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EXTENDED TO MAY 16, 2016

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2014Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.Open to Public
Inspection

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

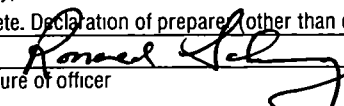
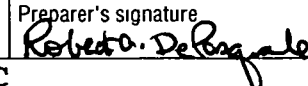
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization UNITED WAY OF CENTRAL NEW MEXICO		D Employer identification number 85-0277138
	Doing business as		E Telephone number 505-247-3671
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 26,154,426.
	2340 ALAMO AVE SE, 2ND FLOOR		H(a) Is this a group return for subordinates? ☐ Yes ☒ No
	City or town, state or province, country, and ZIP or foreign postal code ALBUQUERQUE, NM 87106		H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. (see instructions)
F Name and address of principal officer ED RIVERA SAME AS C ABOVE			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	1 Briefly describe the organization's mission or most significant activities THE UNITED WAY IS A VOLUNTARY HEALTH AND WELFARE ORGANIZATION WHICH SOLICITS AND RECEIVES		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	36
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	35
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	45
	6 Total number of volunteers (estimate if necessary)	6	2004
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	27,284,536.	24,488,195.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	739,990.	1,519,708.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	139,111.	66,373.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,347,528.	26,154,426.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	26,213,339.	23,120,320.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,145,061.	2,371,647.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 1,655,271.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,386,011.	996,252.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	30,744,411.	26,488,219.
	19 Revenue less expenses. Subtract line 18 from line 12	<2,396,883.>	<333,793.>
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	18,115,874.	16,505,174.
	22 Net assets or fund balances Subtract line 21 from line 20	10,630,921.	9,125,807.
		7,484,953.	7,379,367.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 3/11/16
	Type or print name and title RON SCHRANZ, TREASURER	
Paid	Print/Type preparer's name ROBERT A. DEPASQUALE	Preparer's signature 
Preparer Use Only	Firm's name PULAKOS CPAS, PC	Firm's EIN 85-0219147
	Firm's address 5921 JEFFERSON STREET NE ALBUQUERQUE, NM 87109	Phone no. (505) 338-1500

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

432001 11-07-14

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

640 2

SCANNED APR 14 2016

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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. THE VISION IS SUPPORTIVE COMMUNITIES WHERE PEOPLE LIVE HEALTHY AND PRODUCTIVE LIVES. THE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

4a (Code _____) (Expenses \$ 24,154,012. including grants of \$ 23,120,320.) (Revenue \$ 1,599,858.)
UWCNM ADMINISTERS THE FOLLOWING PROGRAMS:

COMMUNITY FUND

THE COMMUNITY FUND IMPROVES OUR COMMUNITY BY PROVIDING PROGRAM GRANTS TO QUALIFYING HEALTH AND HUMAN SERVICES AGENCIES IN CENTRAL NEW MEXICO. THE COMMUNITY FUND ADVANCES THE COMMON GOOD AND WORKS TO CREATE A STRONGER COMMUNITY. WE ADDRESS EDUCATION, HEALTH, AND FINANCIAL STABILITY SO THAT FAMILIES CAN GROW AND THRIVE.

UWCNM INVESTS IN EDUCATIONAL PROGRAMS TO CREATE CENTRAL NEW MEXICO COMMUNITIES

WHERE ALL CHILDREN:

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 **24,154,012.**

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Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

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

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

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		X
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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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 or note to any line in this Part VI

