue (Part VIII, line 2g)	18,391,432	14,360,686
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		89,287	66,119	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		103,833	289,998	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		44,501	-38,522	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		18,629,053	14,678,281	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,113,162	11,893,750	
	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)	3,638,744	3,853,226	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
	b Total fundraising expenses (Part IX, column (D), line 25) 2,015,282			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,977,430	2,138,683	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18,729,336	17,885,659		
19 Revenue less expenses. Subtract line 18 from line 12	-100,283	-3,207,378		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	25,758,904	23,592,519	
	22 Net assets or fund balances. Subtract line 21 from line 20	3,592,111	4,583,201	
		22,166,793	19,009,318	

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		
	RAUL ANAYA, CPA Type or print name and title	SECRETARY/ TREASURER		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN self-employed
	ROBERT A. DEPASQUALE, CPA	<i>Robert A. DePasquale</i> ROBERT A. DEPASQUALE, CPA	12/04/23	<input type="checkbox"/> P00446108
	Firm's name	Firm's EIN	Phone no.	
	PULAKOS CPAS, PC 5921 JEFFERSON ST NE ALBUQUERQUE, NM 87109	85-0219147	505-338-1500	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2022)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **15,143,554** including grants of \$ **11,893,750**) (Revenue \$ **66,119**)

SEE SCHEDULE O

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

N/A

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

N/A

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

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

4e Total program service expenses **15,143,554**

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

1a	19
1b	0

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	74		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			X
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed NM
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records RODNEY PRUNTY 2340 ALAMO AVE SE, 2ND FLOOR ALBUQUERQUE NM 87106 505-247-3671

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) RODNEY PRUNTY	45.00									
PRES. & CEO	0.00			X			243,990	0	30,197	
(2) JEANETTE BRAHL	45.00									
CMO	0.00			X			110,624	0	17,383	
(3) MELISSA DRACUP	45.00									
CCRO	0.00			X			99,112	0	25,938	
(4) VALERIE INGRAM	45.00									
CIO	0.00			X			39,756	0	1,024	
(5) SHIRLEY MITCHELL	45.00									
INTERIM CFO	0.00			X			14,423	0	0	
(6) LORI WALDON	1.00									
BOARD CHAIR	0.00	X		X			0	0	0	
(7) JAMES PEERY	1.00									
BOARD CHAIR ELECT	0.00	X		X			0	0	0	
(8) RICHARD BERRY	1.00									
PUBLIC POLICY CHAIR	0.00	X		X			0	0	0	
(9) GABRIEL J. CASTRO	1.00									
COMM. IMPACT CHAIR	0.00	X		X			0	0	0	
(10) RAUL ANAYA, CPA	1.00									
SECRETARY/ TREASURER	0.00	X		X			0	0	0	
(11) JANICE TORREZ	1.00									
CAMPAIGN CHAIR	0.00	X		X			0	0	0	

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

(A) Name and title	(B) Average hours 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(12) PAUL MOYA	1.00									
STRATEGIC DEV. CHAIR	0.00	X		X			0	0	0	
(13) ANDY STREBE	1.00									
RURAL COUNTIES CHAIR	0.00	X		X			0	0	0	
(14) EMILY HOWARD	1.00									
MARKETING CHAIR	0.00	X		X			0	0	0	
(15) TERESA SALAZAR	1.00									
RISETOGETHER COCHAIR	0.00	X		X			0	0	0	
(16) GABRIELLA BLAKEY	1.00									
DIRECTOR	0.00	X					0	0	0	
(17) DAVID A. BUCHANAN	1.00									
DIRECTOR	0.00	X					0	0	0	
(18) JOHN CAREY	1.00									
DIRECTOR	0.00	X					0	0	0	
(19) H. NOELLE CHAVEZ	1.00									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal							507,905		74,542	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							507,905		74,542	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EXCEL STAFFING SERVICES ALBUQUERQUE NM 87113	2100 OSUNA RD NE TEMP STAFFING	108,882

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

1

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	31,875			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	146,463			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	14,182,348			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		14,360,686			
	Program Service Revenue	2a AFFILIATED PROGRAMS & ACTIV.		Business Code			
		900099	66,119	66,119			
b							
c							
d							
e							
f		All other program service revenue					
g	Total. Add lines 2a-2f		66,119				
Other Revenue	3			289,998		289,998	
	4						
	5						
	6a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
	b	Less: rental expenses	6b				
	c	Rental inc. or (loss)	6c				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a				
	b	Less: cost or other basis and sales exps.	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
8a	Gross income from fundraising events (not including \$ 31,875 of contributions reported on line 1c). See Part IV, line 18						
		8a	9,450				
		b	Less: direct expenses	8b	48,122		
c	Net income or (loss) from fundraising events		-38,672		-38,672		
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	11a OTHER INCOME		Business Code				
				150		150	
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		150				
12	Total revenue. See instructions		14,678,281	66,119	0	251,476	

