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EXTENSION GRANTED TO FEBRUARY 15, 2012

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

**2010**Open to Public  
Inspection**A** For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

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

Doing Business As

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

City or town, state or country, and ZIP + 4

**ALBUQUERQUE, NM 87106****F** Name and address of principal officer: **ED RIVERA**  
**SAME AS C ABOVE****D** Employer identification number**85-0277138****E** Telephone number**505-247-3671****G** Gross receipts \$ **26,414,549.****H(a)** Is this a group returnfor affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) (insert no ) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.UWCNM.ORG****K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **1979** **M** State of legal domicile **NM****Part I Summary**

| Activities & Governance |                                                                                                                                                                              | Revenue |             | Expenses |             | Net Assets or Fund Balances |  |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------|----------|-------------|-----------------------------|--|
| 1                       | Briefly describe the organization's mission or most significant activities: <b>THE UNITED WAY IS A VOLUNTARY HEALTH AND WELFARE ORGANIZATION WHICH SOLICITS AND RECEIVES</b> |         |             |          |             |                             |  |
| 2                       | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                      |         |             |          |             |                             |  |
| 3                       | Number of voting members of the governing body (Part VI, line 1a)                                                                                                            | 3       | 38          |          |             |                             |  |
| 4                       | Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                | 4       | 38          |          |             |                             |  |
| 5                       | Total number of individuals employed in calendar year 2010 (Part V, line 2a)                                                                                                 | 5       | 46          |          |             |                             |  |
| 6                       | Total number of volunteers (estimate if necessary)                                                                                                                           | 6       | 2635        |          |             |                             |  |
| 7a                      | Total unrelated business revenue from Part VIII, column (C), line 12                                                                                                         | 7a      | 0.          |          |             |                             |  |
| 7b                      | Net unrelated business taxable income from Form 990-T, line 34                                                                                                               | 7b      | 0.          |          |             |                             |  |
| 8                       | Contributions and grants (Part VIII, line 1h)                                                                                                                                | 8       | 23,977,837. | 9        | 26,047,652. |                             |  |
| 9                       | Program service revenue (Part VIII, line 2g)                                                                                                                                 | 9       | 0.          | 10       | 0.          |                             |  |
| 10                      | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                | 10      | 91,201.     | 11       | 78,436.     |                             |  |
| 11                      | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                     | 11      | 332,967.    | 12       | 288,461.    |                             |  |
| 12                      | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                           | 12      | 24,402,005. | 13       | 26,414,549. |                             |  |
| 13                      | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                                                             | 13      | 20,142,741. | 14       | 21,834,447. |                             |  |
| 14                      | Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                | 14      | 0.          | 15       | 0.          |                             |  |
| 15                      | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                                            | 15      | 2,634,164.  | 16a      | 2,602,840.  |                             |  |
| 16a                     | Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                | 16a     | 0.          | 17       | 0.          |                             |  |
| 16b                     | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,972,674.</b>                                                                                                | 16b     |             | 18       | 1,942,409.  |                             |  |
| 17                      | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)                                                                                                                 | 17      | 24,719,314. | 19       | 26,216,031. |                             |  |
| 18                      | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                                    | 18      | <317,309.>  | 20       | 198,518.    |                             |  |
| 19                      | Revenue less expenses. Subtract line 18 from line 12                                                                                                                         | 19      |             | 21       |             |                             |  |
| 20                      | Total assets (Part X, line 16)                                                                                                                                               | 20      | 14,174,073. | 22       | 16,328,302. |                             |  |
| 21                      | Total liabilities (Part X, line 26)                                                                                                                                          | 21      | 7,233,480.  |          | 8,820,487.  |                             |  |
| 22                      | Net assets or fund balances. Subtract line 21 from line 20                                                                                                                   | 22      | 6,940,593.  |          | 7,507,815.  |                             |  |

**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 **ED RIVERA, CHIEF EXECUTIVE OFFICER** Date **2/13/12**  
 Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name **JAMES M. HAYNES** Preparer's signature **[Signature]** Date **2/13/12** Check if self-employed ☐ PTIN  
 Firm's name ▶ **PULAKOS CPAS, PC** Firm's EIN ▶  
 Firm's address ▶ **5921 JEFFERSON STREET NE** Phone no **(505) 338-1500**  
**ALBUQUERQUE, NM 87109**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

8-18 20

SCANNED MAR 16 2012

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X**1** Briefly describe the organization's mission:

THE UNITED WAY IS A VOLUNTARY HEALTH AND WELFARE ORGANIZATION WHICH SOLICITS AND RECEIVES DONATIONS FOR DISTRIBUTION TO UNITED WAY PROGRAMS AND OTHER DONOR OPTED AGENCIES. DISTRIBUTIONS ARE MADE BASED UPON A DONOR'S DESIGNATION OF MONIES TO SPECIFIC AGENCIES, OR BY

**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 exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 23,186,389. including grants of \$ 21,834,447. ) (Revenue \$ 288,461. )  
 ALLOCATIONS TO AGENCIES AND PARTICIPATING 501(C)(3) ORGANIZATIONS.

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

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

**4d** Other program services. (Describe in Schedule O.)

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

**4e** Total program service expenses 23,186,389.

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                     | Yes        | No       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>                                                                                                                | <b>X</b>   |          |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?                                                                                                                                                                             | <b>X</b>   |          |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>                                                                |            | <b>X</b> |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>                                                        |            | <b>X</b> |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>                         | <b>N/A</b> |          |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  | <b>X</b>   |          |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>                                      |            | <b>X</b> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>                                                                                                   |            | <b>X</b> |
| <b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> |            | <b>X</b> |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>                                                                                       | <b>X</b>   |          |
| <b>11</b> 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.                                                                                                           |            |          |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>                                                                                                                 | <b>X</b>   |          |
| <b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>                                             | <b>X</b>   |          |
| <b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>                                             |            | <b>X</b> |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>                                                                |            | <b>X</b> |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>                                                                                                                               | <b>X</b>   |          |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>      | <b>X</b>   |          |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>                                                                                           | <b>X</b>   |          |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>           |            | <b>X</b> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>                                                                                                                                                  |            | <b>X</b> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                              |            | <b>X</b> |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>                     |            | <b>X</b> |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>                              |            | <b>X</b> |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>                                  |            | <b>X</b> |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>                                                         |            | <b>X</b> |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>                                                                     |            | <b>X</b> |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>                                                                                               |            | <b>X</b> |
| <b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>                                                                                                                                                                 |            | <b>X</b> |
| <b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)                        |            |          |

Form 990 (2010)

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

|                                                                                                                                                                                                                                                                                                 | Yes                                                                 | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>                                                               | <b>21</b> X                                                         |    |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>                                                                                | <b>22</b>                                                           | X  |
| <b>23</b> 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>                           | <b>23</b> X                                                         |    |
| <b>24a</b> 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 25</i> | <b>24a</b>                                                          | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                                      | <b>24b</b>                                                          |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?                                                                                                                                             | <b>24c</b>                                                          |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                                                                                | <b>24d</b>                                                          |    |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>                                                                          | <b>25a</b>                                                          | X  |
| <b>b</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>             | <b>25b</b>                                                          | X  |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>                                         | <b>26</b>                                                           | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>                 | <b>27</b>                                                           | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):                                                                                         |                                                                     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>                                                                                                                                                                         | <b>28a</b>                                                          | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>                                                                                                                                                      | <b>28b</b> X                                                        |    |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>                                                          | <b>28c</b> X                                                        |    |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>                                                                                                                                                                       | <b>29</b>                                                           | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>                                                                                                       | <b>30</b>                                                           | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i>                                                                                                                                                          | <b>31</b>                                                           | X  |
| <b>32</b> 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>                                                                                                                                           | <b>32</b>                                                           | X  |
| <b>33</b> 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>                                                                                           | <b>33</b>                                                           | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity?<br><i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>                                                                                                                                           | <b>34</b> X                                                         |    |
| <b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                             | <b>35</b>                                                           | X  |
| <b>a</b> 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>                                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?<br><i>If "Yes," complete Schedule R, Part V, line 2</i>                                                                                             | <b>36</b>                                                           | X  |
| <b>37</b> 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>                                                  | <b>37</b>                                                           | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?                                                                                                                                                                         | <b>38</b> X                                                         |    |

**Note.** All Form 990 filers are required to complete Schedule O

Form 990 (2010)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

|            |                                                                                                                                                                                                                                                                              | Yes | No |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable                                                                                                                                                                                                 |     |    |
| <b>1b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                                                                                                                                                                                              |     |    |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                                     | X   |    |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return                                                                                                |     |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)                                          | X   |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                |     | X  |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O                                                                                                                                                                             |     |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                   |     | X  |
| <b>b</b>   | If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                                                                                           |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                        |     | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                             |     | X  |
| <b>c</b>   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                           |     |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?                                                                                                  |     | X  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                                |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                         |     |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                                                              |     | X  |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                              |     |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                         |     | X  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                                                                                            |     |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                              |     | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                 |     | X  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                             | N/A |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                           | N/A |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |     |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                             |     |    |
| <b>a</b>   | Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                                      | N/A |    |
| <b>b</b>   | Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                       | N/A |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                                               |     |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12                                                                                                                                                                                                     | N/A |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                                                  |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                                              |     |    |
| <b>a</b>   | Gross income from members or shareholders                                                                                                                                                                                                                                    | N/A |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                                                                                 |     |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                            |     |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                                                        | N/A |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                                      |     |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                                                             | N/A |    |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans                                                                                                                    |     |    |
| <b>c</b>   | Enter the amount of reserves on hand                                                                                                                                                                                                                                         |     |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                                   |     | X  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                                                                                                                                                    |     |    |

Form 990 (2010)

**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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

|                                                                                                                                                                                                                              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                | 38  |    |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  | 38  |    |
| <b>2</b> 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  |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? |     | X  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    |     | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          |     | X  |
| <b>6</b> Does the organization have members or stockholders?                                                                                                                                                                 |     | X  |
| <b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?                                                                                        |     | X  |
| <b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?                                                                                                             |     | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                   |     |    |
| <b>a</b> The governing body?                                                                                                                                                                                                 | X   |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?                                                                                                                                               | X   |    |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        |     | X  |

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

|                                                                                                                                                                                                                                                                                                         | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>10a</b> Does the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                          |     | X  |
| <b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?                                                                             |     |    |
| <b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                           | X   |    |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                  |     |    |
| <b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                     | X   |    |
| <b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                              | X   |    |
| <b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done                                                                                                                                             | X   |    |
| <b>13</b> Does the organization have a written whistleblower policy?                                                                                                                                                                                                                                    | X   |    |
| <b>14</b> Does the organization have a written document retention and destruction policy?                                                                                                                                                                                                               | X   |    |
| <b>15</b> 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?                                                                          |     |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                         | X   |    |
| <b>b</b> Other officers or key employees of the organization                                                                                                                                                                                                                                            | X   |    |
| If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)                                                                                                                                                                                                                    |     |    |
| <b>16a</b> 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>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **LISA KRUGER - 505-247-3671**  
**2340 ALAMO AVE SE, 2ND FLOOR, ALBUQUERQUE, NM 87106**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and Title                          | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                |                                                                                        | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| JOANNE FINE<br>CHIEF COMMUNICATIONS OFFICER    | 40.00                                                                                  |                                        |                       | X       |              |                              |        | 78,610.                                                              | 0.                                                                        | 38,544.                                                                                       |
| LISA KRUGER<br>CFO                             | 40.00                                                                                  |                                        |                       | X       |              |                              |        | 88,051.                                                              | 0.                                                                        | 13,754.                                                                                       |
| JENNIFER MASTRIPOLITO<br>VICE PRESIDENT/CDO    | 40.00                                                                                  |                                        |                       | X       |              |                              |        | 60,961.                                                              | 0.                                                                        | 14,721.                                                                                       |
| EDWARD RIVERA<br>PRESIDENT/CEO                 | 40.00                                                                                  |                                        |                       | X       |              |                              |        | 228,478.                                                             | 0.                                                                        | 25,260.                                                                                       |
| RANDALL WOODCOCK<br>VICE PRESIDENT/COO         | 40.00                                                                                  |                                        |                       | X       |              |                              |        | 102,829.                                                             | 0.                                                                        | 37,504.                                                                                       |
| KATHLEEN AVILA<br>BOARD CHAIR ELECT            | 1.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| NORM BECKER<br>IMMEDIATE PAST BOARD CHAIR      | 1.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| TIFFANY HOBSON<br>MARKETING CHAIR              | 1.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| BOB MURPHY<br>MAJOR GIFTS CHAIR                | 1.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| MARK PIKE<br>SECRETARY/ TREASURER              | 1.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| DON POWER<br>CAMPAIGN CHAIR                    | 1.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| ALTON ROMIG<br>BOARD CHAIR                     | 1.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| DR. CHERYL WILLMAN<br>COMMUNITY SERVICES CHAIR | 1.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| DR. DENNIS BATEY<br>DIRECTOR                   | 0.50                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| WINSTON BROOKS<br>DIRECTOR                     | 0.50                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| KELLEY BURNS<br>DIRECTOR                       | 0.50                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| DAVID CAMPBELL<br>DIRECTOR                     | 0.50                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |

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

| (A)<br>Name and title                                          | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                        | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| PAT COLLAWN<br>DIRECTOR                                        | 0.50                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| MARY COOLEY<br>DIRECTOR                                        | 0.50                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| MICHELLE COONS<br>DIRECTOR                                     | 0.50                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| CHRIS DUNKESON<br>DIRECTOR                                     | 0.50                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| JOHN GARCIA<br>DIRECTOR                                        | 0.50                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| ANGEL GONZALEZ<br>DIRECTOR                                     | 0.50                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| KEVIN HILL<br>DIRECTOR                                         | 0.50                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| JOHN HOOD<br>DIRECTOR                                          | 0.50                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| LARRY JONES<br>DIRECTOR                                        | 0.50                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>1b Sub-total</b>                                            |                                                                                        |                                        |                       |         |              |                              |        | 558,929.                                                             | 0.                                                                        | 129,783.                                                                                      |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                        |                                        |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                        |                                        |                       |         |              |                              |        | 558,929.                                                             | 0.                                                                        | 129,783.                                                                                      |

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

- 3** Did the organization list any **former** officer, director or 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

|          | Yes | No |
|----------|-----|----|
| <b>3</b> |     | X  |
| <b>4</b> | X   |    |
| <b>5</b> |     | 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. **NONE**

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

- 2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

| (A)<br>Name and title                 | (B)<br>Average<br>hours<br>per<br>week | (C)<br>Position<br>(check all that apply) |                       |         |              |                              |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|---------------------------------------|----------------------------------------|-------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                       |                                        | Individual trustee or director            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| PAUL KREBS<br>DIRECTOR                | 0.50                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| BARBARA LEWIS<br>DIRECTOR             | 0.50                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| SHERMAN MCCORKLE<br>DIRECTOR          | 0.50                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| BEV MCMILLAN<br>DIRECTOR              | 0.50                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| LAWRENCE RAE<br>DIRECTOR              | 0.50                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| BRIAN RASHAP, PHD<br>DIRECTOR         | 0.50                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| LISA RILEY<br>DIRECTOR                | 0.50                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| JOHN SLIPKE<br>DIRECTOR               | 0.50                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| JIM SMITH<br>DIRECTOR                 | 0.50                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| LONNIE TALBERT<br>DIRECTOR            | 0.50                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| DICK TEATER<br>DIRECTOR               | 0.50                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| JENNIFER THOMAS<br>DIRECTOR           | 0.50                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| DAVID TIXIER<br>DIRECTOR              | 0.50                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| LYNN TROJAHN<br>DIRECTOR              | 0.50                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| HELEN WERTHEIM<br>DIRECTOR            | 0.50                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| DENNIS WILSON<br>DIRECTOR             | 0.50                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| KATHIE WINOGRAD<br>DIRECTOR           | 0.50                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
|                                       |                                        |                                           |                       |         |              |                              |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                       |                                        |                                           |                       |         |              |                              |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                       |                                        |                                           |                       |         |              |                              |        |                                                                                     |                                                                                       |                                                                                                                    |
| Total to Part VII, Section A, line 1c |                                        |                                           |                       |         |              |                              |        |                                                                                     |                                                                                       |                                                                                                                    |

**Part VIII Statement of Revenue**

|                                                                   |                                                                                                                                              |                |                      | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |  |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------|----------------------|-------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------|--|
| <b>Contributions, gifts, grants<br/>and other similar amounts</b> | <b>1 a</b> Federated campaigns                                                                                                               | <b>1a</b>      | 26047652.            |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>b</b> Membership dues                                                                                                                     | <b>1b</b>      |                      |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>c</b> Fundraising events                                                                                                                  | <b>1c</b>      |                      |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>d</b> Related organizations                                                                                                               | <b>1d</b>      |                      |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>e</b> Government grants (contributions)                                                                                                   | <b>1e</b>      |                      |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above                                                   | <b>1f</b>      |                      |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>g</b> Noncash contributions included in lines 1a-1f \$                                                                                    |                |                      |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>h Total.</b> Add lines 1a-1f                                                                                                              |                |                      | 26047652.            |                                                 |                                         |                                                                              |  |
| <b>Program Service<br/>Revenue</b>                                |                                                                                                                                              |                | <b>Business Code</b> |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>2 a</b>                                                                                                                                   |                |                      |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>b</b>                                                                                                                                     |                |                      |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>c</b>                                                                                                                                     |                |                      |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>d</b>                                                                                                                                     |                |                      |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>e</b>                                                                                                                                     |                |                      |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>f</b> All other program service revenue                                                                                                   |                |                      |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>g Total.</b> Add lines 2a-2f                                                                                                              |                |                      |                      |                                                 |                                         |                                                                              |  |
| <b>Other Revenue</b>                                              | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts)                                                     |                |                      | 78,436.              |                                                 |                                         | 78,436.                                                                      |  |
|                                                                   | <b>4</b> Income from investment of tax-exempt bond proceeds                                                                                  |                |                      |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>5</b> Royalties                                                                                                                           |                |                      |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>6 a</b> Gross Rents                                                                                                                       | (i) Real       | (ii) Personal        |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>b</b> Less: rental expenses                                                                                                               |                |                      |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>c</b> Rental income or (loss)                                                                                                             |                |                      |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>d</b> Net rental income or (loss)                                                                                                         |                |                      |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>7 a</b> Gross amount from sales of<br>assets other than inventory                                                                         | (i) Securities | (ii) Other           |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>b</b> Less: cost or other basis<br>and sales expenses                                                                                     |                |                      |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>c</b> Gain or (loss)                                                                                                                      |                |                      |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>d</b> Net gain or (loss)                                                                                                                  |                |                      |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>8 a</b> Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 | <b>a</b>       |                      |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>b</b> Less: direct expenses                                                                                                               | <b>b</b>       |                      |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>c</b> Net income or (loss) from fundraising events                                                                                        |                |                      |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19                                                                      | <b>a</b>       |                      |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>b</b> Less: direct expenses                                                                                                               | <b>b</b>       |                      |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>c</b> Net income or (loss) from gaming activities                                                                                         |                |                      |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>10 a</b> Gross sales of inventory, less returns<br>and allowances                                                                         | <b>a</b>       |                      |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>b</b> Less: cost of goods sold                                                                                                            | <b>b</b>       |                      |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>c</b> Net income or (loss) from sales of inventory                                                                                        |                |                      |                      |                                                 |                                         |                                                                              |  |
|                                                                   | <b>Miscellaneous Revenue</b>                                                                                                                 |                |                      | <b>Business Code</b> |                                                 |                                         |                                                                              |  |
|                                                                   | <b>11 a</b> OTHER INCOME                                                                                                                     |                | 900099               | 178,166.             | 178,166.                                        |                                         |                                                                              |  |
| <b>b</b> AFFILIATED PROGRAMS AN                                   |                                                                                                                                              | 900099         | 110,295.             | 110,295.             |                                                 |                                         |                                                                              |  |
| <b>c</b>                                                          |                                                                                                                                              |                |                      |                      |                                                 |                                         |                                                                              |  |
| <b>d</b> All other revenue                                        |                                                                                                                                              |                |                      |                      |                                                 |                                         |                                                                              |  |
| <b>e Total.</b> Add lines 11a-11d                                 |                                                                                                                                              |                | 288,461.             |                      |                                                 |                                         |                                                                              |  |
| <b>12 Total revenue.</b> See instructions                         |                                                                                                                                              |                | 26414549.            | 288,461.             | 0.                                              | 78,436.                                 |                                                                              |  |