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

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	36	
b Enter the number of voting members included in line 1a, above, who are independent	35	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **ED RIVERA - 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 or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, 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) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARIE THAMES CFO - TO FEBRUARY 2015	40.00			X				83,015.	0.	9,594.
(2) LISA KRUGER CFO - FROM FEBRUARY 2015 TO MAY 2015	40.00			X				11,946.	0.	1,553.
(3) PATRICK WILKINS CFO - FROM MAY 2015	40.00			X				0.	0.	0.
(4) JENNIFER MASTRIPOLITO CHIEF DEVELOPMENT OFFICER	40.00			X				102,616.	0.	27,367.
(5) EDWARD RIVERA PRESIDENT/CEO	40.00			X				269,730.	0.	29,362.
(6) MIKE SWISHER AFL/CIO LIAISON	40.00			X				89,138.	0.	15,101.
(7) RANDALL WOODCOCK VICE PRESIDENT/CSO	40.00			X				119,384.	0.	33,299.
(8) JEANETTE BRAHL CCO	40.00			X				67,827.	0.	20,556.
(9) DAVE SEELY BOARD CHAIR	1.00	X		X				0.	0.	0.
(10) KYLE BEASLEY - TO MARCH 2015 SECRETARY/ TREASURER	1.00	X		X				0.	0.	0.
(11) RON SCHRANZ - FROM MARCH 2015 SECRETARY/ TREASURER	1.00	X		X				0.	0.	0.
(12) KIM SAWYER IMMEDIATE PAST BOARD CHAIR	1.00	X		X				0.	0.	0.
(13) TOM ANTRAM CAMPAIGN CHAIR	1.00	X						0.	0.	0.
(14) TOM GARRITY MARKETING CHAIR	1.00	X						0.	0.	0.
(15) NATASHA MARTELL JACKSON RURAL COMMITTEES CHAIR	1.00	X						0.	0.	0.
(16) CAROL MAYO COCHRAN PUBLIC POLICY CHAIR	1.00	X						0.	0.	0.
(17) NORM BECKER STRATEGIC DEVELOPMENT CHAIR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DUANE TRYTHALL CORNERSTONES CHAIR	1.00	X						0.	0.	0.
(19) TONY DEES COMMUNITY SERVICES CHAIR	1.00	X						0.	0.	0.
(20) CHAOUKI ABDALLAH DIRECTOR	0.50	X						0.	0.	0.
(21) KELLY ALLEN DIRECTOR	0.50	X						0.	0.	0.
(22) KYLE BEASLEY DIRECTOR	0.50	X						0.	0.	0.
(23) ROBIN BRULE DIRECTOR	0.50	X						0.	0.	0.
(24) MICHAEL CANFIELD DIRECTOR	0.50	X						0.	0.	0.
(25) VALERIE DODD DIRECTOR	0.50	X						0.	0.	0.
(26) DEL ESPARZA DIRECTOR	0.50	X						0.	0.	0.
1b Sub-total								743,656.	0.	136,832.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								743,656.	0.	136,832.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

- 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
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2014)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JED FANNING DIRECTOR	0.50	X						0.	0.	0.
(28) JOHN GARCIA DIRECTOR	0.50	X						0.	0.	0.
(29) JASON HARRINGTON DIRECTOR	0.50	X						0.	0.	0.
(30) KIRBY JEFFERSON DIRECTOR	0.50	X						0.	0.	0.
(31) BECKY KRAUSS DIRECTOR	0.50	X						0.	0.	0.
(32) SHERI MILONE DIRECTOR	0.50	X						0.	0.	0.
(33) CASEY PENA DIRECTOR	0.50	X						0.	0.	0.
(34) SANDRA PODLEY DIRECTOR	0.50	X						0.	0.	0.
(35) CYNTHIA REINHART DIRECTOR	0.50	X						0.	0.	0.
(36) LISA RILEY DIRECTOR	0.50	X						0.	0.	0.
(37) PETER SANCHEZ DIRECTOR	0.50	X						0.	0.	0.
(38) NOREEN SCOTT DIRECTOR	0.50	X						0.	0.	0.
(39) ERIC STEBBINS DIRECTOR	0.50	X						0.	0.	0.
(40) RON TALBOT DIRECTOR	0.50	X						0.	0.	0.
(41) LYNN TROJAHN DIRECTOR	0.50	X						0.	0.	0.
(42) KATHERINE ULIBARRI DIRECTOR	0.50	X						0.	0.	0.
(43) KENT WALZ DIRECTOR	0.50	X						0.	0.	0.
(44) HELEN WERTHEIM DIRECTOR	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 88,960.			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e 50,177.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 24,349,058.			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		24,488,195.		
	Program Service Revenue	2 a	<u>AFFILIATED PROGRAMS AND ACTIVITIES</u>	Business Code 900099	1,519,708.	1,519,708.
b						
c						
d						
e						
f		All other program service revenue				
g		Total. Add lines 2a-2f		1,519,708.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		66,373.		66,373.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents	(i) Real (ii) Personal			
	b	Less: rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b	Less: cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)				
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a			
	b	Less: direct expenses	b			
	c	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See Part IV, line 19	a			
	b	Less: direct expenses	b			
	c	Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns and allowances	a			
	b	Less: cost of goods sold	b			
	c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue			Business Code			
11 a	<u>OTHER INCOME</u>	900099	80,150.	80,150.		
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		80,150.			
12	Total revenue. See instructions.		26,154,426.	1,599,858.	0.	66,373.