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	11,893,750	11,893,750		
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	813,161	566,612	88,137	158,412
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	2,463,158	846,289	489,559	1,127,310
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	119,316	87,567	8,438	23,311
9 Other employee benefits	245,001	179,807	17,327	47,867
10 Payroll taxes	212,590	155,909	15,024	41,657
11 Fees for services (nonemployees):				
a Management				
b Legal	10,901	8,000	771	2,130
c Accounting	120,608	88,515	8,529	23,564
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	14,990	11,001	1,060	2,929
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	437,955	321,289	30,960	85,706
12 Advertising and promotion	158,336	87,402	6,030	64,904
13 Office expenses	66,192	53,980	1,180	11,032
14 Information technology	164,134	124,328	6,709	33,097
15 Royalties				
16 Occupancy	212,818	111,914	8,101	92,803
17 Travel	114,101	84,338	2,718	27,045
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	231,499	124,854	12,970	93,675
22 Depreciation, depletion, and amortization	61,978	13,468	9,009	39,501
23 Insurance	40,569	20,285	2,028	18,256
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISC. EXPENSES	142,261	132,279	1,353	8,629
b TELEPHONE	91,442	64,814	2,522	24,106
c CO BRANDED EXPENSES	68,775	50,474	4,864	13,437
d VOLUNTEER/STAFF RECOG.	62,325	31,163	3,116	28,046
e All other expenses	139,799	85,516	6,418	47,865
25 Total functional expenses. Add lines 1 through 24e	17,885,659	15,143,554	726,823	2,015,282
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 X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	1,824,845	1	2,596,751
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	8,093,093	3	5,531,638
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	271,114	9	270,501
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,420,083		
	10b	Less: accumulated depreciation	1,228,970	10c	191,113
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	12,826,525	12	10,761,154
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,580,204	15	4,241,362
16	Total assets. Add lines 1 through 15 (must equal line 33)	25,758,904	16	23,592,519	
Liabilities	17	Accounts payable and accrued expenses	307,311	17	395,238
	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	3,284,800	25	4,187,963
	26	Total liabilities. Add lines 17 through 25	3,592,111	26	4,583,201
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	10,962,807	27	10,503,457
	28	Net assets with donor restrictions	11,203,986	28	8,505,861
	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	22,166,793	32	19,009,318
33	Total liabilities and net assets/fund balances	25,758,904	33	23,592,519	

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	14,678,281
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,885,659
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,207,378
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,166,793
5	Net unrealized gains (losses) on investments	5	49,903
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	19,009,318

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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 on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(20) LINDA COOPER	1.00									
DIRECTOR	0.00	X						0	0	0
(21) ELAINE DARNELL	1.00									
DIRECTOR	0.00	X						0	0	0
(22) DR. NIZHONI DENIPAH	1.00									
DIRECTOR	0.00	X						0	0	0
(23) KELCY FLANAGAN	1.00									
DIRECTOR	0.00	X						0	0	0
(24) KRISTEN GAMBOA	1.00									
DIRECTOR	0.00	X						0	0	0
(25) ISAIAH GARCIA	1.00									
DIRECTOR	0.00	X						0	0	0
(26) JULIAN GARZA	1.00									
DIRECTOR	0.00	X						0	0	0
(27) TONY HERNANDEZ	1.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(28) BARBARA J. JONES	1.00									
DIRECTOR	0.00	X					0	0	0	
(29) MICHELLE KING	1.00									
DIRECTOR	0.00	X					0	0	0	
(30) KELLIE MIXON	1.00									
DIRECTOR	0.00	X					0	0	0	
(31) KAREN MOSES	1.00									
DIRECTOR	0.00	X					0	0	0	
(32) YASHODA NAIDOO	1.00									
DIRECTOR	0.00	X					0	0	0	
(33) RAQUEL REEDY	1.00									
DIRECTOR	0.00	X					0	0	0	
(34) JULIE ROWLEY	1.00									
DIRECTOR	0.00	X					0	0	0	
(35) GARNETT STOKES	1.00									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(36) JOHN VALENTINE	1.00									
DIRECTOR	0.00	X						0	0	0
(37) DEREK VALDO	1.00									
DIRECTOR	0.00	X						0	0	0
(38) SUSAN J. WILSON	1.00									
DIRECTOR	0.00	X						0	0	0
(39) SHERMAN MCCORKLE	1.00									
MEMBER EMERITUS	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization UNITED WAY OF NORTH CENTRAL NEW MEXICO	Employer identification number 85-0277138
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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).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,812,220	17,916,209	30,514,150	18,391,432	14,360,686	96,994,697
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	15,812,220	17,916,209	30,514,150	18,391,432	14,360,686	96,994,697
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,206,627
6 Public support. Subtract line 5 from line 4						95,788,070