**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) but are not required to complete columns (B), (C), and (D)

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                                                            | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21                                                                                                                                           | 21,834,447.           | 21,834,447.                     |                                        |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22                                                                                                                                                             |                       |                                 |                                        |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16                                                                                                                |                       |                                 |                                        |                             |
| 4 Benefits paid to or for members                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| 5 Compensation of current officers, directors, trustees, and key employees                                                                                                                                                                | 761,363.              | 181,533.                        | 196,477.                               | 383,353.                    |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                                                           |                       |                                 |                                        |                             |
| 7 Other salaries and wages                                                                                                                                                                                                                | 1,373,747.            | 318,210.                        | 354,728.                               | 700,809.                    |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)                                                                                                                                           | 149,500.              | 45,462.                         | 42,819.                                | 61,219.                     |
| 9 Other employee benefits                                                                                                                                                                                                                 | 182,741.              | 49,930.                         | 42,789.                                | 90,022.                     |
| 10 Payroll taxes                                                                                                                                                                                                                          | 135,489.              | 30,894.                         | 34,747.                                | 69,848.                     |
| 11 Fees for services (non-employees).                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| a Management                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| b Legal                                                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| c Accounting                                                                                                                                                                                                                              | 32,956.               | 8,239.                          | 4,943.                                 | 19,774.                     |
| d Lobbying                                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| e Professional fundraising services See Part IV, line 17                                                                                                                                                                                  |                       |                                 |                                        |                             |
| f Investment management fees                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| g Other                                                                                                                                                                                                                                   | 108,817.              | 27,952.                         | 16,148.                                | 64,717.                     |
| 12 Advertising and promotion                                                                                                                                                                                                              | 85,671.               | 24,347.                         | 12,161.                                | 49,163.                     |
| 13 Office expenses                                                                                                                                                                                                                        | 17,623.               | 4,333.                          | 2,120.                                 | 11,170.                     |
| 14 Information technology                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 15 Royalties                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| 16 Occupancy                                                                                                                                                                                                                              | 134,015.              | 33,504.                         | 20,102.                                | 80,409.                     |
| 17 Travel                                                                                                                                                                                                                                 | 45,870.               | 6,646.                          | 2,065.                                 | 37,159.                     |
| 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                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization                                                                                                                                                                                              | 137,956.              | 35,729.                         | 25,092.                                | 77,135.                     |
| 23 Insurance                                                                                                                                                                                                                              | 16,857.               | 4,214.                          | 2,529.                                 | 10,114.                     |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)                                     |                       |                                 |                                        |                             |
| a UWA NATIONAL DUES                                                                                                                                                                                                                       | 245,605.              |                                 | 245,605.                               |                             |
| b CENTER FOR NON-PROFIT E                                                                                                                                                                                                                 | 223,832.              | 223,832.                        |                                        |                             |
| c OTHER INITIATIVES                                                                                                                                                                                                                       | 142,199.              | 142,199.                        |                                        |                             |
| d CREDIT CARD CHARGES                                                                                                                                                                                                                     | 134,847.              | 33,712.                         | 20,227.                                | 80,908.                     |
| e ALBUQUERQUE FAMILY ADVO                                                                                                                                                                                                                 | 125,854.              | 125,854.                        |                                        |                             |
| f All other expenses                                                                                                                                                                                                                      | 326,642.              | 55,352.                         | 34,416.                                | 236,874.                    |
| 25 Total functional expenses. Add lines 1 through 24f                                                                                                                                                                                     | 26,216,031.           | 23,186,389.                     | 1,056,968.                             | 1,972,674.                  |
| 26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                                 |                                        |                             |

**Part X Balance Sheet**

|                                                                     |                                                                                                                                                                                                                                                                                 | (A)<br>Beginning of year | (B)<br>End of year |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|
| <b>Assets</b>                                                       | 1 Cash - non-interest-bearing                                                                                                                                                                                                                                                   |                          | 1                  |
|                                                                     | 2 Savings and temporary cash investments                                                                                                                                                                                                                                        | 537,655.                 | 2 1,022,692.       |
|                                                                     | 3 Pledges and grants receivable, net                                                                                                                                                                                                                                            | 2,775,485.               | 3 2,599,176.       |
|                                                                     | 4 Accounts receivable, net                                                                                                                                                                                                                                                      | 4,895,355.               | 4 5,954,157.       |
|                                                                     | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L                                                                                                                           |                          | 5                  |
|                                                                     | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) |                          | 6                  |
|                                                                     | 7 Notes and loans receivable, net                                                                                                                                                                                                                                               |                          | 7                  |
|                                                                     | 8 Inventories for sale or use                                                                                                                                                                                                                                                   |                          | 8                  |
|                                                                     | 9 Prepaid expenses and deferred charges                                                                                                                                                                                                                                         | 76,928.                  | 9 62,020.          |
|                                                                     | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                                                                                                                                                                         | 10a 1,028,137.           |                    |
|                                                                     | b Less: accumulated depreciation                                                                                                                                                                                                                                                | 10b 860,329.             | 10c 167,808.       |
|                                                                     | 11 Investments - publicly traded securities                                                                                                                                                                                                                                     |                          | 11                 |
|                                                                     | 12 Investments - other securities. See Part IV, line 11                                                                                                                                                                                                                         | 4,871,536.               | 12 5,745,363.      |
|                                                                     | 13 Investments - program-related. See Part IV, line 11                                                                                                                                                                                                                          |                          | 13                 |
|                                                                     | 14 Intangible assets                                                                                                                                                                                                                                                            |                          | 14                 |
|                                                                     | 15 Other assets. See Part IV, line 11                                                                                                                                                                                                                                           | 752,463.                 | 15 777,086.        |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) | 14,174,073.                                                                                                                                                                                                                                                                     | 16 16,328,302.           |                    |
| <b>Liabilities</b>                                                  | 17 Accounts payable and accrued expenses                                                                                                                                                                                                                                        | 168,611.                 | 17 232,866.        |
|                                                                     | 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 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L                                                                                                         |                          | 22                 |
|                                                                     | 23 Secured mortgages and notes payable to unrelated third parties                                                                                                                                                                                                               |                          | 23                 |
|                                                                     | 24 Unsecured notes and loans payable to unrelated third parties                                                                                                                                                                                                                 |                          | 24                 |
|                                                                     | 25 Other liabilities. Complete Part X of Schedule D                                                                                                                                                                                                                             | 7,064,869.               | 25 8,587,621.      |
|                                                                     | 26 <b>Total liabilities.</b> Add lines 17 through 25                                                                                                                                                                                                                            | 7,233,480.               | 26 8,820,487.      |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>                                                                                                                         |                          |                    |
|                                                                     | 27 Unrestricted net assets                                                                                                                                                                                                                                                      | 847,266.                 | 27 4,110,744.      |
|                                                                     | 28 Temporarily restricted net assets                                                                                                                                                                                                                                            | 5,998,400.               | 28 3,299,683.      |
|                                                                     | 29 Permanently restricted net assets                                                                                                                                                                                                                                            | 94,927.                  | 29 97,388.         |
|                                                                     | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>                                                                                                                                                  |                          |                    |
|                                                                     | 30 Capital stock or trust principal, or current funds                                                                                                                                                                                                                           |                          | 30                 |
|                                                                     | 31 Paid-in or capital surplus, or land, building, or equipment fund                                                                                                                                                                                                             |                          | 31                 |
|                                                                     | 32 Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                                                                             |                          | 32                 |
|                                                                     | 33 <b>Total net assets or fund balances</b>                                                                                                                                                                                                                                     | 6,940,593.               | 33 7,507,815.      |
|                                                                     | 34 <b>Total liabilities and net assets/fund balances</b>                                                                                                                                                                                                                        | 14,174,073.              | 34 16,328,302.     |

Form 990 (2010)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

☒

|   |                                                                                                                |   |             |
|---|----------------------------------------------------------------------------------------------------------------|---|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)                                                      | 1 | 26,414,549. |
| 2 | Total expenses (must equal Part IX, column (A), line 25)                                                       | 2 | 26,216,031. |
| 3 | Revenue less expenses Subtract line 2 from line 1                                                              | 3 | 198,518.    |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 6,940,593.  |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)                                           | 5 | 368,704.    |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 7,507,815.  |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

☒1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

|    | Yes | No |
|----|-----|----|
| 2a |     | X  |
| 2b | X   |    |
| 2c | X   |    |
| 3a |     | X  |
| 3b |     |    |

Form 990 (2010)

Department of the Treasury  
Internal Revenue Service

**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.** ▶ **See separate instructions.**

OMB No. 1545-0047

2010

**Open to Public Inspection**

Name of the organization

UNITED WAY OF CENTRAL NEW MEXICO

Employer identification number

85-0277138

|               |                                                                                                        |
|---------------|--------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Reason for Public Charity Status</b> (All organizations must complete this part ) See instructions. |
|---------------|--------------------------------------------------------------------------------------------------------|

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)

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 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the supported organization(s)

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

[illegible]

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2010

**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) 2006  | (b) 2007  | (c) 2008  | (d) 2009  | (e) 2010  | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                                                  | 19662741. | 22257306. | 23597265. | 23977837. | 26047652. | 115542801 |
| 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 <b>Total.</b> Add lines 1 through 3                                                                                                                                                                 | 19662741. | 22257306. | 23597265. | 23977837. | 26047652. | 115542801 |
| 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) |           |           |           |           |           | 10389305. |
| 6 <b>Public support.</b> Subtract line 5 from line 4                                                                                                                                                  |           |           |           |           |           | 105153496 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                             | (a) 2006  | (b) 2007  | (c) 2008  | (d) 2009  | (e) 2010  | (f) Total  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|------------|
| 7 Amounts from line 4                                                                                                                                                                                                     | 19662741. | 22257306. | 23597265. | 23977837. | 26047652. | 115542801  |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                          | 231,843.  | 215,582.  | 113,467.  | 91,201.   | 78,436.   | 730,529.   |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                                                      |           |           |           |           |           |            |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                                                                        | 32,689.   | 56,675.   | 248,145.  | 332,967.  | 288,461.  | 958,937.   |
| 11 <b>Total support.</b> Add lines 7 through 10                                                                                                                                                                           |           |           |           |           |           | 117232267  |
| 12 Gross receipts from related activities, etc. (see instructions)                                                                                                                                                        |           |           |           |           | 12        | 1,095,638. |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/> |           |           |           |           |           |            |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |       |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|---|
| 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                                                | 14 | 89.70 | % |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                                                      | 15 | 88.59 | % |
| 16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>                                                                                                                                                                 |    |       |   |
| b <b>33 1/3% support test - 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>                                                                                                                                                                         |    |       |   |
| 17a <b>10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>    |    |       |   |
| b <b>10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/> |    |       |   |
| 18 <b>Private foundation.</b> 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"/>                                                                                                                                                                                                                                                                  |    |       |   |

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 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) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6)                                                                                                                            |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                             | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6                                                                                                              |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b                                                                                                            |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                 |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12)                                                                                    |          |          |          |          |          |           |

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

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

|                                                                                                  |           |   |
|--------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | % |
| <b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15                      | <b>16</b> | % |

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

|                                                                                                       |           |   |
|-------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2010.** 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 - 2009.** 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

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

## PLANNED GIVING INCOME

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

- Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF CENTRAL NEW MEXICO

Employer identification number

85-0277138

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

|                                                                                                                                                                                                                                                                       | (a) Donor advised funds | (b) Funds and other accounts                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------|
| 1 Total number at end of year                                                                                                                                                                                                                                         | 191                     |                                                                     |
| 2 Aggregate contributions to (during year)                                                                                                                                                                                                                            |                         |                                                                     |
| 3 Aggregate grants from (during year)                                                                                                                                                                                                                                 |                         |                                                                     |
| 4 Aggregate value at end of year                                                                                                                                                                                                                                      | 1,413,100.              |                                                                     |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?                                                            |                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? |                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

|                                                                                              |                                                                              |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space                                          |                                                                              |

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

|                                                                                                                                            | Held at the End of the Tax Year |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements                                                                                                   | 2a                              |
| b Total acreage restricted by conservation easements                                                                                       | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a)                                                       | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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" to 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 XIV and complete the following table:

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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                     | 1,785,312.       | 1,584,818.     | 551,975.           |                      |                     |
| b Contributions                                  | 75,488.          | 82,998.        | 1,070,156.         |                      |                     |
| c Net investment earnings, gains, and losses     | 383,567.         | 131,068.       | 26,202.            |                      |                     |
| d Grants or scholarships                         | 0.               | 0.             | 3,000.             |                      |                     |
| e Other expenditures for facilities and programs | 0.               | 0.             | 2,541.             |                      |                     |
| f Administrative expenses                        | 15,430.          | 13,572.        | 5,570.             |                      |                     |
| g End of year balance                            | 2,228,937.       | 1,785,312.     | 1,584,818.         |                      |                     |

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ .00 %  
 b Permanent endowment ▶ .00 %  
 c Term endowment ▶ .00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations  
 (ii) related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     | X  |
| 3a(ii) |     | X  |
| 3b     |     |    |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment                                                                                | (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                                                                                 |                                      | 357,906.                        | 351,753.                     | 6,153.         |
| d Equipment                                                                                              |                                      | 396,935.                        | 279,397.                     | 117,538.       |
| e Other                                                                                                  |                                      | 273,296.                        | 229,179.                     | 44,117.        |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 167,808.       |

Schedule D (Form 990) 2010

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|-------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1) Financial derivatives                                               |                |                                                              |
| (2) Closely-held equity interests                                       |                |                                                              |
| (3) Other                                                               |                |                                                              |
| (A) INVESTMENT WITH                                                     |                |                                                              |
| (B) ALBUQUERQUE COMMUNITY                                               |                |                                                              |
| (C) FOUNDATION                                                          | 1,909,490.     | END-OF-YEAR MARKET VALUE                                     |
| (D) CERTIFICATES OF DEPOSIT                                             | 3,835,873.     | END-OF-YEAR MARKET VALUE                                     |
| (E)                                                                     |                |                                                              |
| (F)                                                                     |                |                                                              |
| (G)                                                                     |                |                                                              |
| (H)                                                                     |                |                                                              |
| (I)                                                                     |                |                                                              |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ | 5,745,363.     |                                                              |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type                                      | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|-------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1)                                                                     |                |                                                              |
| (2)                                                                     |                |                                                              |
| (3)                                                                     |                |                                                              |
| (4)                                                                     |                |                                                              |
| (5)                                                                     |                |                                                              |
| (6)                                                                     |                |                                                              |
| (7)                                                                     |                |                                                              |
| (8)                                                                     |                |                                                              |
| (9)                                                                     |                |                                                              |
| (10)                                                                    |                |                                                              |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ |                |                                                              |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description                                                            | (b) Book value |
|----------------------------------------------------------------------------|----------------|
| (1)                                                                        |                |
| (2)                                                                        |                |
| (3)                                                                        |                |
| (4)                                                                        |                |
| (5)                                                                        |                |
| (6)                                                                        |                |
| (7)                                                                        |                |
| (8)                                                                        |                |
| (9)                                                                        |                |
| (10)                                                                       |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶ |                |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability                                            | (b) Amount |
|----------------------------------------------------------------------------|------------|
| (1) Federal income taxes                                                   |            |
| (2) DONOR OPTION PAYABLE                                                   | 7,876,538. |
| (3) NON-CAMPAIGN DONOR OPTION PAYABLE                                      | 172,439.   |
| (4) PLANNED GIVING PAYABLE                                                 | 328,597.   |
| (5) PENSION LIABILITY                                                      | 210,047.   |
| (6)                                                                        |            |
| (7)                                                                        |            |
| (8)                                                                        |            |
| (9)                                                                        |            |
| (10)                                                                       |            |
| (11)                                                                       |            |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ | 8,587,621. |

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

032053  
12-20-10

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

|    |                                                                                          |    |             |
|----|------------------------------------------------------------------------------------------|----|-------------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | 1  | 26,414,549. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  | 26,216,031. |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  | 198,518.    |
| 4  | Net unrealized gains (losses) on investments                                             | 4  | 368,704.    |
| 5  | Donated services and use of facilities                                                   | 5  |             |
| 6  | Investment expenses                                                                      | 6  |             |
| 7  | Prior period adjustments                                                                 | 7  |             |
| 8  | Other (Describe in Part XIV.)                                                            | 8  |             |
| 9  | Total adjustments (net). Add lines 4 through 8                                           | 9  | 368,704.    |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 567,222.    |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |                                                                                 |    |             |
|---|---------------------------------------------------------------------------------|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements        | 1  | 9,778,385.  |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |             |
| a | Net unrealized gains on investments                                             | 2a | 368,704.    |
| b | Donated services and use of facilities                                          | 2b | 858,248.    |
| c | Recoveries of prior year grants                                                 | 2c |             |
| d | Other (Describe in Part XIV.)                                                   | 2d | 127,568.    |
| e | Add lines 2a through 2d                                                         | 2e | 1,354,520.  |
| 3 | Subtract line 2e from line 1                                                    | 3  | 8,423,865.  |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |             |
| b | Other (Describe in Part XIV.)                                                   | 4b | 17,990,684. |
| c | Add lines 4a and 4b                                                             | 4c | 17,990,684. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 26,414,549. |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |                                                                                  |    |             |
|---|----------------------------------------------------------------------------------|----|-------------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 9,211,163.  |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |             |
| a | Donated services and use of facilities                                           | 2a | 858,248.    |
| b | Prior year adjustments                                                           | 2b |             |
| c | Other losses                                                                     | 2c |             |
| d | Other (Describe in Part XIV.)                                                    | 2d | 127,568.    |
| e | Add lines 2a through 2d                                                          | 2e | 985,816.    |
| 3 | Subtract line 2e from line 1                                                     | 3  | 8,225,347.  |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |             |
| b | Other (Describe in Part XIV.)                                                    | 4b | 17,990,684. |
| c | Add lines 4a and 4b                                                              | 4c | 17,990,684. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 26,216,031. |

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: UNITED WAY OF CENTRAL NEW MEXICO (UWCNM) IS A**

**NONPROFIT ORGANIZATION AND IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND IS NOT CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS A PRIVATE FOUNDATION.**

**UWCNM HAS ADOPTED ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA AS THEY RELATE TO UNCERTAIN TAX POSITIONS. MANAGEMENT BELIEVES THAT ALL ACTIVITIES OF UWCNM ARE WITHIN THEIR TAX-EXEMPT PURPOSE,**

**Part XIV** Supplemental Information (continued)

AND THAT THERE ARE NO UNCERTAIN TAX POSITIONS. ANY INTEREST AND PENALTIES RECOGNIZED ASSOCIATED WITH A TAX POSITION ARE CLASSIFIED AS CURRENT IN UWCNM'S FINANCIAL STATEMENTS. THERE WERE NO INTEREST OR PENALTIES RECORDED AS OF JUNE 30, 2011 AND 2010.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

AFFILIATED PROGRAM EXPENSE 127,568.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

AMOUNTS RAISED ON BEHALF OF OTHERS 17,990,684.