Part IX Statement of Functional Expenses

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

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	23,120,320.	23,120,320.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	965,761.	296,869.	226,116.	442,776.
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.	1,056,908.	321,792.	249,708.	485,408.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	96,156.	31,269.	21,268.	43,619.
9 Other employee benefits.	108,322.	35,226.	23,959.	49,137.
10 Payroll taxes.	144,500.	46,991.	31,961.	65,548.
11 Fees for services (non-employees):				
a Management.	22,617.	7,613.	3,001.	12,003.
b Legal.				
c Accounting.	35,924.	8,981.	5,389.	21,554.
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion.	45,866.	11,605.	6,605.	27,656.
13 Office expenses.	18,692.	4,673.	2,804.	11,215.
14 Information technology.	129,239.	43,500.	17,148.	68,591.
15 Royalties.				
16 Occupancy.	147,568.	36,892.	22,135.	88,541.
17 Travel.	34,430.	8,276.	2,472.	23,682.
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.	267,752.	66,938.	40,163.	160,651.
22 Depreciation, depletion, and amortization.	50,063.	12,516.	7,509.	30,038.
23 Insurance.	21,136.	5,284.	3,170.	12,682.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TEMPORARY WAGES	117,640.	18,154.	10,893.	88,593.
b CREDIT CARD CHARGES	77,303.	19,326.	11,595.	46,382.
c VITA GRANT EXPENSE	75,758.	75,758.	0.	0.
d BANK SERVICE FEES	42,125.	10,531.	6,319.	25,275.
e All other expenses.	<89,861.>	<28,502.>	<13,279.>	<48,080.>
25 Total functional expenses. Add lines 1 through 24e.	26,488,219.	24,154,012.	678,936.	1,655,271.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,656,591.	1	1,169,303.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	2,302,895.	3	2,037,379.
	4 Accounts receivable, net	6,785,533.	4	6,072,616.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	63,380.	9	81,261.
	10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D	10a 1,122,509.		
	b Less accumulated depreciation	10b 972,143.	10c	150,366.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	6,416,198.	12	6,187,185.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	741,792.	15	807,064.
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,115,874.	16	16,505,174.	
Liabilities	17 Accounts payable and accrued expenses	457,825.	17	171,457.
	18 Grants payable		18	
	19 Deferred revenue	528,464.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	9,644,632.	25	8,954,350.
	26 Total liabilities. Add lines 17 through 25	10,630,921.	26	9,125,807.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		4,377,645.	27	4,362,691.
28 Temporarily restricted net assets		3,107,308.	28	3,016,676.
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		7,484,953.	33	7,379,367.
34 Total liabilities and net assets/fund balances		18,115,874.	34	16,505,174.

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,154,426.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,488,219.
3	Revenue less expenses Subtract line 2 from line 1	3	<333,793.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,484,953.
5	Net unrealized gains (losses) on investments	5	<523.>
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	228,730.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,379,367.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

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

Form 990 (2014)

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

UNITED WAY OF CENTRAL NEW MEXICO

Employer identification number

85-0277138

Part I	Reason for Public Charity Status (All organizations must complete this part) See instructions
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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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s). _____

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	26047652.	27117787.	27776290.	27284536.	24488195.	132714460
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	26047652.	27117787.	27776290.	27284536.	24488195.	132714460
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)						2376685.
6 Public support. Subtract line 5 from line 4						130337775

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	26047652.	27117787.	27776290.	27284536.	24488195.	132714460
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	78,436.	80,302.	82,464.	139,111.	66,373.	446,686.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.)	288,461.	163,187.	13,861.	183,891.	80,150.	729,550.
11 Total support. Add lines 7 through 10						133890696
12 Gross receipts from related activities, etc. (see instructions)					12	2,465,154.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	97.35 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	95.46 %
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► ☒		
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► ☐		
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► ☐		
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► ☐		