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	15,812,220	17,916,209	30,514,150	18,391,432	14,360,686	96,994,697
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	34,262	39,976	45,738	96,509	289,998	506,483
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.)	2,765	2,310		44,501	9,600	59,176
11 Total support. Add lines 7 through 10						97,560,356

12 Gross receipts from related activities, etc. (see instructions) **12** 849,070

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	98.18 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	98.55 %
16a 33 1/3% support test—2022. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test—2021. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2022. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2021. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2022.** 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—2021.** 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 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
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 on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

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

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>		
1		

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

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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b 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
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b 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>If "Yes" or "No," provide details in Part VI.</i>			
3a			
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>			
3b			

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):		
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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME & FUNDRAISING INCOME \$ **49,576**

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

UNITED WAY OF NORTH 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 include total number at end of year (90), aggregate value of contributions, aggregate value of grants, aggregate value at end of year (156,296), and questions about donor advisement and grant fund usage.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number of easements (2a), total acreage restricted (2b), number of easements on historic structures (2c, 2d), and various monitoring and reporting questions.

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

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

Table with 2 columns: Description, Amount. Rows include questions about reporting art and historical treasures, and amounts of revenue and assets included.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,420,413	4,479,065	3,076,982	3,168,879	3,110,617
b Contributions	457,280	152,969	491,684	60,860	42,089
c Net investment earnings, gains, and losses	283,556	-171,356	1,020,883	22,975	44,042
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	33,261	40,265	110,484	175,732	27,869
g End of year balance	5,127,988	4,420,413	4,479,065	3,076,982	3,168,879

- 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** Term endowment **100.00** %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|----------|----------|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		395,073	395,073	
d Equipment		733,773	555,366	178,407
e Other		291,237	278,531	12,706
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				191,113

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 BANK OF AMERICA INVESTMENT	6,447,530	MARKET
(A) INV. W/ ABQ COMMUNITY FOUNDATION	2,919,093	MARKET
(B) MERILL LYNCH ENDOWMENT	1,300,833	MARKET
(C) CERTIFICATES OF DEPOSIT	71,793	MARKET
(D) LONG-TERM INVESTMENTS	21,905	MARKET
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	10,761,154	

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	3,118,341
(2) OPERATING LEASE ROU ASSET	1,123,021
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	4,241,362

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DONOR OPTIONS PAYABLE	2,443,963
(3) RIGHT OF USE OPERATING LEASE LIAB.	1,142,911
(4) PLANNED GIVING PAYABLE	429,175
(5) NON-CAMPAIGN DONOR OPTION PAYABLE	171,914
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,187,963

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	7,898,197
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	49,903	
b	Donated services and use of facilities	2b	702,182	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	752,085
3	Subtract line 2e from line 1		3	7,146,112
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	14,990	
b	Other (Describe in Part XIII.)	4b	7,517,179	
c	Add lines 4a and 4b		4c	7,532,169
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	14,678,281

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	11,055,672
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	702,182	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	702,182
3	Subtract line 2e from line 1		3	10,353,490
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	14,990	
b	Other (Describe in Part XIII.)	4b	7,517,179	
c	Add lines 4a and 4b		4c	7,532,169
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	17,885,659

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

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

PART X - FIN 48 FOOTNOTE

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

Part XIII Supplemental Information (continued)

BY THE INTERNAL REVENUE SERVICE AS A PRIVATE FOUNDATION.

UWNCNM 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 UWNCNM ARE WITHIN THEIR TAX EXEMPT PURPOSE AND THAT THERE ARE NO UNCERTAIN TAX POSITIONS. ANY INTEREST AND PENALTIES RECOGNIZED ASSOCIATED WITH A TAX POSITION ARE CLASSIFIED AS CURRENT IN UWNCNM'S FINANCIAL STATEMENTS. THERE WERE NO INTEREST OR PENALTIES RECORDED AS OF JUNE 30, 2023 AND 2022, RESPECTIVELY.