## PART XIII, LINE 2D - OTHER ADJUSTMENTS:

AFFILIATED PROGRAM EXPENSE 127,568.

## PART XIII, LINE 4B - OTHER ADJUSTMENTS:

AMOUNTS RAISED ON BEHALF OF OTHERS 17,990,684.

REVENUES AND EXPENSES NETTED FOR FINANCIAL STATEMENT PURPOSES

PART XII, LINE 2D AND PART XIII, LINE 2D HAVE BEEN ADJUSTED TO NET REVENUES AND EXPENSES RELATED TO SPONSORSHIPS AND COBRANDING FOR PRESENTATION PURPOSES.

PART XII, LINE 4B AND PART XIII, LINE 4B HAVE BEEN ADJUSTED TO SHOW AMOUNTS COLLECTED BY UNITED WAY ON BEHALF OF OTHER ORGANIZATIONS. THIS AMOUNT WAS NETTED FOR FINANCIAL STATEMENT PURPOSES.

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

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

► **Attach to Form 990.**

Name of the organization

UNITED WAY OF CENTRAL NEW MEXICO

**Employer identification number**  
**85-0277138**

|        |                                              |
|--------|----------------------------------------------|
| Part I | General Information on Grants and Assistance |
|--------|----------------------------------------------|

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

**2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.**

**Part I**

**Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any

recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, fair, ...) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------|---------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------|----------------------------------------|------------------------------------|
|------------------------------------------------------|---------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------|----------------------------------------|------------------------------------|

**SEE ATTACHED SCHEDULE**

**2** Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

## Form 990 Schedule I Part II Detail Schedule

| Organization Name                                      | St #   | Street               | Ste   | City        | State | Zip   | EIN       | IRC Section | Amount Paid   | Purpose of Grant |
|--------------------------------------------------------|--------|----------------------|-------|-------------|-------|-------|-----------|-------------|---------------|------------------|
| A New Day, Inc AKA New Day Youth and Family Services   | 1330   | San Pedro Ave NE Ste | 201-B | Albuquerque | NM    | 87110 | 850245782 | 501 (c) (3) | \$ 107,313 47 | Priority Needs   |
| Abrazos Family Support Services                        | PO Box | 788                  |       | Bernalillo  | NM    | 87004 | 850265449 | 501 (c) (3) | \$ 51,000 00  | Priority Needs   |
| Academy Police Chapel, Briane Dennison Ministries, Inc | PO Box | 65609                |       | Albuquerque | NM    | 87193 | 208604908 | 501 (c) (3) | \$ 7,314 61   | Priority Needs   |
| ACCION New Mexico • Arizona • Colorado                 | 2000   | Zearing Ave NW       |       | Albuquerque | NM    | 87104 | 850417347 | 501 (c) (3) | \$ 277,421 64 | Priority Needs   |
| Adelante Development Center, Inc.                      | 3900   | Osuna Rd NE          |       | Albuquerque | NM    | 87109 | 850262072 | 501 (c) (3) | \$ 114,373.30 | Priority Needs   |
| Advocacy, Inc                                          | 6301   | 4th ST NW            | Ste 3 | Albuquerque | NM    | 87107 | 850354799 | 501 (c) (3) | \$ 30,100 00  | Priority Needs   |
| Albuquerque Academy                                    | 6400   | Wyoming Blvd NE      |       | Albuquerque | NM    | 87109 | 850129165 | 501 (c) (3) | \$ 270,612 06 | Priority Needs   |
| Albuquerque Area Firefighters Random Acts              | 6323   | Orfeo Trail NW       |       | Albuquerque | NM    | 87114 | 320229938 | 501 (c) (3) | \$ 12,470 36  | Priority Needs   |
| Albuquerque Cat Action Team (ACAT)                     | PO Box | 51683                |       | Albuquerque | NM    | 87181 | 850469190 | 501 (c) (3) | \$ 6,345 44   | Priority Needs   |
| Albuquerque Center for Spiritual Living                | 2801   | Louisiana NE         |       | Albuquerque | NM    | 87110 | 850213361 | 501 (c) (3) | \$ 6,149 63   | Priority Needs   |
| Albuquerque Christian Children's Home                  | 5700   | Winter Haven NW      |       | Albuquerque | NM    | 87120 | 237122398 | 501 (c) (3) | \$ 33,680 36  | Priority Needs   |
| Albuquerque Community Foundation                       | PO Box | 36960                |       | Albuquerque | NM    | 87176 | 850295444 | 501 (c) (3) | \$ 272,424 62 | Priority Needs   |
| Albuquerque Healthcare for the Homeless                | PO Box | 25445                |       | Albuquerque | NM    | 87125 | 850368993 | 501 (c) (3) | \$ 26,765 31  | Priority Needs   |
| Albuquerque Heights First Church of the Nazarene       | 8401   | Paseo del Norte NE   |       | Albuquerque | NM    | 87122 | 850125996 | 501 (c) (3) | \$ 17,638 00  | Priority Needs   |
| Albuquerque Hispano Chamber of Commerce Foundation     | 1309   | Fourth St SW         |       | Albuquerque | NM    | 87102 | 850358453 | 501 (c) (3) | \$ 71,341 18  | Priority Needs   |
| Albuquerque Kennel Kompadres, Inc.                     | 139    | Palacio Rd           |       | Corrales    | NM    | 87048 | 810579861 | 501 (c) (3) | \$ 10,068 96  | Priority Needs   |
| Albuquerque Meals on Wheels                            | PO Box | 92614                |       | Albuquerque | NM    | 87199 | 850307043 | 501 (c) (3) | \$ 72,239 83  | Priority Needs   |
| Albuquerque Museum Foundation                          | PO Box | 7006                 |       | Albuquerque | NM    | 87194 | 850201054 | 501 (c) (3) | \$ 42,310 06  | Priority Needs   |
| Albuquerque Public Schools Foundation                  | PO Box | 25704                |       | Albuquerque | NM    | 87125 | 850434438 | 501 (c) (3) | \$ 145,926 86 | Priority Needs   |
| Albuquerque Rescue Mission                             | PO Box | 331                  |       | Albuquerque | NM    | 87102 | 850208645 | 501 (c) (3) | \$ 75,572 86  | Priority Needs   |
| Albuquerque SANE                                       | PO Box | 37139                |       | Albuquerque | NM    | 87176 | 850443295 | 501 (c) (3) | \$ 20,000.00  | Priority Needs   |

| Form 990 Schedule I Part II Detail                                           |          | Schedule | St # |      | Street                  | Ste  | City        | State | Zip   | EIN       | IRC Section | Amount Paid   | Purpose of Grant |
|------------------------------------------------------------------------------|----------|----------|------|------|-------------------------|------|-------------|-------|-------|-----------|-------------|---------------|------------------|
| Organization Name                                                            | Language | St #     | St # | St # | St #                    | St # | St #        | St #  | St #  | St #      | St #        | St #          | St #             |
| Albuquerque Speech, Language & Hearing                                       |          | 9500     |      |      | Montgomery Blvd NE, Ste | 215  | Albuquerque | NM    | 87111 | 850137632 | 501 (c) (3) | \$ 47,416.00  | Priority Needs   |
| Albuquerque Youth Symphony Program, Inc                                      |          | PO Box   |      |      | 30961                   |      | Albuquerque | NM    | 87190 | 850421180 | 501 (c) (3) | \$ 22,830.30  | Priority Needs   |
| All Faiths Receiving Home                                                    |          | 1709     |      |      | Moon St NE              |      | Albuquerque | NM    | 87112 | 850165284 | 501 (c) (3) | \$ 196,968.38 | Priority Needs   |
| All Saints Lutheran Church                                                   |          | 4800     |      |      | All Saints Rd           |      | Albuquerque | NM    | 87120 | NULL      | 501 (c) (3) | \$ 13,684.88  | Priority Needs   |
| All Saints of North America Orthodox Church                                  |          | 10440    |      |      | 4th St NW               |      | Albuquerque | NM    | 87114 | 352201101 | 501 (c) (3) | \$ 22,521.37  | Priority Needs   |
| Alliance Defense Fund, Inc                                                   |          | 15100    |      |      | N 90th St               | 165  | 2901        | AZ    | 85260 | 541660459 | 501 (c) (3) | \$ 17,430.25  | Priority Needs   |
| ALS Association of New Mexico                                                |          | 2000     |      |      | Randolph Rd SE Ste      | 107  | Albuquerque | NM    | 87106 | 850473026 | 501 (c) (3) | \$ 13,958.27  | Priority Needs   |
| Alta Mira Specialized Family Services, Inc                                   |          | 1605     |      |      | Carlisle NE             |      | Albuquerque | NM    | 87110 | 850339642 | 501 (c) (3) | \$ 47,941.29  | Priority Needs   |
| Alzheimer's Association NM Chapter                                           |          | 9500     |      |      | Montgomery Blvd NE Ste  | 121  | Albuquerque | NM    | 87111 | 850287820 | 501 (c) (3) | \$ 15,939.61  | Priority Needs   |
| American Cancer Society of NM Region                                         |          | 10501    |      |      | Montgomery Blvd NE Ste  | 300  | Albuquerque | NM    | 87111 | 841316555 | 501 (c) (3) | \$ 59,990.05  | Priority Needs   |
| American Civil Liberties Union of New Mexico Foundation (ACLU-NM Foundation) |          | PO Box   |      |      | 566                     |      | Albuquerque | NM    | 87103 | 850275276 | 501 (c) (3) | \$ 5,802.50   | Priority Needs   |
| American Diabetes Association, Inc - New Mexico                              |          | 2625     |      |      | Pennsylvania NE Ste     | 225  | Albuquerque | NM    | 87110 | 131623888 | 501 (c) (3) | \$ 26,012.23  | Priority Needs   |
| American Heart Association South Central Affiliate of New Mexico             |          | 2201     |      |      | San Pedro NE Bldg 2 Ste | 102  | Albuquerque | NM    | 87110 | 135613797 | 501 (c) (3) | \$ 20,029.32  | Priority Needs   |
| American Red Cross in New Mexico                                             |          | 142      |      |      | Monroe NE               |      | Albuquerque | NM    | 87108 | 850102303 | 501 (c) (3) | \$ 175,313.99 | Priority Needs   |
| American Red Cross National Headquarters                                     |          | 2025     |      |      | E St NW                 |      | Washington  | DC    | 20006 | 530196605 | 501 (c) (3) | \$ 9,802.51   | Priority Needs   |
| American Society for Metals International                                    |          | 9639     |      |      | Kinsman Rd              |      | Novelty     | OH    | 44073 | 340714532 | 501 (c) (3) | \$ 6,902.90   | Priority Needs   |
| American Society for the Prevention of Cruelty to Animals                    |          | 520      |      |      | 8th Ave 7th Floor       |      | New York    | NY    | 10018 | 131623829 | 501 (c) (3) | \$ 7,944.37   | Priority Needs   |
| Amigos Y Amigas                                                              |          | 1020     |      |      | Edith Blvd SE           |      | Albuquerque | NM    | 87102 | 850377880 | 501 (c) (3) | \$ 19,439.00  | Priority Needs   |
| Anderson Abruzzo International Balloon Museum Foundation                     |          | 9201     |      |      | Balloon Museum Dr NE    |      | Albuquerque | NM    | 87113 | 850323409 | 501 (c) (3) | \$ 8,480.00   | Priority Needs   |
| Animal Humane   New Mexico                                                   |          | 615      |      |      | Virginia SE             |      | Albuquerque | NM    | 87108 | 850207652 | 501 (c) (3) | \$ 138,279.20 | Priority Needs   |
| Animal Protection of New Mexico, Inc                                         |          | PO Box   |      |      | 11395                   |      | Albuquerque | NM    | 87192 | 850283292 | 501 (c) (3) | \$ 6,815.40   | Priority Needs   |

## Form 990 Schedule I Part II Detail Schedule

| Organization Name                                         | St #   | Street              | Ste  | City        | State | Zip   | EIN       | IRC Section | Amount Paid   | Purpose of Grant |
|-----------------------------------------------------------|--------|---------------------|------|-------------|-------|-------|-----------|-------------|---------------|------------------|
| Anti-Defamation League of B'nai B'rith- New Mexico        | PO Box | 21639               |      | Albuquerque | NM    | 87154 | NULL      | 501 (c) (3) | \$ 6,120 00   | Priority Needs   |
| Aquinas Newman Center                                     | 1815   | Las Lomas Rd        |      | Albuquerque | NM    | 87106 | 850140033 | 501 (c) (3) | \$ 27,295 72  | Priority Needs   |
| ARCA                                                      | 11300  | Lomas Blvd NE       |      | Albuquerque | NM    | 87112 | 856005755 | 501 (c) (3) | \$ 86,105 62  | Priority Needs   |
| ARCA Foundation                                           | 11300  | Lomas Blvd NE       |      | Albuquerque | NM    | 87112 | 840437970 | 501 (c) (3) | \$ 61,439 73  | Priority Needs   |
| Archdiocese of Santa Fe                                   | 4000   | St Josephs Place NW |      | Albuquerque | NM    | 87120 | 856009986 | 501 (c) (3) | \$ 6,213 02   | Priority Needs   |
| Archdiocese of Santa Fe Annual Catholic Appeal Foundation | 4000   | St Joseph Pl NW     |      | Albuquerque | NM    | 87120 | 850422498 | 501 (c) (3) | \$ 20,449 52  | Priority Needs   |
| Asbury United Methodist Church                            | 10000  | Candelaria Rd NE    |      | Albuquerque | NM    | 87112 | 850166656 | 501 (c) (3) | \$ 5,550 75   | Priority Needs   |
| Assistance Dogs of the West                               | PO Box | 31027               |      | Santa Fe    | NM    | 87594 | 850431646 | 501 (c) (3) | \$ 10,294 47  | Priority Needs   |
| Assistance League of Albuquerque, Inc                     | PO Box | 35910               |      | Albuquerque | NM    | 87176 | 856009968 | 501 (c) (3) | \$ 29,368 66  | Priority Needs   |
| Barrett Foundation, Inc                                   | 10300  | Constitution Ave NE |      | Albuquerque | NM    | 87112 | 850336208 | 501 (c) (3) | \$ 81,832 94  | Priority Needs   |
| Believers Center of Albuquerque                           | 320    | Waterfall Dr SE     |      | Albuquerque | NM    | 87123 | 850284928 | 501 (c) (3) | \$ 8,242 61   | Priority Needs   |
| Berkeley Divinity School                                  | 409    | Prospect St         |      | New Haven   | CT    | 6511  | 61013935  | 501 (c) (3) | \$ 33,400 00  | Priority Needs   |
| Bernalillo County PTA Clothing Bank                       | 1730   | University Blvd SE  |      | Albuquerque | NM    | 87106 | 850340310 | 501 (c) (3) | \$ 5,530 81   | Priority Needs   |
| Besant Hill School of Happy Valley                        | PO Box | 850                 |      | Ojai        | CA    | 93024 | NULL      | 501 (c) (3) | \$ 10,000.00  | Priority Needs   |
| Best Buddies                                              | 100    | SE 2nd Street, Ste  | 2200 | Miami       | FL    | 33131 | 521614576 | 501 (c) (3) | \$ 22,000 00  | Priority Needs   |
| Bethany College                                           | 421    | N First Street      |      | Lindsborg   | KS    | 67456 | 480543734 | 501 (c) (3) | \$ 15,000 00  | Priority Needs   |
| Bethel Community Storehouse                               | PO Box | 968                 |      | Moriarty    | NM    | 87035 | 850387679 | 501 (c) (3) | \$ 30,053 34  | Priority Needs   |
| Big Brothers Big Sisters of Central NM                    | 5400   | Phoenix NE Ste      | 200  | Albuquerque | NM    | 87110 | 850271207 | 501 (c) (3) | \$ 147,621 20 | Priority Needs   |
| Billy Graham Evangelistic Association - NC                | PO Box | 668129              |      | Charlotte   | NC    | 28266 | 410692230 | 501 (c) (3) | \$ 5,223 24   | Priority Needs   |
| Birthright of Albuquerque Inc                             | 3228   | Candelaria NE       |      | Albuquerque | NM    | 87107 | 21357190  | 501 (c) (3) | \$ 5,226 17   | Priority Needs   |
| Bosque School                                             | 4000   | Learning Rd NW      |      | Albuquerque | NM    | 87120 | 850420092 | 501 (c) (3) | \$ 58,435 45  | Priority Needs   |
| Boys and Girls Club of Albuquerque                        | 3333   | Truman St NE        |      | Albuquerque | NM    | 87110 | 850106943 | 501 (c) (3) | \$ 51,344 87  | Priority Needs   |
| Boys and Girls Club of Valencia County                    | 620    | W. Reinken          |      | Belen       | NM    | 87002 | 850389467 | 501 (c) (3) | \$ 17,917 00  | Priority Needs   |
| Brothers of the Good Shepherd                             | PO Box | 389                 |      | Albuquerque | NM    | 87103 | 850340581 | 501 (c) (3) | \$ 15,015 49  | Priority Needs   |