Schedule A (Form 990 or 990-EZ) 2014

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete **Part I** of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete **Part I** of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Schedule A (Form 990 or 990-EZ) 2014

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI) See instructions		
7	Total annual distributions. Add lines 1 through 6		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions		
9	Distributable amount for 2014 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7.			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI

Supplemental Information. 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

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	179	
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year	1,684,494.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☒ Yes ☐ No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☒ Yes ☐ No	

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

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

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

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

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

Complete if the organization answered "Yes" 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 XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included 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 Revenue 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 XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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	3,024,028.	2,519,268.	2,312,281.	2,228,937.	1,785,312.
b Contributions	53,062.	240,854.	131,610.	213,315.	75,488.
c Net investment earnings, gains, and losses	58,460.	357,489.	101,484.	<71,250.>	383,567.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	254,057.	93,583.	26,107.	58,721.	15,430.
g End of year balance	2,881,493.	3,024,028.	2,519,268.	2,312,281.	2,228,937.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Temporarily restricted endowment ☒ 100.00 %
 The percentages in lines 2a, 2b, and 2c should equal 100%

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

- (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 XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		363,502.	358,372.	5,130.
d Equipment		759,007.	613,771.	145,236.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				150,366.

Schedule D (Form 990) 2014

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENT WITH		
(B) ALBUQUERQUE COMMUNITY		
(C) FOUNDATION	2,352,850.	END-OF-YEAR MARKET VALUE
(D) CERTIFICATES OF DEPOSIT	3,834,335.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	6,187,185.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) DONOR OPTION PAYABLE	8,056,550.
(3) NON-CAMPAIGN DONOR OPTION PAYABLE	345,427.
(4) PLANNED GIVING PAYABLE	326,523.
(5) PENSION LIABILITY	225,850.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	8,954,350.

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

Schedule D (Form 990) 2014

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

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

1	Total revenue, gains, and other support per audited financial statements	1	9,328,499.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	<523.>
b	Donated services and use of facilities	2b	608,992.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	100,670.
e	Add lines 2a through 2d	2e	709,139.
3	Subtract line 2e from line 1	3	8,619,360.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	17,535,066.
c	Add lines 4a and 4b	4c	17,535,066.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	26,154,426.

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

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

1	Total expenses and losses per audited financial statements	1	9,662,815.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	608,992.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	100,670.
e	Add lines 2a through 2d	2e	709,662.
3	Subtract line 2e from line 1	3	8,953,153.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	17,535,066.
c	Add lines 4a and 4b	4c	17,535,066.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	26,488,219.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, 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

Part XIII Supplemental Information (continued)

REVENUE CODE, AND IS NOT CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS A PRIVATE FOUNDATION. UWCNM HAS ADOPTED ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA AS THEY RELATE TO UNCERTAIN TAX POSITIONS AND HAS EVALUATED ITS TAX POSITIONS TAKEN FOR OPEN TAX YEARS. CURRENTLY, THE 2011, 2012 AND 2013 TAX YEARS ARE OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND NEW MEXICO TAXATION AND REVENUE DEPARTMENT. MANAGEMENT BELIEVES THAT ALL ACTIVITIES OF UWCNM ARE WITHIN THEIR TAX-EXEMPT PURPOSE, AND 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, 2015 AND 2014.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

AFFILIATED PROGRAM EXPENSE 100,670.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AMOUNTS RAISED ON BEHALF OF OTHERS 17,535,066.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

AFFILIATED PROGRAM EXPENSE 100,670.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AMOUNTS RAISED ON BEHALF OF OTHERS 17,535,066.