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER AMOUNTS RAISED ON BEHALF OF OTHERS \$ 7,517,179

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER AMOUNTS RAISED ON BEHALF OF OTHERS \$ 7,517,179

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF NORTH CENTRAL NEW MEXICO

Employer identification number

85-0277138

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>CAMPAIGN CELEBR</u> (event type)	_____ (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	41,325		41,325
	2	Less: Contributions	31,875		31,875
	3	Gross income (line 1 minus line 2)	9,450		9,450
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	1,786		1,786
	7	Food and beverages	11,423		11,423
	8	Entertainment			
	9	Other direct expenses	34,913		34,913
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-38,672

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization UNITED WAY OF NORTH CENTRAL NEW MEXICO	Employer identification number 85-0277138
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Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SEE ATTACHED SCHEDULES			9,823,730				SEE ATTACHED LIST
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	▶ 328
3 Enter total number of other organizations listed in the line 1 table	▶ 1

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

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

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

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

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

NONPROFIT ORGANIZATIONS APPLY FOR AND GO THROUGH AN ANNUAL COMPETITIVE

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

FINANCIAL ACCOUNTABILITY BY OVER 300 COMMUNITY VOLUNTEERS. UNDER THE DONOR

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

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

REMITTS COLLECTED CONTRIBUTIONS ON A MONTHLY BASIS TO THE DESIGNATED

ORGANIZATIONS.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

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Open to Public Inspection

UNITED WAY OF NORTH CENTRAL NEW MEXICO

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Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RODNEY PRUNTY PRES. & CEO	(i)	223,865	20,125	0	22,050	8,147	274,187	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022**Open to Public
Inspection**

Name of the organization	UNITED WAY OF NORTH CENTRAL NEW MEXICO	Employer identification number	85-0277138
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FORM 990 - ORGANIZATION'S MISSION

UNITED WAY OF NORTH CENTRAL NEW MEXICO'S VISION IS TO CREATE
EQUITABLE COMMUNITIES THAT PROVIDE EVERY INDIVIDUAL AND FAMILY IN
OUR FIVE-COUNTY, 11,000 SQUARE MILE SERVICE AREA WITH THE SUPPORT
THEY NEED TO DETERMINE THEIR OWN WELL-BEING AND SUCCESS.

UNITED WAY SOLICITS AND RECEIVES DONATIONS FOR DISTRIBUTION TO
UNITED WAY PROGRAMS AND OTHER DONOR-CHOSEN AGENCIES. 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.

UWNCNM'S MISSION IS TO CONNECT PEOPLE TO OPPORTUNITIES AND SERVICES TO
EQUITABLY IMPROVE LIVES AND STRENGTHEN COMMUNITIES. THAT IS DONE THROUGH
DIRECT SERVICE PROGRAMS, COMMUNITY INVESTMENT (GRANT MAKING), COMMUNITY
OUTREACH (CONVENING AND COLLABORATING) AND LEADING THE COMMUNITY IN ITS
EFFORTS TO IMPROVE COLLEGE/CAREER READINESS FOR STUDENTS TO SUCCEED IN
FINDING A MEANINGFUL PATH TO HIGHER EDUCATION AND/OR THE WORKFORCE.

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

THE COMMUNITY IMPACT TEAM WORKS ON PROJECTS THAT DELIVER COLLECTIVE IMPACT
TO ITS SERVICE AREA. WE CALL THIS BODY OF WORK RISING TOGETHER AND IT
FOCUSES ON THE FOLLOWING TOPICS: HEALTHY BEGINNINGS AND SCHOOL READINESS,
K-12 LEARNING, COLLEGE/CAREER READINESS, ADULTS IN EDUCATION AND FAMILY
RESILIENCE.

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K-12 LEARNING: ATTENDANCE AND ENGAGEMENT

UWNCNM'S ATTENDANCE TEAM SUPPORT GROUP ON A SERIES OF ONLINE PRESENTATIONS FOR ATTENDANCE TEAMS STATEWIDE TO OFFER RESOURCES AS THEY IMPLEMENT THE ATTENDANCE FOR SUCCESS ACT WHILE ALSO DEALING WITH ISSUES RELATED TO IN-PERSON/HYBRID/REMOTE LEARNING. THE EMPHASIS WAS TO EMPOWER EDUCATORS WITH THE EVOLVING TECHNIQUES FOR IMPROVING ATTENDANCE DURING THE COVID-19 PANDEMIC.