| Organization Name                                  | St #   | Schedule | Street                   | Ste  | City           | State | Zip   | EIN       | IRC Section | Amount Paid   | Purpose of Grant |
|----------------------------------------------------|--------|----------|--------------------------|------|----------------|-------|-------|-----------|-------------|---------------|------------------|
| Calvary Chapel of Albuquerque                      | 4001   |          | Osuna Rd NE              |      | Albuquerque    | NM    | 87109 | 850305870 | 501 (c) (3) | \$ 213,067.31 | Priority Needs   |
| Calvary Chapel of Rio Rancho                       | PO Box |          | 15685                    |      | Rio Rancho     | NM    | 87174 | 850347518 | 501 (c) (3) | \$ 50,723.99  | Priority Needs   |
| Calvary Chapel Rio Grande Valley                   | 19381  |          | N Highway 314            |      | Belen          | NM    | 87002 | 850424927 | 501 (c) (3) | \$ 19,384.87  | Priority Needs   |
| Calvary's New Harvest                              | PO Box |          | 2340                     |      | Los Lunas      | NM    | 87031 | NULL      | 501 (c) (3) | \$ 12,612.00  | Priority Needs   |
| Campus Crusade for Christ, Inc                     | 100    |          | Lake Hart Dr             |      | Orlando        | FL    | 32832 | 956006173 | 501 (c) (3) | \$ 16,945.00  | Priority Needs   |
| Cancer Services of New Mexico Foundation           | PO Box |          | 51735                    |      | Albuquerque    | NM    | 87181 | 203688671 | 501 (c) (3) | \$ 45,156.69  | Priority Needs   |
| Care Net Pregnancy Center of Albuquerque           | PO Box |          | 21962                    |      | Albuquerque    | NM    | 87154 | 850312055 | 501 (c) (3) | \$ 40,010.79  | Priority Needs   |
| Carrie Tingley Hospital Foundation                 | PO Box |          | 25424                    |      | Albuquerque    | NM    | 87125 | 856012236 | 501 (c) (3) | \$ 15,443.26  | Priority Needs   |
| Casa Angelica                                      | 5629   |          | Isleta Blvd SW           |      | Albuquerque    | NM    | 87105 | 850392266 | 501 (c) (3) | \$ 27,126.51  | Priority Needs   |
| Casa de Adoracion y Libertad Church                | 2725   |          | Broadbent Parkway NE Ste | C-D  | Albuquerque    | NM    | 87107 | 113837945 | 501 (c) (3) | \$ 15,633.71  | Priority Needs   |
| Casa de Socorro, Inc                               | PO Box |          | 922                      |      | Edgewood       | NM    | 87015 | 850447465 | 501 (c) (3) | \$ 6,393.16   | Priority Needs   |
| Casa Esperanza, Inc                                | PO Box |          | 40472                    |      | Albuquerque    | NM    | 87106 | 850356946 | 501 (c) (3) | \$ 65,359.88  | Priority Needs   |
| Catholic Charities                                 | 6001   |          | Marble Ave NE Ste        | 3    | Albuquerque    | NM    | 87110 | 850110070 | 501 (c) (3) | \$ 100,945.94 | Priority Needs   |
| Center City Evangelical Free Church                | PO Box |          | 3038                     |      | Albuquerque    | NM    | 87190 | 200109592 | 501 (c) (3) | \$ 9,121.38   | Priority Needs   |
| Central New Mexico Community College Foundation    | 525    |          | Buena Vista SE           |      | Albuquerque    | NM    | 87106 | 850338623 | 501 (c) (3) | \$ 222,823.44 | Priority Needs   |
| Central United Methodist Church                    | 201    |          | University Blvd NE       |      | Albuquerque    | NM    | 87106 | 850102940 | 501 (c) (3) | \$ 58,624.83  | Priority Needs   |
| Centro de Enseñanza Moderna                        | 8315   |          | Casa Gris Ct NW          |      | Albuquerque    | NM    | 87120 | NULL      | 501 (c) (3) | \$ 34,885.97  | Priority Needs   |
| Chikchat, Inc                                      | PO Box |          | 3302                     |      | Brentwood      | TN    | 37024 | 311744215 | 501 (c) (3) | \$ 12,000.00  | Priority Needs   |
| Children's Cancer Fund of New Mexico               | 112    |          | 14th St SW               |      | Albuquerque    | NM    | 87102 | 237116828 | 501 (c) (3) | \$ 32,396.76  | Priority Needs   |
| Children's Grief Center of New Mexico              | 3001   |          | Trellis Drive NW         |      | Albuquerque    | NM    | 87107 | 850474099 | 501 (c) (3) | \$ 41,243.71  | Priority Needs   |
| Christina Kent Early Childhood Center              | 423    |          | 3rd St SW                |      | Albuquerque    | NM    | 87102 | 850105594 | 501 (c) (3) | \$ 27,800.25  | Priority Needs   |
| Church Alive                                       | 4601   |          | Avocet Rd NW             |      | Albuquerque    | NM    | 87114 | 850424480 | 501 (c) (3) | \$ 17,448.00  | Priority Needs   |
| Church in Albuquerque                              | 6102   |          | Constitution NE          |      | Albuquerque    | NM    | 87110 | 850252522 | 501 (c) (3) | \$ 6,200.00   | Priority Needs   |
| Church of Jesus Christ of LDS                      | 50     |          | E North Temple St Rm     | 1521 | Salt Lake City | UT    | 84150 | 237300405 | 501 (c) (3) | \$ 212,527.87 | Priority Needs   |
| Church of Jesus Christ of LDS Academy Heights Ward | 6609   |          | Christy Ave NE           |      | Albuquerque    | NM    | 87109 | NULL      | 501 (c) (3) | \$ 8,793.00   | Priority Needs   |

| Form 990 Schedule I Part II Detail Schedule |  | St #   | Street             | Ste | City        | State | Zip   | EIN       | IRC Section | Amount Paid   | Purpose of Grant |
|---------------------------------------------|--|--------|--------------------|-----|-------------|-------|-------|-----------|-------------|---------------|------------------|
| Organization Name                           |  |        |                    |     |             |       |       |           |             |               |                  |
| Church of Jesus Christ of LDS               |  | 10590  | Vista Bella Pl NW  |     | Albuquerque | NM    | 87114 | NULL      | 501 (c) (3) | \$ 25,369 38  | Priority Needs   |
| Bandelier Ward                              |  |        |                    |     |             |       |       |           |             |               |                  |
| Church of Jesus Christ of LDS               |  | 12317  | Tamarac Trail NE   |     | Albuquerque | NM    | 87111 | NULL      | 501 (c) (3) | \$ 42,713 88  | Priority Needs   |
| Bear Canyon Ward                            |  |        |                    |     |             |       |       |           |             |               |                  |
| Church of Jesus Christ of LDS               |  | 1505   | Via Verane Dr SE   |     | Rio Rancho  | NM    | 87124 | NULL      | 501 (c) (3) | \$ 22,105 00  | Priority Needs   |
| Cabezon Ward                                |  |        |                    |     |             |       |       |           |             |               |                  |
| Church of Jesus Christ of LDS               |  | 17     | Flower Ln          |     | Sandia Park | NM    | 87047 | NULL      | 501 (c) (3) | \$ 43,907 10  | Priority Needs   |
| Cedar Crest Ward                            |  |        |                    |     |             |       |       |           |             |               |                  |
| Church of Jesus Christ of LDS               |  | 4526   | Landmark Cir       |     | Cedar Hills | UT    | 84062 | NULL      | 501 (c) (3) | \$ 20,000 00  | Priority Needs   |
| Cedar Hills 6th Ward                        |  |        |                    |     |             |       |       |           |             |               |                  |
| Church of Jesus Christ of LDS               |  | 310    | San Andres Rd      |     | Corrales    | NM    | 87048 | NULL      | 501 (c) (3) | \$ 5,634 00   | Priority Needs   |
| Cibola Ward                                 |  |        |                    |     |             |       |       |           |             |               |                  |
| Church of Jesus Christ of LDS               |  | 14332  | Nambe Ave NE       |     | Albuquerque | NM    | 87123 | NULL      | 501 (c) (3) | \$ 23,799 80  | Priority Needs   |
| City View Ward                              |  |        |                    |     |             |       |       |           |             |               |                  |
| Church of Jesus Christ of LDS               |  | 10020  | Irbid Rd NE        |     | Albuquerque | NM    | 87122 | NULL      | 501 (c) (3) | \$ 79,465 32  | Priority Needs   |
| East Ridge Ward                             |  |        |                    |     |             |       |       |           |             |               |                  |
| Church of Jesus Christ of LDS               |  | PO Box | 3279               |     | Edgewood    | NM    | 87015 | NULL      | 501 (c) (3) | \$ 17,092 15  | Priority Needs   |
| Edgewood Ward                               |  |        |                    |     |             |       |       |           |             |               |                  |
| Church of Jesus Christ of LDS               |  | 5525   | Laredo Rd          |     | Rio Rancho  | NM    | 87144 | NULL      | 501 (c) (3) | \$ 33,527 09  | Priority Needs   |
| High Range Ward                             |  |        |                    |     |             |       |       |           |             |               |                  |
| Church of Jesus Christ of LDS La            |  | 8323   | Manuel Chia Ct     |     | Albuquerque | NM    | 87122 | NULL      | 501 (c) (3) | \$ 15,700 00  | Priority Needs   |
| Cueva Ward                                  |  |        |                    |     |             |       |       |           |             |               |                  |
| Church of Jesus Christ of LDS               |  | 3202   | May Circle SE      |     | Rio Rancho  | NM    | 87124 | NULL      | 501 (c) (3) | \$ 23,548 90  | Priority Needs   |
| Panorama Heights Ward                       |  |        |                    |     |             |       |       |           |             |               |                  |
| Church of Jesus Christ of LDS               |  | PO Box | 27188              |     | Provo       | UT    | 84602 | NULL      | 501 (c) (3) | \$ 16,000 00  | Priority Needs   |
| Philanthropies                              |  |        |                    |     |             |       |       |           |             |               |                  |
| Church of Jesus Christ of LDS               |  | 7004   | Chapingo Rd        |     | Rio Rancho  | NM    | 87144 | NULL      | 501 (c) (3) | \$ 14,226 18  | Priority Needs   |
| River's Edge Ward                           |  |        |                    |     |             |       |       |           |             |               |                  |
| Church of Jesus Christ of LDS               |  | 8505   | Harwood Ave NE     |     | Albuquerque | NM    | 87111 | NULL      | 501 (c) (3) | \$ 19,497 50  | Priority Needs   |
| Sandia Ward                                 |  |        |                    |     |             |       |       |           |             |               |                  |
| Church of Jesus Christ of LDS               |  | 1086   | S Slate Canyon Dr  |     | Provo       | UT    | 84606 | NULL      | 501 (c) (3) | \$ 21,023 38  | Priority Needs   |
| Slate Canyon 13th Ward                      |  |        |                    |     |             |       |       |           |             |               |                  |
| Church of Jesus Christ of LDS               |  | 1350   | Sunset Rd          |     | Rio Rancho  | NM    | 87124 | NULL      | 501 (c) (3) | \$ 31,786 54  | Priority Needs   |
| Star Heights Ward                           |  |        |                    |     |             |       |       |           |             |               |                  |
| Church of Jesus Christ of LDS               |  | 6432   | Kochis Rd NW       |     | Albuquerque | NM    | 87120 | NULL      | 501 (c) (3) | \$ 18,367 41  | Priority Needs   |
| Taylor Ranch Ward                           |  |        |                    |     |             |       |       |           |             |               |                  |
| Church of Jesus Christ of LDS               |  | 6905   | Luz De La Luna NW  |     | Albuquerque | NM    | 87114 | NULL      | 501 (c) (3) | \$ 12,780 06  | Priority Needs   |
| Ventana Ward                                |  |        |                    |     |             |       |       |           |             |               |                  |
| Church of the Good Shepherd                 |  | 7834   | Tennyson NE        |     | Albuquerque | NM    | 87122 | 850289995 | 501 (c) (3) | \$ 8,500 00   | Priority Needs   |
| Church of the Incarnation                   |  | 2309   | Monterrey Rd NE    |     | Rio Rancho  | NM    | 87144 | 200040746 | 501 (c) (3) | \$ 25,833 82  | Priority Needs   |
| Citizens Foundation USA                     |  | 1350   | Remington Road Ste | A   | Schaumburg  | IL    | 60173 | 412046295 | 501 (c) (3) | \$ 257,500 00 | Priority Needs   |

## Form 990 Schedule I Part II Detail Schedule

| Organization Name                                      | St #              | Street                   | Ste | City        | State | Zip   | EIN       | IRC Section | Amount Paid   | Purpose of Grant |
|--------------------------------------------------------|-------------------|--------------------------|-----|-------------|-------|-------|-----------|-------------|---------------|------------------|
| Citizens Schools                                       | 1420              | Carlisle Blvd NE,<br>Ste | 101 | Albuquerque | NM    | 87110 | 43259160  | 501 (c) (3) | \$ 25,800 00  | Priority Needs   |
| City Church of Albuquerque                             | 3320              | San Pedro Drive NE       |     | Albuquerque | NM    | 87110 | 850415507 | 501 (c) (3) | \$ 5,000 00   | Priority Needs   |
| Congregation Albert                                    | 3800              | Louisiana Blvd NE        |     | Albuquerque | NM    | 87110 | 850124933 | 501 (c) (3) | \$ 52,650 57  | Priority Needs   |
| Congregation B'nai Israel                              | 4401              | Indian School Rd<br>NE   |     | Albuquerque | NM    | 87110 | 850159160 | 501 (c) (3) | \$ 18,088 00  | Priority Needs   |
| Cornucopia, Inc                                        | 2002              | Bridge Blvd SW           |     | Albuquerque | NM    | 87105 | 850311603 | 501 (c) (3) | \$ 70,322.64  | Priority Needs   |
| Cottonwood Church                                      | 4041              | Barbara Loop SE<br>Ste   | B   | Rio Rancho  | NM    | 87124 | 850448824 | 501 (c) (3) | \$ 30,127 00  | Priority Needs   |
| Cottonwood Montessori School                           | 3896              | Corrales Rd NE           |     | Corrales    | NM    | 87048 | 850430238 | 501 (c) (3) | \$ 9,299 01   | Priority Needs   |
| Covenant Presbyterian Church                           | 9315              | Candelaria Rd NE         |     | Albuquerque | NM    | 87112 | 850171773 | 501 (c) (3) | \$ 31,778 41  | Priority Needs   |
| Cross of Hope Lutheran Church                          | 6104              | Taylor Ranch NW          |     | Albuquerque | NM    | 87120 | 850294144 | 501 (c) (3) | \$ 29,760 31  | Priority Needs   |
| Crossroads for Women                                   | 805               | Tijeras Ave NW           |     | Albuquerque | NM    | 87102 | 850448641 | 501 (c) (3) | \$ 49,000 00  | Priority Needs   |
| Cuidando Los Ninos                                     | PO Box<br>12786   |                          |     | Albuquerque | NM    | 87195 | 850366029 | 501 (c) (3) | \$ 64,856 00  | Priority Needs   |
| Desert Springs Church                                  | 705               | Osuna Rd NE              |     | Albuquerque | NM    | 87113 | 850379220 | 501 (c) (3) | \$ 185,097 32 | Priority Needs   |
| Destiny Center                                         | 4401              | Northern Blvd NE         |     | Rio Rancho  | NM    | 87124 | 850470059 | 501 (c) (3) | \$ 23,709 20  | Priority Needs   |
| Disabled American Veterans<br>Charitable Service Trust |                   |                          |     |             |       |       |           |             |               |                  |
| National Headquarters                                  | 3725              | Alexandria Pike          |     | Cold Spring | KY    | 41076 | 521521276 | 501 (c) (3) | \$ 6,424 43   | Priority Needs   |
| Dismas House New Mexico                                | PO Box<br>6101    |                          |     | Albuquerque | NM    | 87197 | 850478597 | 501 (c) (3) | \$ 68,968 50  | Priority Needs   |
| Doctors Without Borders USA,<br>Inc.                   | 333               | 7th Ave 2nd Flr          |     | New York    | NY    | 10001 | 133433452 | 501 (c) (3) | \$ 14,834 29  | Priority Needs   |
| Domestic Violence Resource<br>Center, Resources, Inc   | 625               | Silver Ave #             | 185 | Albuquerque | NM    | 87102 | 850439226 | 501 (c) (3) | \$ 71,199 28  | Priority Needs   |
| Eagles' Wing Youth Ranch                               | PO Box<br>701     | 465                      |     | Mountainair | NM    | 87036 | 850406432 | 501 (c) (3) | \$ 22,000 00  | Priority Needs   |
| Earlham College                                        |                   | National Rd W            |     | Richmond    | IN    | 47374 | 350868073 | 501 (c) (3) | \$ 5,500 00   | Priority Needs   |
| East Gate Church of the<br>Foursquare Gospel           | 12120             | Copper NE                |     | Albuquerque | NM    | 87123 | NULL      | 501 (c) (3) | \$ 13,611 38  | Priority Needs   |
| East Mountain High School<br>Foundation                | PO Box<br>3100    | 1852                     |     | Sandia Park | NM    | 87047 | 850462827 | 501 (c) (3) | \$ 8,217 70   | Priority Needs   |
| Eastern Hills Baptist Church                           |                   | Morris St NE             |     | Albuquerque | NM    | 87111 | 850195268 | 501 (c) (3) | \$ 6,291 15   | Priority Needs   |
| Eastern Hills Christian<br>Academy, Inc                | 3100              | Morris St NE             |     | Albuquerque | NM    | 87111 | 800010668 | 501 (c) (3) | \$ 10,012 96  | Priority Needs   |
| Eastern New Mexico University<br>Foundation            | Station<br>PO Box | 8                        |     | Portales    | NM    | 88130 | 850266258 | 501 (c) (3) | \$ 10,000 00  | Priority Needs   |
| Educate New Mexico                                     |                   | 794                      |     | Albuquerque | NM    | 87103 | 850467810 | 501 (c) (3) | \$ 10,216.58  | Priority Needs   |
| Edward Alexander Fund                                  | 1                 | University Ave           |     | Lowell      | MA    | 1854  | NULL      | 501 (c) (3) | \$ 5,460 00   | Priority Needs   |