PART XI, LINE 2D AND PART XII, LINE 2D

PART XI, LINE 2D AND PART XII, LINE 2D HAVE BEEN ADJUSTED TO NET REVENUES AND EXPENSES RELATED TO SPONSORSHIPS AND COBRANDING FOR PRESENTATION PURPOSES. THE NET AMOUNT IS \$100,670.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B AND PART XII, LINE 4B HAVE BEEN ADJUSTED TO SHOW AMOUNTS COLLECTED BY UNITED WAY ON BEHALF OF OTHER ORGANIZATIONS. THIS AMOUNT WAS NETTED FOR FINANCIAL STATEMENT PURPOSES. THE NET AMOUNT IS \$17,535,066.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization

UNITED WAY OF CENTRAL NEW MEXICO

Part I General Information on Grants and Assistance

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

☒ Yes ☐ No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE ATTACHED SCHEDULE			19,500,913.	0.			SEE ATTACHED SCHEDULE
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							535.
3 Enter total number of other organizations listed in the line 1 table							

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

Schedule I (Form 990) (2014)

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

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

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

PART I, LINE 2:

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

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

NONPROFIT ORGANIZATIONS APPLY FOR AND GO THROUGH AN ANNUAL COMPETITIVE

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

FINANCIAL ACCOUNTABILITY BY OVER 300 COMMUNITY VOLUNTEERS. UNDER THE DONOR

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

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

REMITTS COLLECTED CONTRIBUTIONS ON A MONTHLY BASIS TO THE DESIGNATED

Part IV Supplemental Information

ORGANIZATIONS.

Lined area for supplemental information.

SCHEDULE J
(Form 990)

Compensation Information

OMB No 1545-0047

2014

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

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 | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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

- | | |
|--|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ 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?
- 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), 501(c)(4), and 501(c)(29) 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		
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) 2014

85-0277138

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed
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Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

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

Schedule J (Form 990) 2014

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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. THE VISION IS SUPPORTIVE COMMUNITIES WHERE PEOPLE LIVE
HEALTHY AND PRODUCTIVE LIVES. THE MISSION IS TO BRING PEOPLE AND
RESOURCES TOGETHER TO MEASURABLY IMPROVE LIVES AND STRENGTHEN OUR
COMMUNITIES. DISTRIBUTIONS ARE MADE BASED UPON A DONOR'S DESIGNATION OF
MONIES TO SPECIFIC AGENCIES, OR BY ALLOCATION BY THE BOARD OF DIRECTORS
TO UNITED WAY AND OTHER PARTICIPATING AGENCIES.

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

MISSION IS TO BRING PEOPLE AND RESOURCES TOGETHER TO MEASURABLY IMPROVE
LIVES AND STRENGTHEN OUR COMMUNITIES. DISTRIBUTIONS ARE MADE BASED UPON
A DONOR'S DESIGNATION OF MONIES TO SPECIFIC AGENCIES, OR BY ALLOCATION
BY THE BOARD OF DIRECTORS TO UNITED WAY AND OTHER PARTICIPATING
AGENCIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ARE BORN HEALTHY AND DEVELOP ON TRACK.

ARE FULLY PREPARED TO ENTER THE EDUCATIONAL SYSTEM.

AND WHERE ALL STUDENTS...

PROGRESS SUCCESSFULLY THROUGH ELEMENTARY SCHOOL.

PROGRESS SUCCESSFULLY THROUGH MIDDLE SCHOOL.

GRADUATE HIGH SCHOOL WITHIN 5 YEARS, READY FOR SCHOOL, LIFE OR WORK.

AND WHERE ALL INDIVIDUALS...

HAVE AN OPPORTUNITY TO UTILIZE SOME FORM OF POST-SECONDARY EDUCATION,

FROM TRADE SCHOOLS TO 4-YEAR UNIVERSITIES.

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

Name of the organization

UNITED WAY OF CENTRAL NEW MEXICO

Employer identification number

85-0277138

UWCNM INVESTS IN HEALTH PROGRAMS TO CREATE CENTRAL NEW MEXICAN

COMMUNITIES WHERE ALL INDIVIDUALS AND FAMILIES...

RECEIVE AFFORDABLE AND EQUITABLE HEALTH SERVICES.

LIVE IN A SAFE ENVIRONMENT.

EXHIBIT HEALTHY BEHAVIORS.

LIVE IN A HEALTH PROMOTING ENVIRONMENT.

UWCNM INVESTS IN BASIC NEEDS/FINANCIAL STABILITY PROGRAMS TO CREATE

CENTRAL

NEW MEXICAN COMMUNITIES WHERE ALL INDIVIDUALS AND FAMILIES...

HAVE ADEQUATE AND SUSTAINABLE RESOURCES TO SUPPORT THEIR NEEDS.