IN TOTAL, 41 DISTRICTS AND 139 SCHOOLS PARTICIPATED IN ELEVEN WEBINARS, WORKSHOPS AND A CONFERENCE. SURVEY RESULTS INDICATED THAT AT LEAST 70% OF PARTICIPANTS LEARNED A TECHNIQUE TO IMMEDIATELY USE IN THEIR WORK. AN AVERAGE OF 93% OF ALL PARTICIPANTS REPORTED GAINING A BETTER UNDERSTANDING AS A RESULT OF ATTENDING THE PRESENTATIONS WITH THE HIGHEST LEARNING REPORTED ON THE TOPICS OF PRIORITIZING STUDENTS AND SUPPORTING IN-PERSON AND REMOTE LEARNING.

YOUTH INTERNSHIPS

UWNCNM HOSTED A 10-WEEK PAID INTERNSHIP WHERE 12 HIGH SCHOOL STUDENTS LEARNED ABOUT CAREERS IN THE NONPROFIT SECTOR. A PRIORITY WAS PLACED ON INTERNS DEVELOPING AUTONOMY, CONFIDENCE AND LEADERSHIP. INTERNS ALSO DEVELOPED RELATIONSHIP BUILDING, PROBLEM SOLVING AND COMMUNICATION SKILLS WHILE WORKING BOTH INDEPENDENTLY AND WITH TEAMS.

COLLEGE/CAREER READINESS: VALENCIA COUNTY PARTNERSHIP FOR A WORK READY COMMUNITY

SINCE 2017, UWNCNM'S VALENCIA COUNTY PARTNERSHIP FOR A WORK READY COMMUNITY

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HAS BEEN BUILDING A SHARED UNDERSTANDING OF EMPLOYERS' NEEDS SO STUDENTS CAN BE BETTER PREPARED FOR ALL POSSIBLE OPPORTUNITIES AFTER HIGH SCHOOL. THE PARTNERSHIP HAS WORKED WITH NEARLY 6,000 STUDENTS, 153 TEACHERS AND 93 BUSINESSES. PROJECTS INCLUDE RESUME WRITING WORKSHOPS, MOCK INTERVIEWS, EMPLOYER PRESENTATIONS, STUDENT VIDEOS OF CAREER EXPLORATIONS AND HIRING FAIRS AT LOS LUNAS, VALENCIA AND CENTURY HIGH SCHOOLS.

IN THE ANNUAL SUMMER TEACHER ACADEMY, EMPLOYERS PRESENT TO TEACHERS ON THE SKILLS THEY LOOK FOR WHEN HIRING. PARTICIPANTS COME FROM BELEN, LOS LUNAS, SCHOOL OF DREAMS AND MORIARTY EDGEWOOD SCHOOLS. CONSISTENTLY, NEARLY 90% OF STUDENTS SAY THEY HAVE A BETTER UNDERSTANDING OF THE SKILLS NEEDED IN THE WORKPLACE AND 99% OF TEACHERS REPORT A BETTER UNDERSTANDING OF WHAT EMPLOYERS ARE LOOKING FOR.

ADULTS IN EDUCATION

ALMOST 300,000 ADULTS IN CENTRAL NEW MEXICO DO NOT HAVE A COLLEGE DEGREE OR CERTIFICATE. RESEARCH SHOWS THAT, IN ADDITION TO EARNING MORE, PEOPLE WITH A HIGHER EDUCATION CREDENTIAL ARE MORE ECONOMICALLY RESILIENT AND BETTER ABLE TO SURVIVE ECONOMIC DOWNTURNS. CHILDREN OF PARENTS WITH POST-HIGH SCHOOL EDUCATION ARE MORE LIKELY TO COMPLETE HIGH SCHOOL AND ATTAIN A CREDENTIAL THEMSELVES.

UWNCNM WORKS WITH SCHOOLS, COMMUNITY ORGANIZATIONS, EMPLOYERS AND GOVERNMENT TO ADDRESS BARRIERS AND CREATE A SYSTEM OF SUPPORT FOR ADULTS WHO WANT TO COMPLETE AN EDUCATIONAL CREDENTIAL BUT NEED HELP TO DO IT.