## Form 990 Schedule I Part II Detail Schedule

| Organization Name                                                            | St #   | Street               | Ste | City              | State | Zip   | EIN       | IRC Section | Amount Paid   | Purpose of Grant |
|------------------------------------------------------------------------------|--------|----------------------|-----|-------------------|-------|-------|-----------|-------------|---------------|------------------|
| El Ranchito de Los Ninos Foundation                                          | PO Box | 2400                 |     | Los Lunas         | NM    | 87031 | 263208502 | 501 (c) (3) | \$ 26,475.68  | Priority Needs   |
| El Ranchito de Los Ninos, Inc                                                | PO Box | 2400                 |     | Los Lunas         | NM    | 87031 | 850471183 | 501 (c) (3) | \$ 12,757.40  | Priority Needs   |
| Endorphin Power Company                                                      | 509    | Cardenas             |     | Albuquerque       | NM    | 87108 | 680549099 | 501 (c) (3) | \$ 9,930.00   | Priority Needs   |
| Enlace Comunitario                                                           | PO Box | 8919                 |     | Albuquerque       | NM    | 87198 | 850473384 | 501 (c) (3) | \$ 56,566.00  | Priority Needs   |
| Equal Access to Justice, Inc                                                 | PO Box | 25941                |     | Albuquerque       | NM    | 87125 | 850437183 | 501 (c) (3) | \$ 22,571.34  | Priority Needs   |
| Escuela Luz del Mundo                                                        | 301    | Chama St NE          |     | Albuquerque       | NM    | 87108 | 870784858 | 501 (c) (3) | \$ 8,428.77   | Priority Needs   |
| Explora Science Center & Children's Museum of Albuquerque                    | 1701   | Mountain Rd NW       |     | Albuquerque       | NM    | 87104 | 850442062 | 501 (c) (3) | \$ 20,599.64  | Priority Needs   |
| Fair Oaks Presbyterian Church                                                | 11427  | Fair Oaks Blvd       |     | Fair Oaks         | CA    | 95628 | 941569346 | 501 (c) (3) | \$ 6,000.00   | Priority Needs   |
| Faith Bible Church                                                           | PO Box | 23368                |     | Albuquerque       | NM    | 87192 | 850329329 | 501 (c) (3) | \$ 9,925.00   | Priority Needs   |
| Faith Evangelical Free Church                                                | 900    | Southern Blvd SE     |     | Rio Rancho        | NM    | 87124 | 850284310 | 501 (c) (3) | \$ 34,770.30  | Priority Needs   |
| Faith Lutheran Church                                                        | 10000  | Spain Rd NE          |     | Albuquerque       | NM    | 87111 | 850124951 | 501 (c) (3) | \$ 136,678.11 | Priority Needs   |
| Faith Temple Church of God in Christ                                         | PO Box | 67015                |     | Albuquerque       | NM    | 87193 | 850348439 | 501 (c) (3) | \$ 10,603.86  | Priority Needs   |
| Families of Spinal Muscular Atrophy                                          | 925    | Busse Road           |     | Elk Grove Village | IL    | 60007 | 363320440 | 501 (c) (3) | \$ 5,102.00   | Priority Needs   |
| Families of Spinal Muscular Atrophy New Mexico Chapter                       | 9115   | Mabry Avenue         |     | Albuquerque       | NM    | 87109 | 363320440 | 501 (c) (3) | \$ 5,000.04   | Priority Needs   |
| Family Life Communications<br>Family Life Broadcasting<br>System Parent Talk | PO Box | 35300                |     | Tucson            | AZ    | 85740 | 860796113 | 501 (c) (3) | \$ 12,210.81  | Priority Needs   |
| Family Promise of Albuquerque                                                | 2801   | Lomas Blvd NE        | B-4 | Albuquerque       | NM    | 87106 | 850472315 | 501 (c) (3) | \$ 44,561.59  | Priority Needs   |
| Family Research Council, Inc                                                 | 801    | G Street NW          |     | Washington        | DC    | 20001 | 521792772 | 501 (c) (3) | \$ 8,430.00   | Priority Needs   |
| Fellowship Missionary Baptist Church                                         | PO Box | 26327                |     | Albuquerque       | NM    | 87125 | 850324303 | 501 (c) (3) | \$ 56,176.76  | Priority Needs   |
| First Baptist Church                                                         | 4601   | Paradise Blvd NW Ste | B   | Albuquerque       | NM    | 87114 | 850119045 | 501 (c) (3) | \$ 12,584.00  | Priority Needs   |
| First Baptist Church of Rio Rancho                                           | 3906   | 19th Ave SE          |     | Rio Rancho        | NM    | 87124 | 850260662 | 501 (c) (3) | \$ 37,478.95  | Priority Needs   |
| First Christian Church of Albuquerque                                        | 10101  | Montgomery Blvd NE   |     | Albuquerque       | NM    | 87111 | 850166035 | 501 (c) (3) | \$ 7,915.36   | Priority Needs   |
| First Church of Christ Scientist                                             | 500    | Richmond Pl NE       |     | Albuquerque       | NM    | 87106 | NULL      | 501 (c) (3) | \$ 13,700.00  | Priority Needs   |
| First Congregational Church                                                  | 2801   | Lomas NE             |     | Albuquerque       | NM    | 87106 | 850155122 | 501 (c) (3) | \$ 13,924.44  | Priority Needs   |
| First Presbyterian Church                                                    | 215    | Locust NE            |     | Albuquerque       | NM    | 87102 | 850115803 | 501 (c) (3) | \$ 26,580.86  | Priority Needs   |

| Form 990 Schedule I Part II Detail Schedule                 |        | St #               | Street | Ste | City             | State | Zip   | EIN        | IRC Section | Amount Paid   | Purpose of Grant |
|-------------------------------------------------------------|--------|--------------------|--------|-----|------------------|-------|-------|------------|-------------|---------------|------------------|
| Organization Name                                           |        |                    |        |     |                  |       |       |            |             |               |                  |
| First Serve NM, Inc                                         | PO Box | 31904              |        |     | Santa Fe         | NM    | 87594 | 270044395  | 501 (c) (3) | \$ 7,450 00   | Priority Needs   |
| First Unitarian Church of Albuquerque                       | 3701   | Carlisle Blvd NE   |        |     | Albuquerque      | NM    | 87110 | 850134789  | 501 (c) (3) | \$ 13,259.81  | Priority Needs   |
| First United Methodist Church                               | PO Box | 1638               |        |     | Albuquerque      | NM    | 87103 | 850125540  | 501 (c) (3) | \$ 73,132 15  | Priority Needs   |
|                                                             |        | Manzano            |        |     |                  |       |       |            |             |               |                  |
| First United Methodist Church                               | 75     | Expressway         |        |     | Belen            | NM    | 87002 | 850319390  | 501 (c) (3) | \$ 6,296 03   | Priority Needs   |
| Focus On The Family                                         | 8605   | Explorer Drive     |        |     | Colorado Springs | CO    | 80920 | 953188150  | 501 (c) (3) | \$ 45,888 19  | Priority Needs   |
| Food Bank of the Rio Grande Valley, Inc                     | 2601   | W Zinnia           |        |     | Mcallen          | TX    | 78502 | 742421560  | 501 (c) (3) | \$ 5,000 00   | Priority Needs   |
| Franciscan Friars of the Renewal San Juan Diego Friary      | 5024   | 4th St NW          |        |     | Albuquerque      | NM    | 87107 | 270678977  | 501 (c) (3) | \$ 6,155.99   | Priority Needs   |
| Friends of the Albuquerque Public Library                   | PO Box | 26657              |        |     | Albuquerque      | NM    | 87125 | 237024173  | 501 (c) (3) | \$ 18,802 21  | Priority Needs   |
| Friends of the Israel Defense Forces Central Region Chapter | 29     | East Madison       |        |     | Chicago          | IL    | 60602 | 1331156445 | 501 (c) (3) | \$ 5,000 00   | Priority Needs   |
| Futures For Children Inc                                    | 9600   | Tennysen St NE     |        |     | Albuquerque      | NM    | 87122 | 850254951  | 501 (c) (3) | \$ 6,506 49   | Priority Needs   |
| Genesis Church                                              | 18019  | N 12th Place       |        |     | Phoenix          | AZ    | 85022 | 450493425  | 501 (c) (3) | \$ 5,000 00   | Priority Needs   |
| Girl Scouts of New Mexico Trails, Inc                       | 4000   | Jefferson Plaza NE |        |     | Albuquerque      | NM    | 87109 | 856011246  | 501 (c) (3) | \$ 16,383 66  | Priority Needs   |
| Gleanings From the Harvest for Galveston                    | 624    | 4th Avenue North   |        |     | Texas City       | TX    | 77590 | 200408375  | 501 (c) (3) | \$ 5,000 00   | Priority Needs   |
| Glory Christian Fellowship                                  | 2417   | Wyoming NE         |        |     | Albuquerque      | NM    | 87112 | 850363742  | 501 (c) (3) | \$ 21,084 96  | Priority Needs   |
| God's House Church, Inc                                     | 2335   | Wyoming Blvd NE    |        |     | Albuquerque      | NM    | 87112 | 850386021  | 501 (c) (3) | \$ 24,567 21  | Priority Needs   |
| Golden Apple Foundation of New Mexico                       | PO Box | 40469              |        |     | Albuquerque      | NM    | 87196 | 850420305  | 501 (c) (3) | \$ 39,724 50  | Priority Needs   |
| Good Shepherd Center                                        | 218    | Iron St SW         |        |     | Albuquerque      | NM    | 87102 | 850384940  | 501 (c) (3) | \$ 5,764 19   | Priority Needs   |
| Goodwill Industries                                         | 5000   | San Mateo Blvd NE  |        |     | Albuquerque      | NM    | 87109 | 850107916  | 501 (c) (3) | \$ 43,637.89  | Priority Needs   |
| Gospel for Asia, Inc                                        | 1800   | Golden Trail Ct    |        |     | Carrollton       | TX    | 75010 | 731099096  | 501 (c) (3) | \$ 16,702 85  | Priority Needs   |
| Grace Church                                                | 6901   | San Antonio Dr NE  |        |     | Albuquerque      | NM    | 87109 | 856011708  | 501 (c) (3) | \$ 65,726 90  | Priority Needs   |
| Grace Fellowship                                            | PO Box | 448                |        |     | Los Lunas        | NM    | 87031 | 237174514  | 501 (c) (3) | \$ 12,295 68  | Priority Needs   |
| Grace Lutheran Church                                       | 7550   | Eubank NE          |        |     | Albuquerque      | NM    | 87122 | NULL       | 501 (c) (3) | \$ 9,185.00   | Priority Needs   |
| Grace Outreach Center                                       | 2900   | Southern Blvd SE   |        |     | Rio Rancho       | NM    | 87124 | 850371805  | 501 (c) (3) | \$ 11,765 00  | Priority Needs   |
| Great Southwest Council, Boy Scouts of America              | 5841   | Office Blvd NE     |        |     | Albuquerque      | NM    | 87109 | 850102305  | 501 (c) (3) | \$ 382,621 64 | Priority Needs   |
| Greater Albuquerque Habitat for Humanity                    | PO Box | 8353               |        |     | Albuquerque      | NM    | 87198 | 850359138  | 501 (c) (3) | \$ 26,485 46  | Priority Needs   |
| Habitat for Humanity International, Inc.                    | 121    | Habitat St         |        |     | Americus         | GA    | 31709 | 911914868  | 501 (c) (3) | \$ 7,020 34   | Priority Needs   |

## Form 990 Schedule I Part II Detail Schedule

| Organization Name                               | St #   | Street                      | Ste | City        | State | Zip   | EIN       | IRC Section | Amount Paid   | Purpose of Grant |
|-------------------------------------------------|--------|-----------------------------|-----|-------------|-------|-------|-----------|-------------|---------------|------------------|
| Habitat for Humanity Valencia County            | PO Box | 3184                        |     | Los Lunas   | NM    | 87031 | 850422737 | 501 (c) (3) | \$ 25,000 00  | Priority Needs   |
| Haven House, Inc                                | PO Box | 15611                       |     | Rio Rancho  | NM    | 87174 | 850422830 | 501 (c) (3) | \$ 75,074 53  | Priority Needs   |
| Heart and Soul Animal Sanctuary                 | 369    | Montezuma Ave               | 130 | Santa Fe    | NM    | 87501 | 311549681 | 501 (c) (3) | \$ 5,491 69   | Priority Needs   |
| Hearts 4 Mother Earth                           | 464    | Coroval Place               |     | Corrales    | NM    | 87048 | 264365610 | 501 (c) (3) | \$ 6,403 50   | Priority Needs   |
| Heifer Project International                    | PO Box | 8058                        |     | Little Rock | AR    | 72203 | 351019477 | 501 (c) (3) | \$ 5,884 60   | Priority Needs   |
| Heights Cumberland Presbyterian Church          | 8600   | Academy NE                  |     | Albuquerque | NM    | 87111 | 850229225 | 501 (c) (3) | \$ 14,100 32  | Priority Needs   |
| Hoffmantom Baptist Church                       | 8888   | Harper NE                   |     | Albuquerque | NM    | 87111 | 850162757 | 501 (c) (3) | \$ 117,404 15 | Priority Needs   |
| Hogares, Inc.                                   | PO Box | 6485                        |     | Albuquerque | NM    | 87197 | 850212039 | 501 (c) (3) | \$ 46,531 04  | Priority Needs   |
| Holy Family Church                              | PO Box | 12127                       |     | Albuquerque | NM    | 87195 | 850205023 | 501 (c) (3) | \$ 5,485 04   | Priority Needs   |
| Holy Ghost Parish                               | 833    | Arizona SE                  |     | Albuquerque | NM    | 87108 | 850407805 | 501 (c) (3) | \$ 12,286 05  | Priority Needs   |
| Holy Ghost School                               | 6201   | Ross Ave SE                 |     | Albuquerque | NM    | 87108 | 850124338 | 501 (c) (3) | \$ 17,213 00  | Priority Needs   |
| Hope Christian School                           | 8005   | Louisiana Blvd NE           |     | Albuquerque | NM    | 87109 | 850244670 | 501 (c) (3) | \$ 11,721 47  | Priority Needs   |
| Hope Evangelical Free Church                    | 4710   | Juan Tabo Blvd NE           |     | Albuquerque | NM    | 87111 | 237037643 | 501 (c) (3) | \$ 34,396 59  | Priority Needs   |
| Hope Foundation of New Mexico, Inc              | 8005   | Louisiana Blvd NE           |     | Albuquerque | NM    | 87109 | 850329331 | 501 (c) (3) | \$ 52,651 01  | Priority Needs   |
| Hope in the Desert Episcopal Church             | 8700   | Alameda Blvd NE             |     | Albuquerque | NM    | 87122 | 850475053 | 501 (c) (3) | \$ 13,155 00  | Priority Needs   |
| Hosanna                                         | 2421   | Aztec Road NE               |     | Albuquerque | NM    | 87107 | 850223225 | 501 (c) (3) | \$ 30,512 03  | Priority Needs   |
| Hunger Project                                  | 5      | Union Square West 7th Floor |     | New York    | NY    | 10003 | 942443282 | 501 (c) (3) | \$ 26,049 82  | Priority Needs   |
| Immaculate Conception Parish                    |        |                             |     |             |       |       |           |             |               |                  |
| St Mary's School Capital Campaign               | 619    | Copper Ave NW               |     | Albuquerque | NM    | 87102 | NULL      | 501 (c) (3) | \$ 6,630 50   | Priority Needs   |
| Immanuel Evangelical Lutheran Church and School | 300    | Gold Ave SE                 |     | Albuquerque | NM    | 87102 | 850109590 | 501 (c) (3) | \$ 10,944 85  | Priority Needs   |
| Immanuel Presbyterian Church                    | 114    | Carlisle Blvd SE            |     | Albuquerque | NM    | 87106 | 850120943 | 501 (c) (3) | \$ 6,688 00   | Priority Needs   |
| Jewish Community Center                         | 5520   | Wyoming NE Ste              | 200 | Albuquerque | NM    | 87109 | 850457178 | 501 (c) (3) | \$ 69,573 98  | Priority Needs   |
| Jewish Community Center                         | 5520   | Wyoming NE, Ste             | 200 | Albuquerque | NM    | 87109 | 850457178 | 501 (c) (3) | \$ 3,000 00   | Priority Needs   |
| Jewish Family Service of New Mexico             | 5520   | Wyoming NE Ste              | 200 | Albuquerque | NM    | 87109 | 850346550 | 501 (c) (3) | \$ 62,559 36  | Priority Needs   |
| Jewish Federation of New Mexico                 | 5520   | Wyoming Blvd NE             |     | Albuquerque | NM    | 87109 | 850158242 | 501 (c) (3) | \$ 111,137 31 | Priority Needs   |
| John XXIII Catholic Community                   | 4831   | Tramway Ridge Dr NE         |     | Albuquerque | NM    | 87111 | 850325258 | 501 (c) (3) | \$ 20,090 37  | Priority Needs   |
| Joy Junction                                    | PO Box | 27693                       |     | Albuquerque | NM    | 87125 | 850360268 | 501 (c) (3) | \$ 119,364 27 | Priority Needs   |
| Junior Achievement of New Mexico, Inc           | 4700   | Lincoln Rd NE Ste           | 108 | Albuquerque | NM    | 87109 | 850416889 | 501 (c) (3) | \$ 30,937 45  | Priority Needs   |