HAVE THE SKILLS, KNOWLEDGE, AND RELATIONSHIPS THEY NEED TO

EFFECTIVELY INCREASE AND MANAGE THEIR INCOME.

AND WHERE VULNERABLE POPULATIONS...

ARE SAFE, SOCIALLY ENGAGED, AND LIVE WITH DIGNITY.

MISSION: GRADUATE

MISSION: GRADUATE IS A CRADLE-TO-CAREER COMMUNITY INITIATIVE THAT HAS THE GOAL OF ADDING 60,000 CERTIFICATES AND DEGREES TO OUR REGION BY THE YEAR 2020. THIS MULTI-SECTOR PARTNERSHIP IS COMMITTED TO A VISION FOR A WORLD-CLASS, SEAMLESS, AND COORDINATED EDUCATION SYSTEM THAT PROVIDES EQUITABLE OPPORTUNITIES FOR ALL CITIZENS TO EXCEL AND SUCCEED FROM EARLY CHILDHOOD THROUGH HIGH SCHOOL; GRADUATE WITH A POSTSECONDARY DEGREE OR CERTIFICATE; AND ENTER A CAREER OF THEIR CHOOSING IN CENTRAL NEW MEXICO.

Name of the organization

UNITED WAY OF CENTRAL NEW MEXICO

Employer identification number

85-0277138

IN ADDITION TO A NUMBER OF HIGH-VISIBILITY CAMPAIGNS TO SUPPORT SUMMER LEARNING, SCHOOL ATTENDANCE, AND EARLY CHILDHOOD EFFORTS, THE MISSION: GRADUATE EMPLOYMENT NETWORK HAS IDENTIFIED MORE THAN 31,000 CAREER EXPLORATION OPPORTUNITIES SUCH AS JOB SHADOWING AND INTERNSHIPS IN THE REGION.

CENTER FOR NONPROFIT EXCELLENCE (CNPE)

THE CENTER FOR NONPROFIT EXCELLENCE STRENGTHENS THE CAPABILITIES OF NONPROFITS SO THEY CAN MORE EFFECTIVELY ACHIEVE THEIR MISSIONS. THE CNPE ALSO HAS HELPFUL RESOURCES FOR BOTH JOB AND VOLUNTEER OPPORTUNITY SEEKERS IN THE NON-PROFIT INDUSTRY. SINCE SEPTEMBER 2012, THE CNPE WEBSITE (WWW.CNPENM.ORG) HAS SEEN A 155% INCREASE IN TRAFFIC, FROM 113,666 TO 289,819 ANNUAL VISITS. ALSO IN THE LAST THREE YEARS, CNPE HAS PROVIDED 95 NONPROFIT PROFESSIONAL DEVELOPMENT TRAININGS TO 2,835 PEOPLE, REACHING 665 ORGANIZATIONS IN 57 COMMUNITIES AROUND NEW MEXICO.

TAX HELP NEW MEXICO

TAX HELP NEW MEXICO PROVIDES FREE ASSISTANCE IN PREPARING AND FILING INCOME TAX RETURNS FOR NEW MEXICO RESIDENTS WITH AN ANNUAL HOUSEHOLD INCOME OF LESS THAN \$54,000 OR WHO ARE OVER THE AGE OF 65 REGARDLESS OF INCOME. VOLUNTEERS PREPARED 33,447 RETURNS LAST FILING SEASON, SAVING NEW MEXICO FILERS MORE THAN \$4.8 MILLION IN TAX PREPARATION FEES; 19,094 PEOPLE OBTAINED OVER \$20 MILLION IN TAX REFUNDS THROUGH THE PROGRAM.