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FINISH LINE FUND

WHEN HIGHER EDUCATION INSTITUTIONS PLACE A HOLD ON STUDENT ACCOUNTS DUE TO AN UNPAID BALANCE, IT CAN DERAILED A STUDENT'S COURSE OF STUDY. A SMALL AMOUNT DUE MAY PREVENT THEM FROM RE-REGISTERING FOR THEIR NEXT SEMESTER. IN PARTNERSHIP WITH CNM, UWNCNM ESTABLISHED THE FINISH LINE FUND TO CLEAR BURSAR HOLDS ON ACCOUNTS WITH BALANCES OF \$500 OR LESS, ALLOWING STUDENTS TO CONTINUE TO ENROLL IN CLASSES AND COMPLETE THEIR COURSE OF STUDY. FUNDS ARE PRIORITIZED FOR STUDENTS WHO ARE AT 75% OF COMPLETION OF A DEGREE OR CREDENTIAL. IN 2022, \$5,158 WAS AWARDED TO 18 STUDENTS.

HIGHER EDUCATION ACCESS & SUCCESS ECHO

THIS VIRTUAL NETWORK INVITES COUNSELORS, EDUCATIONAL NAVIGATORS, ADVISORS, CASE MANAGERS, NONPROFIT STAFF AND WORKFORCE DEVELOPMENT TRAINERS TO GAIN KNOWLEDGE AND CONNECTIONS TO BETTER SUPPORT YOUTH AND ADULTS ON THEIR HIGHER EDUCATION JOURNEYS. ECHO USES SHORT PRESENTATIONS ON CASE STUDIES RELATED TO INDIVIDUAL OR SYSTEMS ISSUES, AND PEER-TO-PEER SUGGESTIONS AND SHARING. AN AVERAGE OF 34 PARTICIPANTS REPRESENTING EIGHT HIGHER EDUCATION INSTITUTIONS, SIX CITY/STATE AGENCIES, TWENTY NONPROFITS, EIGHT SECONDARY SCHOOLS AND THREE BUSINESSES ATTENDED MONTHLY SESSIONS.

EDUCATION-FRIENDLY WORKPLACE INITIATIVE

THE EDUCATION-FRIENDLY WORKPLACE INITIATIVE ENCOURAGES LOCAL BUSINESSES TO EXPAND SUPPORT FOR EMPLOYEE EDUCATIONAL PURSUITS. THESE MAY INCLUDE UPSKILLING THROUGH TRAINING AND CERTIFICATIONS, DEGREE ATTAINMENT, PROFESSIONAL DEVELOPMENT AND LITERACY COURSES.

FAMILY RESILIENCE

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WHEN CHILDREN ARE HOMELESS, THE STRESS, TRAUMA AND ACADEMIC DISRUPTIONS THEY EXPERIENCE LEAD TO PROBLEMS IN SCHOOL - PROBLEMS THAT CAN CONTINUE THROUGHOUT LIFE. WHEN FAMILIES HAVE STABLE HOUSING, THEY ARE BETTER ABLE TO ACHIEVE THEIR EDUCATIONAL GOALS, LEADING TO BETTER EMPLOYMENT AND HEALTH OUTCOMES.

UWNCNM WORKS TO PREVENT FAMILY HOMELESSNESS AND SCHOOL INSTABILITY IN PARTNERSHIP WITH THE SIEMER FAMILY FOUNDATION, ABC COMMUNITY SCHOOL PARTNERSHIP AND EAST CENTRAL MINISTRIES THROUGH A PREVENTATIVE PROGRAM FOR FAMILIES WHO ARE ONE PAYCHECK OR EMERGENCY AWAY FROM BECOMING HOMELESS. PROGRAM PARTICIPANTS ENHANCE VALUABLE SKILLS THAT CONTRIBUTE TO SELF-EFFICACY, SUCH AS FINANCIAL LITERACY AND RESOURCE ATTAINMENT. THIS LEADS FAMILIES TO EXPERIENCE STABILITY AND THRIVE, A KEY OUTCOME FOR RISING TOGETHER.

COMMUNITY INVESTMENT FUND

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

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

Name of the organization

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OF ACTIVITIES.