## Form 990 Schedule I Part II Detail Schedule

| Organization Name                                     | St #   | Street                 | Ste | City        | State | Zip   | EIN       | IRC Section | Amount Paid   | Purpose of Grant |
|-------------------------------------------------------|--------|------------------------|-----|-------------|-------|-------|-----------|-------------|---------------|------------------|
| Juvenile Diabetes Research Foundation NM Chapter      | 2501   | San Pedro NE Ste       | 116 | Albuquerque | NM    | 87110 | 231907729 | 501 (c) (3) | \$ 69,941 45  | Priority Needs   |
| KANW FM Radio                                         | 2020   | Coal Ave SE            |     | Albuquerque | NM    | 87106 | 856000101 | 501 (c) (3) | \$ 5,567 78   | Priority Needs   |
| Keshet Dance Company                                  | 214    | Coal Ave SW            |     | Albuquerque | NM    | 87102 | 850436623 | 501 (c) (3) | \$ 59,803 13  | Priority Needs   |
| KLOVE Christian Radio                                 |        |                        |     |             |       |       |           |             |               |                  |
| Educational Media Foundation                          | PO Box | 2098                   |     | Omaha       | NE    | 68103 | 942816342 | 501 (c) (3) | \$ 12,768 10  | Priority Needs   |
| KNME TV PBS                                           | 1130   | University Blvd NE     |     | Albuquerque | NM    | 87102 | NULL      | 501 (c) (3) | \$ 22,439 46  | Priority Needs   |
| La Buena Vida, Inc                                    | PO Box | 1147                   |     | Bernalillo  | NM    | 87004 | 850286886 | 501 (c) (3) | \$ 50,000 00  | Priority Needs   |
| La Colmena, Inc.                                      | 1500   | Walter SE, Ste         | 106 | Albuquerque | NM    | 87102 | 61703141  | 501 (c) (3) | \$ 30,500 00  | Priority Needs   |
| La Familia, Inc                                       | 707    | Broadway Blvd NE Ste   | 103 | Albuquerque | NM    | 87102 | 850366556 | 501 (c) (3) | \$ 31,072 96  | Priority Needs   |
| La Vida Felicidad                                     | PO Box | 2040                   |     | Los Lunas   | NM    | 87031 | 850322305 | 501 (c) (3) | \$ 43,000 00  | Priority Needs   |
| Lakeside Church of Christ                             | 2217   | B 33rd                 |     | Lubbock     | TX    | 79401 | 752453271 | 501 (c) (3) | \$ 6,150 00   | Priority Needs   |
| Lap Dog Rescue of New Mexico                          | PO Box | 1316                   |     | Tijeras     | NM    | 87059 | 850477845 | 501 (c) (3) | \$ 13,124 81  | Priority Needs   |
| Latina Initiative                                     | 1536   | Wynkoop                | 4-B | Denver      | CO    | 80202 | 203097667 | 501 (c) (3) | \$ 12,650 00  | Priority Needs   |
| Leadership New Mexico                                 | PO Box | 35696                  |     | Albuquerque | NM    | 87176 | 850437219 | 501 (c) (3) | \$ 12,341 56  | Priority Needs   |
| Legacy Church                                         | 7201   | Central Ave NW         |     | Albuquerque | NM    | 87121 | 850280270 | 501 (c) (3) | \$ 161,312 88 | Priority Needs   |
| Legal FACS                                            | 924    | Lomas Blvd NE          |     | Albuquerque | NM    | 87102 | 850276499 | 501 (c) (3) | \$ 30,000 00  | Priority Needs   |
| Leukemia and Lymphoma Society NM/EI Paso Chapter      | 4600A  | Montgomery Blvd NE Ste | 201 | Albuquerque | NM    | 87109 | 135644916 | 501 (c) (3) | \$ 8,071 52   | Priority Needs   |
| LifeROOTS, Inc                                        | 1111   | Menaul Blvd NE         |     | Albuquerque | NM    | 87107 | 850135073 | 501 (c) (3) | \$ 63,265 09  | Priority Needs   |
| Lifesong a Community Church                           | 911    | Foraker Road SE        |     | Rio Rancho  | NM    | 87124 | 800230843 | 501 (c) (3) | \$ 8,142 00   | Priority Needs   |
| Lincoln County Medical Center Foundation, Inc         | PO Box | 8000                   |     | Ruidoso     | NM    | 88355 | 320074025 | 501 (c) (3) | \$ 7,914 55   | Priority Needs   |
| Living Water International                            | PO Box | 35496                  |     | Houston     | TX    | 77235 | 760324875 | 501 (c) (3) | \$ 7,225 65   | Priority Needs   |
| Love INC of South Albuquerque                         | PO Box | 93396                  |     | Albuquerque | NM    | 87199 | 850476239 | 501 (c) (3) | \$ 70,565 53  | Priority Needs   |
| Make-A-Wish Foundation of New Mexico                  | 144    | Louisiana Blvd NE      |     | Albuquerque | NM    | 87108 | 850347088 | 501 (c) (3) | \$ 23,984 21  | Priority Needs   |
| Mandy's Special Farm for Autistic Women               | 346    | Clark Rd NW            |     | Albuquerque | NM    | 87105 | 850436516 | 501 (c) (3) | \$ 68,326 33  | Priority Needs   |
| Manzano Day School                                    | 1801   | Central Ave NW         |     | Albuquerque | NM    | 87104 | 850127993 | 501 (c) (3) | \$ 61,720 02  | Priority Needs   |
| Manzano Mountain Early Learning Center                | 10834  | State Highway 337      |     | Tijeras     | NM    | 87059 | 10755874  | 501 (c) (3) | \$ 24,000 00  | Priority Needs   |
| March of Dimes Foundation NM Chapter                  | 7007   | Wyoming Blvd NE Ste    | E-2 | Albuquerque | NM    | 87109 | 131846366 | 501 (c) (3) | \$ 34,339 75  | Priority Needs   |
| Mars Hill Fellowship dba Mars Hill Church Albuquerque | 118    | Richmond Dr NE         |     | Albuquerque | NM    | 87106 | 911733689 | 501 (c) (3) | \$ 10,779 43  | Priority Needs   |

| Form 990 Schedule I Part II Detail Schedule             |            |                            |     |             |       |       |           |             |                  |
|---------------------------------------------------------|------------|----------------------------|-----|-------------|-------|-------|-----------|-------------|------------------|
| Organization Name                                       | St #       | Street                     | Ste | City        | State | Zip   | EIN       | IRC Section | Purpose of Grant |
| Martineztown House of Neighborly Service                | 808        | Edith Blvd NE              |     | Albuquerque | NM    | 87102 | 237002858 | 501 (c) (3) | Priority Needs   |
| McDougall Research and Education Foundation             | 3521       | Oak Haven Ct               |     | Santa Rosa  | CA    | 95404 | 820573876 | 501 (c) (3) | Priority Needs   |
| Menaul School                                           | 301        | Menaul Blvd NE             |     | Albuquerque | NM    | 87107 | 850218216 | 501 (c) (3) | Priority Needs   |
| Mesa Baptist Temple                                     | 1411       | Golf Course                |     | Rio Rancho  | NM    | 87124 | NULL      | 501 (c) (3) | Priority Needs   |
| Mesa View United Methodist Church                       | 4701       | Montano Rd NW              |     | Albuquerque | NM    | 87120 | 850353445 | 501 (c) (3) | Priority Needs   |
| Metropolitan Homelessness Project                       | 715        | Candelaria Rd NE           |     | Albuquerque | NM    | 87107 | 201917517 | 501 (c) (3) | Priority Needs   |
| Mind Research Network                                   | 1101       | Yale Blvd NE               |     | Albuquerque | NM    | 87106 | 850457562 | 501 (c) (3) | Priority Needs   |
| Monte Vista Christian Church Community                  | 3501       | Campus Blvd NE             |     | Albuquerque | NM    | 87106 | 850102944 | 501 (c) (3) | Priority Needs   |
| Montgomery Boulevard Church of Christ, Inc.             | 7201       | Montgomery Blvd NE         |     | Albuquerque | NM    | 87109 | 850240167 | 501 (c) (3) | Priority Needs   |
| Mothers Against Drunk Driving NM Chapter                | 1100       | 4th St NW Ste A            | A   | Albuquerque | NM    | 87102 | 942707273 | 501 (c) (3) | Priority Needs   |
| Mountain Christian Church                               | PO Box 615 | 615                        |     | Cedar Crest | NM    | 87008 | 850282571 | 501 (c) (3) | Priority Needs   |
| Mountainside Church of Christ                           | 12300      | Indian School Rd NE        |     | Albuquerque | NM    | 87112 | 850319148 | 501 (c) (3) | Priority Needs   |
| Nacimiento Medical Foundation                           | PO Box 880 | 880                        |     | Cuba        | NM    | 87013 | 850363989 | 501 (c) (3) | Priority Needs   |
| National Atomic Museum Foundation                       | 601        | Eubank Blvd SE             |     | Albuquerque | NM    | 87123 | 850404628 | 501 (c) (3) | Priority Needs   |
| National Dance Institute of New Mexico                  | 1140       | Alto St                    |     | Santa Fe    | NM    | 87502 | 850431846 | 501 (c) (3) | Priority Needs   |
| National Hispanic Cultural Center Foundation            | 1701       | 4th St SW                  |     | Albuquerque | NM    | 87102 | 850335056 | 501 (c) (3) | Priority Needs   |
| National Institute of Flamenco                          | 214        | Gold St SW                 |     | Albuquerque | NM    | 87102 | 850332879 | 501 (c) (3) | Priority Needs   |
| National Jewish Health                                  | 1400       | Jackson Street             |     | Denver      | CO    | 80206 | 742044647 | 501 (c) (3) | Priority Needs   |
| National Multiple Sclerosis Society Rio Grande Division | 3540       | Pam American Frwy NE Ste F | F   | Albuquerque | NM    | 87107 | 850159407 | 501 (c) (3) | Priority Needs   |
| Native American Professional Parents Assn               | 6916       | 4th ST NW, Ste 1           | 1   | Albuquerque | NM    | 87107 | 860894256 | 501 (c) (3) | Priority Needs   |
| Nativity of Blessed Virgin Mary Parish                  | 9502       | 4th St NW                  |     | Albuquerque | NM    | 87114 | NULL      | 501 (c) (3) | Priority Needs   |
| Nature Conservancy                                      | 4245       | N Fairfax Dr Ste 100       | 100 | Arlington   | VA    | 22203 | 530242652 | 501 (c) (3) | Priority Needs   |
| Nature Conservancy of New Mexico                        | 212        | East Marcy St Ste 200      | 200 | Santa Fe    | NM    | 87501 | 530242652 | 501 (c) (3) | Priority Needs   |
| Netherwood Park Church of Christ                        | 5101       | Indian School NE           |     | Albuquerque | NM    | 87110 | 850285289 | 501 (c) (3) | Priority Needs   |
| New Beginnings Church of God                            | 3601       | Montgomery Blvd NE         |     | Albuquerque | NM    | 87109 | 10815203  | 501 (c) (3) | Priority Needs   |

## Form 990 Schedule I Part II Detail Schedule

| Organization Name                                | St #   | Street                   | Ste    | City        | State | Zip   | EIN       | IRC Section | Amount Paid   | Purpose of Grant |
|--------------------------------------------------|--------|--------------------------|--------|-------------|-------|-------|-----------|-------------|---------------|------------------|
| New Covenant Church of Albuquerque               | 7201   | Paseo del Norte NE       |        | Albuquerque | NM    | 87113 | 850416124 | 501 (c) (3) | \$ 40,898.27  | Priority Needs   |
| New Covenant Worship Center                      | 8728   | Spring Hill Dr NW        |        | Albuquerque | NM    | 87114 | 850444046 | 501 (c) (3) | \$ 10,000.25  | Priority Needs   |
| New Life Bible Ministries                        | 7820   | Enchanted Hills Blvd Ste | A-257  | Rio Rancho  | NM    | 87144 | 870811163 | 501 (c) (3) | \$ 6,188.11   | Priority Needs   |
| New Mexico AIDS Services, Inc                    | 625    | Truman St NE             |        | Albuquerque | NM    | 87110 | 850335085 | 501 (c) (3) | \$ 10,741.20  | Priority Needs   |
| New Mexico Alliance for Hispanic Education       | PO Box | 25806                    |        | Albuquerque | NM    | 87125 | 850452029 | 501 (c) (3) | \$ 20,028.00  | Priority Needs   |
| New Mexico Appleseed                             | 600    | Central Ave SE Ste       | 200    | Albuquerque | NM    | 87102 | 204985257 | 501 (c) (3) | \$ 36,030.10  | Priority Needs   |
| New Mexico Autism Society                        | PO Box | 30955                    |        | Albuquerque | NM    | 87190 | 300218913 | 501 (c) (3) | \$ 5,393.84   | Priority Needs   |
| New Mexico Bio Park Society, Inc.                | 903    | 10th St SW               |        | Albuquerque | NM    | 87102 | 237087964 | 501 (c) (3) | \$ 12,444.40  | Priority Needs   |
| New Mexico Boys and Girls Ranch Foundation, Inc. | 6209   | Hendrix Rd NE            |        | Albuquerque | NM    | 87110 | 850328251 | 501 (c) (3) | \$ 15,668.43  | Priority Needs   |
| New Mexico Building and Education Congress       | 1615   | University Blvd NE       |        | Albuquerque | NM    | 87102 | 850376929 | 501 (c) (3) | \$ 15,397.24  | Priority Needs   |
| New Mexico Cancer Center Foundation              | 4901   | Lang Ave NE              |        | Albuquerque | NM    | 87109 | 770591110 | 501 (c) (3) | \$ 5,020.62   | Priority Needs   |
| New Mexico Center for Nursing Excellence         | 3200   | Carlisle NE Ste          | 205    | Albuquerque | NM    | 87110 | 850463326 | 501 (c) (3) | \$ 7,566.50   | Priority Needs   |
| New Mexico Charities, Inc                        | 2340   | Alamo Ave SE 2nd Fl      |        | Albuquerque | NM    | 87106 | 311741798 | 501 (c) (3) | \$ 7,000.00   | Priority Needs   |
| New Mexico Christian Foundation, Inc             | 1311   | Tijeras NW               |        | Albuquerque | NM    | 87102 | 850466529 | 501 (c) (3) | \$ 178,645.34 | Priority Needs   |
| New Mexico Community Foundation                  | 502    | West Cordova Road Suite  | 1      | Santa Fe    | NM    | 87505 | 850311210 | 501 (c) (3) | \$ 10,845.20  | Priority Needs   |
| New Mexico Ethics Alliance aka Integridad        | 414    | Silver Avenue SW #       | MS2804 | Albuquerque | NM    | 87102 | 203575858 | 501 (c) (3) | \$ 8,739.55   | Priority Needs   |
| New Mexico Family Business Alliance              | PO Box | 27037                    |        | Albuquerque | NM    | 87125 | 203743635 | 501 (c) (3) | \$ 7,870.00   | Priority Needs   |
| New Mexico First                                 | PO Box | 56549                    |        | Albuquerque | NM    | 87187 | 850350387 | 501 (c) (3) | \$ 11,932.00  | Priority Needs   |
| New Mexico Highlands University Foundation       | PO Box | 9000                     |        | Las Vegas   | NM    | 87701 | 750121368 | 501 (c) (3) | \$ 12,630.00  | Priority Needs   |
| New Mexico Holocaust & Intolerance Museum        | 616    | Central SW               |        | Albuquerque | NM    | 87102 | 850456900 | 501 (c) (3) | \$ 10,331.03  | Priority Needs   |
| New Mexico Jazz Workshop, Inc.                   | 5500   | Lomas Blvd NE            |        | Albuquerque | NM    | 87110 | 850247988 | 501 (c) (3) | \$ 25,221.53  | Priority Needs   |
| New Mexico Legal Aid                             | PO Box | 25486                    |        | Albuquerque | NM    | 87125 | 850116950 | 501 (c) (3) | \$ 58,000.00  | Priority Needs   |
| New Mexico Museum of Natural History Foundation  | PO Box | 25446                    |        | Albuquerque | NM    | 87125 | 850257595 | 501 (c) (3) | \$ 31,030.70  | Priority Needs   |

## Form 990 Schedule I Part II Detail Schedule

| Organization Name                           | St #   | Street              | Ste | City        | State | Zip   | EIN       | IRC Section | Amount Paid   | Purpose of Grant |
|---------------------------------------------|--------|---------------------|-----|-------------|-------|-------|-----------|-------------|---------------|------------------|
| New Mexico Society of CPAs Educational Fund | 3400   | Menaul Blvd NE      |     | Albuquerque | NM    | 87107 | 856013871 | 501 (c) (3) | \$ 33,188.00  | Priority Needs   |
| New Mexico State Fair                       | PO Box | 8546                |     | Albuquerque | NM    | 87198 | 856006018 | 501 (c) (3) | \$ 7,600.00   | Priority Needs   |
| New Mexico State University                 | PO Box | 3590                |     | Las Cruces  | NM    | 88003 | 850170157 | 501 (c) (3) | \$ 52,349.72  | Priority Needs   |
| New Mexico Symphony Orchestra               | PO Box | 30208               |     | Albuquerque | NM    | 87190 | 850110386 | 501 (c) (3) | \$ 89,183.38  | Priority Needs   |
| New Mexico Water Polo Foundation            | 5811   | Valerian Place NE   |     | Albuquerque | NM    | 87111 | 800386203 | 501 (c) (3) | \$ 6,150.00   | Priority Needs   |
| NewLife Homes                               | 1404   | Pinnacle View Dr NE |     | Albuquerque | NM    | 87112 | 850406074 | 501 (c) (3) | \$ 34,000.00  | Priority Needs   |
| NM Project for Financial Literacy           | 60     | Castle Rock Rd SE   |     | Rio Rancho  | NM    | 87124 | 861059292 | 501 (c) (3) | \$ 9,400.00   | Priority Needs   |
| Noon Day Ministry                           | PO Box | 25451               |     | Albuquerque | NM    | 87125 | 850349649 | 501 (c) (3) | \$ 118,108.49 | Priority Needs   |
| North Texas Food Bank                       | 4500   | S Cockrell Hill Rd  |     | Dallas      | TX    | 75236 | 751785357 | 501 (c) (3) | \$ 13,297.00  | Priority Needs   |
| Oasis Family Church                         | 4800   | Lomas Blvd NE       |     | Albuquerque | NM    | 87110 | 237257381 | 501 (c) (3) | \$ 7,143.99   | Priority Needs   |
| Occidental College                          | 1600   | Campus Rd           |     | Los Angeles | CA    | 90041 | 951667177 | 501 (c) (3) | \$ 7,041.65   | Priority Needs   |
| Off Center Community Arts                   | 808    | Park Ave SW         |     | Albuquerque | NM    | 87102 | 850480889 | 501 (c) (3) | \$ 1,000.00   | Priority Needs   |
| Ooh La La Christmas Home                    |        |                     |     |             |       |       |           |             |               |                  |
| Tour in New Mexico, Inc                     | 8500   | Snakedance Ct NE    |     | Albuquerque | NM    | 87111 | 264359823 | 501 (c) (3) | \$ 16,650.93  | Priority Needs   |
| Opera Southwest                             | PO Box | 27671               |     | Albuquerque | NM    | 87125 | 237314812 | 501 (c) (3) | \$ 5,454.00   | Priority Needs   |
| Our Lady of Annunciation Church             | 2532   | Vermont NE          |     | Albuquerque | NM    | 87110 | 850154013 | 501 (c) (3) | \$ 24,433.68  | Priority Needs   |
| Our Lady of Belen Church                    | 101A   | 10th St             |     | Belen       | NM    | 87002 | 850157923 | 501 (c) (3) | \$ 5,856.00   | Priority Needs   |
| Our Lady of Guadalupe Church                |        |                     |     |             |       |       |           |             |               |                  |
| In Peralta                                  | 3674   | Highway 47          |     | Peralta     | NM    | 87042 | 850306331 | 501 (c) (3) | \$ 6,851.13   | Priority Needs   |
| Our Lady of Sorrows Catholic Church         | PO Box | 607                 |     | Bernalillo  | NM    | 87004 | 856000683 | 501 (c) (3) | \$ 5,359.01   | Priority Needs   |
| Our Lady of the Assumption Catholic Church  | 811    | Guaymas Pl NE       |     | Albuquerque | NM    | 87108 | 850156969 | 501 (c) (3) | \$ 8,148.31   | Priority Needs   |
| Our Lady of the Most Holy Rosary Church     | 5415   | Fortuna Rd NW       |     | Albuquerque | NM    | 87105 | 850168153 | 501 (c) (3) | \$ 11,260.36  | Priority Needs   |
| Our Savior Lutheran Church                  | 4301   | Atrisco Dr NW       |     | Albuquerque | NM    | 87120 | NULL      | 501 (c) (3) | \$ 9,918.10   | Priority Needs   |
| OUTCOMES, Inc                               | 1503   | University Blvd NE  |     | Albuquerque | NM    | 87102 | 850111252 | 501 (c) (3) | \$ 50,919.50  | Priority Needs   |
| Outreach Map (House of Judah)               | PO Box | 1801                |     | Walnut      | CA    | 91789 | 953165410 | 501 (c) (3) | \$ 16,000.00  | Priority Needs   |
| Paradise United Methodist Church            | 4700   | Paradise Blvd NW    |     | Albuquerque | NM    | 87114 | 850197212 | 501 (c) (3) | \$ 13,228.79  | Priority Needs   |
| Pathways Academy                            | PO Box | 91165               |     | Albuquerque | NM    | 87199 | 680553717 | 501 (c) (3) | \$ 62,484.12  | Priority Needs   |
| PB&J Family Services, Inc                   | 1101   | Lopez Rd SW         |     | Albuquerque | NM    | 87105 | 850231566 | 501 (c) (3) | \$ 158,343.28 | Priority Needs   |
| Peace Lutheran Church                       | 2800   | 19th Ave            |     | Rio Rancho  | NM    | 87124 | 850312736 | 501 (c) (3) | \$ 12,345.75  | Priority Needs   |
| Pegasus Legal Services for Children         | 3201   | Fourth Street NW    |     | Albuquerque | NM    | 87107 | 460509986 | 501 (c) (3) | \$ 13,178.18  | Priority Needs   |

## Form 990 Schedule I Part II Detail Schedule

| Organization Name                                          | St #   | Street                | Ste | City        | State | Zip   | EIN       | IRC Section | Amount Paid   | Purpose of Grant |
|------------------------------------------------------------|--------|-----------------------|-----|-------------|-------|-------|-----------|-------------|---------------|------------------|
| People Living Through Cancer                               | 3411   | Candelaria NE Ste     | M   | Albuquerque | NM    | 87107 | 850324330 | 501 (c) (3) | \$ 60,127.76  | Priority Needs   |
| People Works, Inc                                          | 4330   | Meadowlark Ln SE      |     | Rio Rancho  | NM    | 87124 | 263685623 | 501 (c) (3) | \$ 5,000.00   | Priority Needs   |
| Peoples Anti-Cruelty Association of New Mexico, Inc (PACA) | PO Box | 21280                 |     | Albuquerque | NM    | 87154 | 850261399 | 501 (c) (3) | \$ 10,301.29  | Priority Needs   |
| Pepperdine University                                      | 24255  | Pacific Coast Highway |     | Malibu      | CA    | 90263 | 951644037 | 501 (c) (3) | \$ 8,500.00   | Priority Needs   |
| Pioneers, Inc                                              | 10123  | William Carey Dr      |     | Orlando     | FL    | 32832 | 521206938 | 501 (c) (3) | \$ 12,070.50  | Priority Needs   |
| Planned Parenthood of New Mexico                           | 719    | San Mateo NE          |     | Albuquerque | NM    | 87108 | 850197745 | 501 (c) (3) | \$ 60,160.54  | Priority Needs   |
| Presbyterian Ear Institute                                 | 415    | Cedar St SE           |     | Albuquerque | NM    | 87106 | 850373591 | 501 (c) (3) | \$ 36,797.68  | Priority Needs   |
| Presbyterian Healthcare Foundation                         | PO Box | 26666                 |     | Albuquerque | NM    | 87125 | 856016041 | 501 (c) (3) | \$ 814,497.86 | Priority Needs   |
| Presbyterian Medical Services                              | PO Box | 2267                  |     | Santa Fe    | NM    | 87504 | 850206810 | 501 (c) (3) | \$ 39,656.00  | Priority Needs   |
| Prince of Peace Catholic Community                         | 12500  | Carmel Ave NE         |     | Albuquerque | NM    | 87122 | 850386229 | 501 (c) (3) | \$ 34,424.86  | Priority Needs   |
| Prison Fellowship Ministries                               | 44180  | Riverside Parkway     |     | Lansdowne   | VA    | 20176 | 620988294 | 501 (c) (3) | \$ 8,517.33   | Priority Needs   |
| Project Defending Life                                     | 625    | San Mateo Blvd NE     |     | Albuquerque | NM    | 87108 | 412199203 | 501 (c) (3) | \$ 9,487.36   | Priority Needs   |
| Rape Crisis Center of Central New Mexico                   | 9741   | Candelaria Rd NE      |     | Albuquerque | NM    | 87112 | 850482979 | 501 (c) (3) | \$ 97,047.16  | Priority Needs   |
| Read "Write" Adult Literacy                                | PO Box | 3588                  |     | Moriarty    | NM    | 87035 | 850481507 | 501 (c) (3) | \$ 27,000.00  | Priority Needs   |
| Reading Works                                              | 6101   | Anderson St SE        |     | Albuquerque | NM    | 87108 | 412235848 | 501 (c) (3) | \$ 2,500.00   | Priority Needs   |
| ReadWest, Inc                                              | PO Box | 44508                 |     | Rio Rancho  | NM    | 87124 | 850381570 | 501 (c) (3) | \$ 21,300.00  | Priority Needs   |
| Regents of University of California Los Angeles            | 10920  | Wilshire Blvd         |     | Los Angeles | CA    | 90024 | 956006143 | 501 (c) (3) | \$ 5,000.00   | Priority Needs   |
| Rice University                                            | PO Box | 1892                  |     | Houston     | TX    | 77251 | 741109620 | 501 (c) (3) | \$ 21,300.00  | Priority Needs   |
| Ridgecrest Christian Church                                | 5300   | Eastern Ave SE        |     | Albuquerque | NM    | 87108 | 850200243 | 501 (c) (3) | \$ 12,131.00  | Priority Needs   |
| Rio Grande Center For Spiritual Living                     | 3167   | San Mateo NE #        | 372 | Albuquerque | NM    | 87110 | 271119850 | 501 (c) (3) | \$ 6,540.00   | Priority Needs   |
| Rio Grande Food Project                                    | 600    | Coors Blvd NW         |     | Albuquerque | NM    | 87193 | 201667103 | 501 (c) (3) | \$ 63,984.91  | Priority Needs   |
| Rio Grande School                                          | 715    | Camino Cabra          |     | Santa Fe    | NM    | 87505 | 850263326 | 501 (c) (3) | \$ 26,754.00  | Priority Needs   |
| Rio Rancho Church of Christ                                | 1006   | 22nd St SE            |     | Rio Rancho  | NM    | 87124 | 850349397 | 501 (c) (3) | \$ 12,650.00  | Priority Needs   |
| Rio Rancho Community Foundation, Inc                       | 4001   | Southern Blvd SE      |     | Rio Rancho  | NM    | 87124 | 261266139 | 501 (c) (3) | \$ 11,500.00  | Priority Needs   |
| Rio Rancho Public Schools                                  | 500    | Laser Rd NE           |     | Rio Rancho  | NM    | 87124 | 850414272 | 501 (c) (3) | \$ 5,388.00   | Priority Needs   |
| Rio Rancho United Methodist Church                         | 1652   | Abrazo Rd NE          |     | Rio Rancho  | NM    | 87124 | 850290482 | 501 (c) (3) | \$ 26,006.52  | Priority Needs   |
| Rio Vista Church of the Nazarene                           | 8701   | Golf Course NW        |     | Albuquerque | NM    | 87114 | 850297607 | 501 (c) (3) | \$ 13,337.00  | Priority Needs   |

## Form 990 Schedule I Part II Detail Schedule

| Organization Name                                     | St #   | Street                   | Ste | City          | State | Zip   | EIN       | IRC Section | Amount Paid   | Purpose of Grant |
|-------------------------------------------------------|--------|--------------------------|-----|---------------|-------|-------|-----------|-------------|---------------|------------------|
| Risen Savior Catholic Community                       | 7701   | Wyoming Blvd NE          |     | Albuquerque   | NM    | 87109 | 850379146 | 501 (c) (3) | \$ 27,832.58  | Priority Needs   |
| Roadrunner Food Bank                                  | 5840   | Office Blvd NE           |     | Albuquerque   | NM    | 87109 | 850278525 | 501 (c) (3) | \$ 487,685.21 | Priority Needs   |
| Ronald McDonald House Charities of NM                 | 1011   | Yale Blvd NE             |     | Albuquerque   | NM    | 87106 | 850283204 | 501 (c) (3) | \$ 78,063.94  | Priority Needs   |
| Rosser Family Foundation                              |        |                          |     |               |       |       |           |             |               |                  |
| Public Charity Internationa Cooperating Ministries    | 606    | Aberdeen Rd              |     | Hampton       | VA    | 23661 | 546338714 | 501 (c) (3) | \$ 6,648.00   | Priority Needs   |
| Rotary Del Norte Foundation                           | PO Box | 90877                    |     | Albuquerque   | NM    | 87199 | 850384102 | 501 (c) (3) | \$ 17,925.00  | Priority Needs   |
| Rotary Foundation of Rotary International             | 1560   | Sherman Ave              |     | Evanston      | IL    | 60201 | 363245072 | 501 (c) (3) | \$ 9,496.25   | Priority Needs   |
| S A F E House                                         | PO Box | 25363                    |     | Albuquerque   | NM    | 87125 | 850247473 | 501 (c) (3) | \$ 97,741.21  | Priority Needs   |
| Sagebrush Community Church                            | 6440   | Coors NW                 |     | Albuquerque   | NM    | 87120 | 850484234 | 501 (c) (3) | \$ 333,372.31 | Priority Needs   |
| Salvation Army                                        | PO Box | 27690                    |     | Albuquerque   | NM    | 87125 | 850096791 | 501 (c) (3) | \$ 80,208.69  | Priority Needs   |
| Samaritan Counseling Center Foundation, Inc           | 1101   | Medical Arts Ave NE Bldg | 3   | Albuquerque   | NM    | 87102 | 850447860 | 501 (c) (3) | \$ 20,956.33  | Priority Needs   |
| Samaritan Counseling Center of Albuquerque, Inc       | 1101   | Medical Arts Ave NE Bldg | 3   | Albuquerque   | NM    | 87102 | 850342072 | 501 (c) (3) | \$ 206,097.30 | Priority Needs   |
| Samaritan's Purse                                     | PO Box | 3000                     |     | Boone         | NC    | 28607 | 581437002 | 501 (c) (3) | \$ 10,116.24  | Priority Needs   |
| San Clemente Catholic Church                          | PO Box | 147                      |     | Los Lunas     | NM    | 87031 |           | 501 (c) (3) | \$ 7,841.07   | Priority Needs   |
| San Diego Police Officers Association Charitable Fund | 8388   | Vickers Street           |     | San Diego     | CA    | 92111 | 330127369 | 501 (c) (3) | \$ 5,000.00   | Priority Needs   |
| San Francisco Ballet Association                      | 455    | Franklin St              |     | San Francisco | CA    | 94102 | 941415298 | 501 (c) (3) | \$ 25,000.00  | Priority Needs   |
| San Ysidro Church                                     | PO Box | 182                      |     | Corrales      | NM    | 87048 | NULL      | 501 (c) (3) | \$ 8,204.10   | Priority Needs   |
| Sandia Baptist Church                                 | 9429   | Constitution NE          |     | Albuquerque   | NM    | 87112 | 850160125 | 501 (c) (3) | \$ 9,479.01   | Priority Needs   |
| Sandia Preparatory School                             | 532    | Osuna Rd NE              |     | Albuquerque   | NM    | 87113 | 850196115 | 501 (c) (3) | \$ 88,197.73  | Priority Needs   |
| Sandia Presbyterian Church                            | 10704  | Paseo del Norte          |     | Albuquerque   | NM    | 87111 | 850380522 | 501 (c) (3) | \$ 53,063.07  | Priority Needs   |
| Sandoval County Economic Development Foundation       | 1201   | Rio Rancho Blvd SE Ste   | C   | Rio Rancho    | NM    | 87124 | 201554179 | 501 (c) (3) | \$ 5,825.00   | Priority Needs   |
| Santa Fe Chamber Music Festival Ltd.                  | PO Box | 2227                     |     | Santa Fe      | NM    | 87504 | 850224461 | 501 (c) (3) | \$ 12,917.00  | Priority Needs   |
| Santa Fe Institute                                    | 1399   | Hyde Park Road           |     | Santa Fe      | NM    | 87501 | 850325494 | 501 (c) (3) | \$ 25,000.00  | Priority Needs   |
| Santa Fe Opera                                        | PO Box | 2408                     |     | Santa Fe      | NM    | 87504 | 850131810 | 501 (c) (3) | \$ 35,125.00  | Priority Needs   |
| Santa Fe Prep School                                  | 1101   | Camino de la Cruz Blanca |     | Santa Fe      | NM    | 87505 | 850165745 | 501 (c) (3) | \$ 7,773.00   | Priority Needs   |
| Saranam, LLC                                          | 201    | University NE            |     | Albuquerque   | NM    | 87106 | 202036621 | 501 (c) (3) | \$ 55,873.16  | Priority Needs   |
| SAT-7 North America                                   | 24     | W Dover St               |     | Easton        | MD    | 21601 | 232964829 | 501 (c) (3) | \$ 5,120.00   | Priority Needs   |

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| Form 990 Schedule I Part II Detail Schedule      |        |                           |     |               |       |       |           |             |              |                  |
|--------------------------------------------------|--------|---------------------------|-----|---------------|-------|-------|-----------|-------------|--------------|------------------|
| Organization Name                                | St #   | Street                    | Ste | City          | State | Zip   | EIN       | IRC Section | Amount Paid  | Purpose of Grant |
| Schwab Fund for Charitable Giving                | 101    | Montgomery Street         |     | San Francisco | CA    | 94104 | 311640316 | 501 (c) (3) | \$ 6,000.00  | Priority Needs   |
| Second Chance Animal Rescue, Inc                 | PO Box | 15194                     |     | Rio Rancho    | NM    | 87174 | 870795482 | 501 (c) (3) | \$ 6,810.00  | Priority Needs   |
| Senior Citizens' Law Office                      | 4317   | Lead Ave SE, Ste A        | A   | Albuquerque   | NM    | 87108 | 850314545 | 501 (c) (3) | \$ 45,000.00 | Priority Needs   |
| Sew Right, Inc                                   | 363    | E La Entrada              |     | Corrales      | NM    | 87048 | 261441443 | 501 (c) (3) | \$ 4,500.00  | Priority Needs   |
| Shandin Child Development Center                 | PO Box | 5329 Bldg 20401           |     | Albuquerque   | NM    | 87185 | 850427888 | 501 (c) (3) | \$ 5,746.62  | Priority Needs   |
| Shaohannah's Hope                                | PO Box | 647                       |     | Franklin      | TN    | 37065 | 320011220 | 501 (c) (3) | \$ 5,000.00  | Priority Needs   |
| Share Your Care, Inc.                            | PO Box | 35101 Station D           |     | Albuquerque   | NM    | 87176 | 850237569 | 501 (c) (3) | \$ 43,143.25 | Priority Needs   |
| Shepherd of the Valley Presbyterian Church       | 1801   | Montano Rd NW             |     | Albuquerque   | NM    | 87107 | 850206058 | 501 (c) (3) | \$ 22,612.00 | Priority Needs   |
| Shrine of St. Bernadette Catholic Church         | 11509  | Indian School Rd NE       |     | Albuquerque   | NM    | 87112 | 856007177 | 501 (c) (3) | \$ 8,922.72  | Priority Needs   |
| Smile Train, Inc                                 | 41     | Madison Ave 28th Floor    |     | New York      | NY    | 10010 | 133661416 | 501 (c) (3) | \$ 19,673.56 | Priority Needs   |
| Smithsonian Institution                          | 1000   | Jefferson Dr SW 4th Floor |     | Washington    | DC    | 20013 | 530206027 | 501 (c) (3) | \$ 6,718.00  | Priority Needs   |
| Solomon Schechter Day School of Albuquerque, Inc | 5520   | A Wyoming NE              |     | Albuquerque   | NM    | 87109 | 850004326 | 501 (c) (3) | \$ 6,606.00  | Priority Needs   |
| Southeast Womenade                               | PO Box | 51946                     |     | Albuquerque   | NM    | 87181 | 260219792 | 501 (c) (3) | \$ 4,750.00  | Priority Needs   |
| Southwest Women's Law Center                     | 1410   | Coal Avenue SW            |     | Albuquerque   | NM    | 87104 | 202884027 | 501 (c) (3) | \$ 6,689.15  | Priority Needs   |
| Special Olympics New Mexico                      | PO Box | 93293                     |     | Albuquerque   | NM    | 87199 | 850268084 | 501 (c) (3) | \$ 55,265.90 | Priority Needs   |
| Springfield College                              | 263    | Alden Street              |     | Springfield   | MA    | 1109  | 42104329  | 501 (c) (3) | \$ 50,000.00 | Priority Needs   |
| SSTPS, Inc DBA La Luz Early Childhood Center     | 1301   | Britt St SE               |     | Albuquerque   | NM    | 87123 | 850475097 | 501 (c) (3) | \$ 10,907.76 | Priority Needs   |
| St. Anthony's Alliance, Inc                      | 4123   | Montgomery NE             |     | Albuquerque   | NM    | 87109 | 850400708 | 501 (c) (3) | \$ 5,442.88  | Priority Needs   |
| St Chad's Episcopal Church                       | 7171   | Tennyson Dr NE            |     | Albuquerque   | NM    | 87122 | 850362437 | 501 (c) (3) | \$ 21,097.58 | Priority Needs   |
| St Felix Pantry, Inc                             | 4020   | Barbara Loop SE           |     | Rio Rancho    | NM    | 87124 | 850407376 | 501 (c) (3) | \$ 6,181.06  | Priority Needs   |
| St. George Greek Orthodox Church                 | 308    | High St SE                |     | Albuquerque   | NM    | 87102 | 850202315 | 501 (c) (3) | \$ 19,968.99 | Priority Needs   |
| St John's Episcopal Cathedral                    | PO Box | 1246                      |     | Albuquerque   | NM    | 87103 | 850119046 | 501 (c) (3) | \$ 61,653.96 | Priority Needs   |
| St John's United Methodist Church                | 2626   | Arizona St NE             |     | Albuquerque   | NM    | 87110 | NULL      | 501 (c) (3) | \$ 59,203.67 | Priority Needs   |
| St. Joseph on the Rio Grande Parish              | 5901   | St Joseph's Dr NW         |     | Albuquerque   | NM    | 87120 | 856009986 | 501 (c) (3) | \$ 26,946.87 | Priority Needs   |
| St Jude Thaddeus Church                          | 5712   | Paradise Blvd NW          |     | Albuquerque   | NM    | 87114 | 850382507 | 501 (c) (3) | \$ 20,219.02 | Priority Needs   |
| St Jude's Children's Research Hospital           | 501    | St Jude Place             |     | Memphis       | TN    | 38105 | 351044585 | 501 (c) (3) | \$ 31,315.91 | Priority Needs   |
| St Luke Lutheran Church                          | 9100   | Manual Blvd NE            |     | Albuquerque   | NM    | 87112 | 856003664 | 501 (c) (3) | \$ 31,191.95 | Priority Needs   |