TAX HELP NEW MEXICO

TAX HELP NEW MEXICO PROVIDES FREE TAX PREPARATION TO NEW MEXICO HOUSEHOLDS WITH AN ANNUAL HOUSEHOLD INCOME \$60,000 OR LESS. 190 VOLUNTEERS COMPLETED OVER 8,400 RETURNS IN 2022, SAVING NEW MEXICO FILERS MORE THAN \$3.6 MILLION IN TAX PREPARATION FEES. THIS PROGRAM WAS RESPONSIBLE FOR RETURNING OVER \$16 MILLION IN TAX REFUNDS/REBATES TO NEW MEXICANS WHICH ALLOWS FAMILIES TO BUILD THEIR FINANCIAL STABILITY AND IMPACTS NEW MEXICO'S ECONOMY. 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 NORTH CENTRAL NEW MEXICO'S 2-1-1 IS A COMPREHENSIVE SOURCE OF INFORMATION ABOUT HEALTH AND HUMAN SERVICES, GOVERNMENT AGENCIES AND COMMUNITY-BASED ORGANIZATIONS. UWCNM'S 2-1-1 SERVICE, WHICH INCLUDES OUR PHONE SERVICE AND WEBPAGE, RECEIVES MORE THAN 10,000 CONTACTS ANNUALLY. 2-1-1 (OR 505-245-1735) IS STAFFED BY LIVE AGENTS BETWEEN 8:30 A.M. AND 4:30 P.M. MT MONDAY THROUGH FRIDAY; AN AUTOMATED SYSTEM FIELDS CALLS AFTER HOURS AND ON WEEKENDS AND HOLIDAYS. CALLERS WHOSE NEEDS ARE NOT MET BY THE AUTOMATED SYSTEM CAN LEAVE VOICEMAIL MESSAGES WHICH ARE RESPONDED TO THE NEXT BUSINESS DAY. 2-1-1 EXPENSES ARE PRESENTED UNDER THE OTHER INITIATIVES HEADING IN THE STATEMENTS OF ACTIVITIES.

2-1-1/CONNECT

Name of the organization

Employer identification number

UNITED WAY OF NORTH CENTRAL NEW

85-0277138

UWNCNM'S 211 AND THE CONNECT NETWORK OF THE CITY OF SANTA FE AND SANTA FE COUNTY PARTNER TO STRENGTHEN THE CONNECTIONS BETWEEN THE COMMUNITY AND LOCAL RESOURCES. CONNECT IS A NETWORK OF NAVIGATORS AT CLINICS, COMMUNITY ORGANIZATIONS AND CITY AND COUNTY PROGRAMS THAT LINKS LOCAL CITIZENS WITH NONPROFITS TO ADDRESS SOCIAL NEEDS. IN SANTA FE, 211 PARTNERS WITH THE CONNECT PROGRAM TO SUPPORT CALLERS THROUGHOUT THE COUNTY TO FIND NEEDED RESOURCES. THE HELPLINE IS AVAILABLE IN ENGLISH AND SPANISH FROM 8:30 A.M. TO 4:30 P.M., MONDAY THROUGH FRIDAY.

RIDE UNITED

TRANSPORTATION TO MEDICAL APPOINTMENTS, JOB INTERVIEWS, OR OTHER NECESSARY APPOINTMENTS IS A CHALLENGE FOR MANY NEW MEXICANS. WHEN PEOPLE DON'T HAVE RELIABLE TRANSPORTATION TO ALLOW THEM TO TAKE CARE OF BASIC NEEDS, THE RESULTING COMPOUNDING PROBLEMS CAN TRAP FAMILIES IN THE CYCLE OF POVERTY. OPERATED THROUGH THE 2-1-1 PROGRAM, UW SPONSORS RIDE UNITED IN SANTA FE COUNTY TO PROVIDE COMPLIMENTARY LYFT RIDES FOR PEOPLE WHO HAVE NO OTHER OPTIONS FOR TRANSPORTATION TO CRITICAL APPOINTMENTS.

FAMILY ADVOCACY CENTER

ESTABLISHED IN 2007 TO CHANGE THE SYSTEM OF CARE FOR VICTIMS OF DOMESTIC AND INTERPERSONAL VIOLENCE, THE FAMILY ADVOCACY CENTER (FAC) IS A SERVICE 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 VICTIMS AND THEIR FAMILIES OFTEN ENDURE BY GIVING THEM ACCESS TO A WIDE RANGE OF SUPPORT SERVICES AT ONE LOCATION. SERVICES INCLUDE MEDICAL CARE, ADVOCACY, LEGAL AND FINANCIAL

Name of the organization

UNITED WAY OF NORTH CENTRAL NEW

Employer identification number

85-0277138

ASSISTANCE, AS WELL AS LAW ENFORCEMENT AND PROSECUTION. FAC EXPENSES ARE PRESENTED UNDER THE OTHER INITIATIVES HEADING IN THE STATEMENTS OF ACTIVITIES.