| Form 990 Schedule I Part II Detail Schedule                 |  | St #   | Street              | Ste | City             | State | Zip   | EIN       | IRC Section | Amount Paid   | Purpose of Grant |
|-------------------------------------------------------------|--|--------|---------------------|-----|------------------|-------|-------|-----------|-------------|---------------|------------------|
| Organization Name                                           |  |        |                     |     |                  |       |       |           |             |               |                  |
| St Mark's United Methodist Church                           |  | 4780   | East 126th Street   |     | Carmel           | IN    | 46033 | 351552476 | 501 (c) (3) | \$ 14,162.28  | Priority Needs   |
| St. Martin's Hospitality Center                             |  | PO Box | 27258               |     | Albuquerque      | NM    | 87125 | 850338552 | 501 (c) (3) | \$ 120,612.90 | Priority Needs   |
| St Mary's Catholic School                                   |  | 224    | 7th Street NW       |     | Albuquerque      | NM    | 87102 | 850282507 | 501 (c) (3) | \$ 37,052.21  | Priority Needs   |
| St Michael & Ali Angels Episcopal Church                    |  | 601    | Montano Rd NW       |     | Albuquerque      | NM    | 87107 | 850202316 | 501 (c) (3) | \$ 76,200.52  | Priority Needs   |
| St. Paul Lutheran Church                                    |  | PO Box | 25001               |     | Albuquerque      | NM    | 87125 | 850132538 | 501 (c) (3) | \$ 11,632.00  | Priority Needs   |
| St. Pius X High School Foundation                           |  | 5301   | St Josephs Dr NW    |     | Albuquerque      | NM    | 87120 | 850427816 | 501 (c) (3) | \$ 43,449.86  | Priority Needs   |
| St. Stephen's United Methodist Church                       |  | 4601   | Juan Tabo Blvd NE   |     | Albuquerque      | NM    | 87111 | NULL      | 501 (c) (3) | \$ 53,767.27  | Priority Needs   |
| St Thomas Aquinas Parish                                    |  | 1502   | Sara Rd SE          |     | Rio Rancho       | NM    | 87124 | 850313902 | 501 (c) (3) | \$ 59,320.64  | Priority Needs   |
| St Thomas Aquinas School                                    |  | 1100   | Hood Rd             |     | Rio Rancho       | NM    | 87124 | NULL      | 501 (c) (3) | \$ 5,626.77   | Priority Needs   |
| Storehouse West                                             |  | 1030-F | Veranda Dr SE       |     | Rio Rancho       | NM    | 87124 | 850400450 | 501 (c) (3) | \$ 64,263.74  | Priority Needs   |
| Susan G Komen Breast Cancer Foundation Central NM Affiliate |  | PO Box | 30047               |     | Albuquerque      | NM    | 87199 | 850462625 | 501 (c) (3) | \$ 12,107.31  | Priority Needs   |
| Susan's Legacy                                              |  | 6721   | Academy Rd NE, Ste  | A   | Albuquerque      | NM    | 87109 | 850462276 | 501 (c) (3) | \$ 31,678.00  | Priority Needs   |
| Talking Talons Youth Leadership                             |  | PO Box | 2020                |     | Tijeras          | NM    | 87059 | 850384305 | 501 (c) (3) | \$ 16,000.00  | Priority Needs   |
| Taos Art Museum                                             |  | PO Box | 1848                |     | Taos             | NM    | 87571 | 850400684 | 501 (c) (3) | \$ 5,500.00   | Priority Needs   |
| Teen Challenge of New Mexico                                |  | PO Box | 1958                |     | Tijeras          | NM    | 87059 | 850333739 | 501 (c) (3) | \$ 15,393.28  | Priority Needs   |
| Texas A & M Foundation                                      |  | 401    | George Bush Dr      |     | College Station  | TX    | 77840 | 742245072 | 501 (c) (3) | \$ 8,645.04   | Priority Needs   |
| Texas Tech Foundation, Inc                                  |  | PO Box | 45025               |     | Lubbock          | TX    | 79409 | 756043842 | 501 (c) (3) | \$ 10,602.00  | Priority Needs   |
| The ARC of New Mexico                                       |  | 3655   | Carlisle Blvd NE    |     | Albuquerque      | NM    | 87110 | 261684834 | 501 (c) (3) | \$ 48,750.00  | Priority Needs   |
| The Navigators                                              |  | PO Box | 6000                |     | Colorado Springs | CO    | 80934 | 846007896 | 501 (c) (3) | \$ 15,964.38  | Priority Needs   |
| The Storehouse                                              |  | 106    | Broadway SE         |     | Albuquerque      | NM    | 87102 | 850241346 | 501 (c) (3) | \$ 68,009.84  | Priority Needs   |
| Think New Mexico                                            |  | 1227   | Paseo De Peralta    |     | Santa Fe         | NM    | 87501 | 311611995 | 501 (c) (3) | \$ 5,232.63   | Priority Needs   |
| Tilton School                                               |  | 30     | School St           |     | Tilton           | NH    | 3276  | 20222239  | 501 (c) (3) | \$ 5,000.00   | Priority Needs   |
| Towson University Foundation, Inc                           |  | 7720   | York Road           |     | Towson           | MD    | 21204 | 520939453 | 501 (c) (3) | \$ 10,000.00  | Priority Needs   |
| Transitional Living Services                                |  | 5601   | Domingo Rd NE       |     | Albuquerque      | NM    | 87108 | 850264256 | 501 (c) (3) | \$ 22,000.00  | Priority Needs   |
| Trinity at the Marketplace, Inc                             |  | 2520   | Chama St NE         |     | Albuquerque      | NM    | 87110 | 731728080 | 501 (c) (3) | \$ 16,200.23  | Priority Needs   |
| Tsinghua Education Foundation North America, Inc            |  | 2720   | E Sunset Hill Drive |     | West Covina      | CA    | 91791 | 522073001 | 501 (c) (3) | \$ 6,000.00   | Priority Needs   |
| United Blood Services                                       |  | 1515   | University Blvd NE  |     | Albuquerque      | NM    | 87102 | NULL      | 501 (c) (3) | \$ 5,916.21   | Priority Needs   |
| United Way of Camden County                                 |  | 196    | Newton Avenue       |     | Camden           | NJ    | 8103  | 210715353 | 501 (c) (3) | \$ 10,000.00  | Priority Needs   |

## Form 990 Schedule I Part II Detail Schedule

| Organization Name                                 | St #   | Street                   | Ste     | City        | State | Zip   | EIN       | IRC Section | Amount Paid   | Purpose of Grant |
|---------------------------------------------------|--------|--------------------------|---------|-------------|-------|-------|-----------|-------------|---------------|------------------|
| United Way of Carlisbad & South Eddy County       | PO Box | EE                       |         | Carlsbad    | NM    | 88221 | 856004416 | 501 (c) (3) | \$ 7,017.42   | Priority Needs   |
| United Way of Eastern New Mexico                  | PO Box | 806                      |         | Clovis      | NM    | 88102 | 237109243 | 501 (c) (3) | \$ 5,537.40   | Priority Needs   |
| United Way of Kankakee County                     | PO Box | 1286                     |         | Kankakee    | IL    | 60901 | 362188452 | 501 (c) (3) | \$ 10,000.00  | Priority Needs   |
| United Way of Metropolitan Dallas, Inc            | 1800   | N Lamar St               |         | Dallas      | TX    | 75202 | 756005352 | 501 (c) (3) | \$ 17,459.40  | Priority Needs   |
| United Way of Metropolitan Tarrant County         | 1500   | N Main St Ste            | 200     | Fort Worth  | TX    | 76164 | 750858360 | 501 (c) (3) | \$ 8,959.52   | Priority Needs   |
| United Way of Northern New Mexico                 | 1200   | Trinity Dr Ste           | 419/420 | Los Alamos  | NM    | 87544 | 237138947 | 501 (c) (3) | \$ 6,299.00   | Priority Needs   |
| United Way of Otero County                        | PO Box | 14                       |         | Alamogordo  | NM    | 88311 | 850197559 | 501 (c) (3) | \$ 7,793.76   | Priority Needs   |
| United Way of San Juan County                     | PO Box | 323                      |         | Farmington  | NM    | 87499 | 850165322 | 501 (c) (3) | \$ 67,927.06  | Priority Needs   |
| United Way of Santa Fe County, Inc.               | 440    | Cerrillos Rd Ste         | A       | Santa Fe    | NM    | 87501 | 850163601 | 501 (c) (3) | \$ 17,954.01  | Priority Needs   |
| United Way of Southwest New Mexico                | PO Box | 1347                     |         | Las Cruces  | NM    | 88004 | 856004324 | 501 (c) (3) | \$ 5,103.87   | Priority Needs   |
| United Way of the Navajo Nation                   | PO Box | 309                      |         | Window Rock | AZ    | 86515 | 942819114 | 501 (c) (3) | \$ 14,879.69  | Priority Needs   |
| University of Chicago                             | 1225   | E 60th St                |         | Chicago     | IL    | 60637 | 362177139 | 501 (c) (3) | \$ 5,600.00   | Priority Needs   |
| University of Nebraska Foundation                 | PO Box | 2678                     |         | Kearney     | NE    | 68848 | NULL      | 501 (c) (3) | \$ 5,500.00   | Priority Needs   |
| University of New Mexico Foundation, Inc.         | 700    | Lomas Blvd NE            |         | Albuquerque | NM    | 87102 | 850275408 | 501 (c) (3) | \$ 652,410.62 | Priority Needs   |
| University of New Mexico Hospitals                | 2211   | Lomas Blvd NE            |         | Albuquerque | NM    | 87106 | NULL      | 501 (c) (3) | \$ 5,403.64   | Priority Needs   |
| UNM Anderson School of Management Foundation      | PO Box | 40161                    |         | Albuquerque | NM    | 87131 | 237126805 | 501 (c) (3) | \$ 43,334.45  | Priority Needs   |
| UNM Lobo Club                                     | 1      | University of New Mexico |         | Albuquerque | NM    | 87131 | 856018840 | 501 (c) (3) | \$ 141,297.83 | Priority Needs   |
| US Naval Academy Foundation                       | PO Box | 64978                    |         | Baltimore   | MD    | 21264 | 530245761 | 501 (c) (3) | \$ 5,030.00   | Priority Needs   |
| Valencia County Literacy Council                  | 280    | La Entrada               |         | Los Lunas   | NM    | 87031 | 850371478 | 501 (c) (3) | \$ 60,000.00  | Priority Needs   |
| Valencia County Senior Support                    | PO Box | 1                        |         | Peralta     | NM    | 87042 | 850484216 | 501 (c) (3) | \$ 36,326.78  | Priority Needs   |
| Valencia Shelter for Victims of Domestic Violence | PO Box | 1095                     |         | Belen       | NM    | 87002 | 850370709 | 501 (c) (3) | \$ 48,000.00  | Priority Needs   |
| Van Hanh Temple                                   | 327    | Georgia SE               |         | Albuquerque | NM    | 87108 | NULL      | 501 (c) (3) | \$ 21,980.00  | Priority Needs   |
| Walkin N Circles Ranch, Inc                       | PO Box | 626                      |         | Edgewood    | NM    | 87015 | 43619624  | 501 (c) (3) | \$ 7,097.77   | Priority Needs   |

Form 990 Schedule I Part II Detail Schedule

[illegible]

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF CENTRAL NEW MEXICO

Employer identification number

85-0277138

**Part I Questions Regarding Compensation**

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

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☒ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., 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 officers, directors,  
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply.

☒ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☒ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

**4** During the year, did any person listed in 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 from the organization or a related organization?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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) and 501(c)(4) organizations must complete lines 5-9.**

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

**a** The organization?

**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in 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?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported in 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" to line 8, did the organization also follow the rebuttable presumption procedure described in  
Regulations section 53.4958-6(c)?

Yes No

1b

X

2

X

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

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

Schedule J (Form 990) 2010

**Part I 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 in 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 are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name        | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-----------------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|------------------------------------------------------------|
|                 | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                            |
| 1 EDWARD RIVERA | (i) 189,370.                                       | (ii) 32,900.                        | (iii) 6,208.                        | 17,832.                                        | 6,837.                  | 253,147.                        | 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 J (Form 990) 2010

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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered**  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

**2010**

**Open To Public  
Inspection**

Name of the organization

UNITED WAY OF CENTRAL NEW MEXICO

Employer identification number

85-0277138

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? |    |
|---|---------------------------------|--------------------------------|----------------|----|
|   |                                 |                                | Yes            | No |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

| (a) Name of interested person and purpose | (b) Loan to or from the organization? |      | (c) Original principal amount | (d) Balance due | (e) In default? |    | (f) Approved by board or committee? |    | (g) Written agreement? |    |
|-------------------------------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                                           | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |

Total ▶ \$

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount and type of assistance |
|-------------------------------|-----------------------------------------------------------------|-----------------------------------|
|                               |                                                                 |                                   |
|                               |                                                                 |                                   |
|                               |                                                                 |                                   |
|                               |                                                                 |                                   |
|                               |                                                                 |                                   |
|                               |                                                                 |                                   |
|                               |                                                                 |                                   |
|                               |                                                                 |                                   |
|                               |                                                                 |                                   |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|-----------------------------------------------------------------|---------------------------|--------------------------------|-----------------------------------------|----|
|                               |                                                                 |                           |                                | Yes                                     | No |
| TERRI SCRUGGS                 | HUSBAND IS EMPLOYED                                             | 19,633.                   | GNI PROVIDE                    |                                         | X  |
| JOANNE FINE                   | HUSBAND IS EMPLOYED                                             | 487,785.                  | THE ORGANIZ                    |                                         | X  |
| DR. DENNIS BATEY              | DR. DENNIS BATEY IS                                             | 130,234.                  | THE ORGANIZ                    |                                         | X  |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) NAME OF PERSON: TERRI SCRUGGS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

HUSBAND IS EMPLOYED BY GNI.

(C) AMOUNT OF TRANSACTION \$ 19,633.

(D) DESCRIPTION OF TRANSACTION: GNI PROVIDES INFORMATION TECHNOLOGY SERVICES TO THE ORGANIZATION.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOANNE FINE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

HUSBAND IS EMPLOYED BY ROADRUNNER FOOD BANK

(C) AMOUNT OF TRANSACTION \$ 487,785.

(D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION PROVIDES FUNDING TO THE ROADRUNNER FOOD BANK. VOLUNTEERS MAKE FUNDING DECISIONS FOR THE COMMUNITY GRANTS FUND.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DR. DENNIS BATEY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

**Part V** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

DR. DENNIS BATEY IS A KEY EMPLOYEE WITH PRESBYTERIAN.

(C) AMOUNT OF TRANSACTION \$ 130,234.

(D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION LEASES A BUILDING FROM  
PRESBYTERIAN.

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF CENTRAL NEW MEXICO

Employer identification number  
85-0277138

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DONATIONS FOR DISTRIBUTION TO UNITED WAY PROGRAMS AND OTHER DONOR OPTED  
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.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ALLOCATION BY THE BOARD OF DIRECTORS TO UNITED WAY AND OTHER  
PARTICIPATING AGENCIES.

FORM 990, PART VI, SECTION B, LINE 11: AFTER THE 990 IS COMPLETE IT IS  
REVIEWED BY THE CFO AND OTHER SENIOR MANAGEMENT OF THE ORGANIZATION, THEN  
SENT TO THE FINANCE COMMITTEE TO REVIEW. AFTER THAT IT IS SENT TO BOARD  
MEMBERS FOR REVIEW AND A SHORT PRESENTATION IS GIVEN AT THE NEXT MEETING OF  
EXECUTIVE COMMITTEE OR BOARD.

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

FORM 990, PART VI, SECTION B, LINE 15: 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 (\$

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Schedule O (Form 990 or 990-EZ) (2010)

032211  
01-24-11

Name of the organization

UNITED WAY OF CENTRAL NEW MEXICO

Employer identification number

85-0277138

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, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY REQUEST TO THE CHIEF FINANCIAL OFFICER.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 368,704.

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





**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

|     | (a)<br>Name of other organization | (b)<br>Transaction<br>type (a-r) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|-----|-----------------------------------|----------------------------------|------------------------|-------------------------------------------------|
| (1) |                                   |                                  |                        |                                                 |
| (2) |                                   |                                  |                        |                                                 |
| (3) |                                   |                                  |                        |                                                 |
| (4) |                                   |                                  |                        |                                                 |
| (5) |                                   |                                  |                        |                                                 |
| (6) |                                   |                                  |                        |                                                 |



**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information.

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

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

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

|                                                                                     |                                                                                                                          |                                                         |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Type or print<br><br>File by the due date for filing your return. See instructions. | Name of exempt organization<br><br><b>UNITED WAY OF CENTRAL NEW MEXICO</b>                                               | Employer identification number<br><br><b>85-0277138</b> |
|                                                                                     | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>2340 ALAMO AVE SE, 2ND FLOOR</b>            |                                                         |
|                                                                                     | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>ALBUQUERQUE, NM 87106</b> |                                                         |

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

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

**LISA PILLAR**

- The books are in the care of ► **2340 ALAMO AVE SE, 2ND FLOOR - ALBUQUERQUE, NM 87106**  
Telephone No ► **505-247-3671** FAX No. ► \_\_\_\_\_

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☐ calendar year \_\_\_\_\_ or  
► ☒ tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**.

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

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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)