DEI UNITED

DEI UNITED IS A COLLABORATION BETWEEN UWNCNM AND ALBUQUERQUE COMMUNITY FOUNDATION (ACF). A STAFF-DRIVEN COMMITTEE FROM BOTH ORGANIZATIONS PARTNERS ON INTERNAL AND EXTERNAL ACTIVITIES THAT ADVANCE DIVERSITY, EQUITY AND INCLUSION IN CENTRAL NEW MEXICO. WE ADDRESS THREE AREAS THROUGH DEI UNITED: COMMUNITY ENGAGEMENT; FUNDING FOR BIPOC-LED (BLACK, INDIGENOUS, PEOPLE OF COLOR-LED) AND LIVED-EXPERIENCE-LED, NONPROFIT ORGANIZATIONS ADDRESSING SYSTEMIC INEQUITIES; AND LEADERSHIP AND EQUITY DEVELOPMENT. DEI UNITED EXPENSES ARE PRESENTED UNDER THE OTHER INITIATIVES HEADING IN THE STATEMENTS OF ACTIVITIES.

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

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

Name of the organization

Employer identification number

UNITED WAY OF NORTH CENTRAL NEW

85-0277138

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
 THE EXECUTIVE COMPENSATION FOR THE PRESIDENT OF THE UNITED WAY OF CENTRAL
 NEW MEXICO IS DETERMINED BY USING REGIONAL SALARY SURVEY DATA AND UNITED
 WAY WORLDWIDE SALARY SURVEYS AND STAFFING PATTERN DATA, WHICH IS SPECIFIC
 TO LOCAL UNITED WAY SIZE (DOLLARS RAISED) AND GEOGRAPHICAL REGION.
 INCREASES IN COMPENSATION ARE CONSIDERED ANNUALLY BY A COMPENSATION
 COMMITTEE. COMPENSATION INCREASES ARE BASED ON MEETING ESTABLISHED ANNUAL
 PERFORMANCE GOALS, AND THE INCREASE AMOUNT IS DETERMINED THROUGH BOARD
 APPROVED BUDGETED AMOUNTS.

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

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

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION
 AMOUNTS RAISED ON BEHALF OF OTHERS \$ -7,517,179

Name of the organization

Employer identification number

UNITED WAY OF NORTH CENTRAL NEW

85-0277138

AMOUNTS RAISED ON BEHALF OF OTHERS

\$ 7,517,179

FORM 990, PART XII, LINE 2C - CHANGE IN FINANCIAL REVIEW PROCESS

THE ORGANIZATION HAS NOT CHANGED ITS AUDIT COMMITTEE OVERSIGHT OR SELECTION.

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 289,998		14			
TOTAL	<u>\$ 289,998</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES	\$ 142,721	\$ 104,744	\$ 10,093	\$ 27,884
OTHER-TEMP. LABOR	246,137	180,512	17,395	48,230
OTHER- DATA COLLECTION SERVIC	49,097	36,033	3,472	9,592
TOTAL	<u>\$ 437,955</u>	<u>\$ 321,289</u>	<u>\$ 30,960</u>	<u>\$ 85,706</u>

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
CREDIT CARD CHARGES	\$ 35,836	\$ 17,918	\$ 1,792	\$ 16,126
DUES AND SUBSCRIPTIONS	32,927	18,978	1,395	12,554
EQUIPMENT RENTAL	32,346	23,794	855	7,697
BANK SERVICE FEES	19,790	13,573	1,357	4,860
POSTAGE	13,148	7,032	612	5,504
LIFE INSURANCE MATCHING	5,752	4,221	407	1,124
TOTAL	<u>\$ 139,799</u>	<u>\$ 85,516</u>	<u>\$ 6,418</u>	<u>\$ 47,865</u>

Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
	\$ 146,463
	14,182,348
CAMPAIGN CELEBRATION	
CASH CONTRIBUTION	31,875
TOTAL	<u>\$ 14,360,686</u>

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
HOWARD FRIEDMAN	\$ 800,000	\$
STRIVETOGETHER	250,000	
NOVO FOUNDATION	2,500,000	548,793
W.K. KELLOGG FOUNDATION	2,609,041	657,834
ART GARDENSWARTZ	955,000	
ENTRAVISION/KLUZ-TV 41	266,500	
TOTAL	<u>\$ 7,380,541</u>	<u>\$ 1,206,627</u>

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
	\$ 289,998
TOTAL	\$ <u>289,998</u>

Schedule A, Part II, Line 10(e)

Description	Amount
OTHER INCOME	\$ 150
CAMPAIGN CELEBRATION	9,450
TOTAL	\$ <u>9,600</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
AFFILIATED PROGRAMS & ACTIV.	\$ 66,119
TOTAL	\$ <u>66,119</u>

Federal Statements

Campaign Celebration

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
OTHER EVENT EXPENSES	\$ <u>34,913</u>
TOTAL	\$ <u><u>34,913</u></u>