2-1-1

2-1-1 IS THE NATIONAL ABBREVIATED DIALING CODE FOR FREE ACCESS TO HEALTH AND HUMAN SERVICES INFORMATION AND REFERRAL. UNITED WAY 2-1-1 IS

432212
08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

UNITED WAY OF CENTRAL NEW MEXICO

Employer identification number

85-0277138

A COMPREHENSIVE SOURCE FOR INFORMATION ABOUT HEALTH AND HUMAN SERVICES, GOVERNMENT AGENCIES, AND COMMUNITY-BASED ORGANIZATIONS. UWCNM'S 2-1-1 SERVICE EXPERIENCED MORE THAN 17,000 CONTACTS IN 2014. (THIS INCLUDES THOSE THROUGH THE ONLINE DATABASE.) UNITED WAY 2-1-1 (OR 245-1735) IS ACCESSIBLE 7 DAYS A WEEK, 8AM TO MIDNIGHT, 365 DAYS A YEAR. UNITED WAY OF CENTRAL NEW MEXICO IS THE BEST SOURCE OF INFORMATION ON WHERE YOU CAN GET THE SERVICES YOU, OR SOMEONE YOU KNOW, MIGHT NEED.

AFFINITY GROUP INITIATIVES

UWCNM ALSO ADMINISTERS OTHER INITIATIVES THROUGH HISPANO PHILANTHROPIC SOCIETY, YOUNG LEADERS SOCIETY, AND WOMEN IN PHILANTHROPY. AFFINITY GROUPS MEMBERS HAVE IDENTIFIED WOMEN'S SELF-SUFFICIENCY, MIDDLE-SCHOOL YOUTH, AND YOUTH TRANSITIONING TO ADULTHOOD AS AREAS FOR GIVING. AFFINITY GROUP GRANT INITIATIVES ARE GIFTS TO THE COMMUNITY FUND.

DONOR OPTION PROGRAM

DONORS HAVE THE OPTION TO DESIGNATE CONTRIBUTIONS TO ANY ORGANIZATION THAT IS TAX-EXEMPT UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). UWCNM REMITS COLLECTED CONTRIBUTIONS ON A MONTHLY BASIS TO THE DESIGNATED ORGANIZATIONS.

FORM 990, PART VI, SECTION B, LINE 11:

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

Name of the organization

UNITED WAY OF CENTRAL NEW MEXICO

Employer identification number

85-0277138

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 (\$ 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.

990 PAGE 7, COLUMN F AND SCHEDULE J, PART II COLUMN C

IN 2008, UNITED WAY OF CENTRAL NEW MEXICO VOTED TO SUSPEND ITS DEFINED BENEFIT PLAN. DUE TO THIS SUSPENSION, THE ORGANIZATION HAS ELECTED TO MAKE ADDITIONAL CONTRIBUTIONS TO THE DEFINED CONTRIBUTION PLAN. THESE DISCRETIONARY CONTRIBUTIONS RANGE FROM 5% TO 25% OF THE EMPLOYEES' ANNUAL COMPENSATION, DEPENDING ON YEARS OF SERVICE TO UWCNM. WHEN THE DISCRETIONARY CONTRIBUTIONS ARE MADE, ALL EMPLOYEES RECEIVE THEM.

Name of the organization

UNITED WAY OF CENTRAL NEW MEXICO

Employer identification number

85-0277138

FORM 990, PART IX, LINE 24E

DURING 2008, UWCNM VOTED TO SUSPEND ITS DEFINED BENEFIT PLAN (THE PLAN) EFFECTIVE MARCH 31, 2008. SUBSEQUENT TO JUNE 30, 2015, UWCNM TERMINATED THE PLAN. ACCORDINGLY, AN ACCRUAL IN THE AMOUNT OF \$225,850 AND \$859,141 HAS BEEN RECORDED AS OF JUNE 30, 2015 AND 2014, RESPECTIVELY, WHICH REPRESENTS THE ESTIMATED COSTS NECESSARY FOR FULL PLAN LIQUIDATION IN EXCESS OF THE FAIR VALUE OF PLAN ASSETS AS OF THOSE DATES. THE JUNE 30, 2015 LIABILITY REFLECTS THE ACTUAL AMOUNT TO BE PAID OUT TO TERMINATE THE PLAN WHICH RESULTED IN A CREDIT ADJUSTMENT OF \$209,047 FROM THE PRIOR YEAR ACCRUAL. THIS ADJUSTMENT IS REFLECTED AS A NEGATIVE EXPENSE WHICH IS NETTED ALONG WITH OTHER EXPENSES ON LINE 24E IN THE STATEMENT OF FUNCTIONAL EXPENSES.

FORM 990, PART XII, LINE 2C

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

FORM 990, PART XI, LINE 8

DURING THE CURRENT YEAR AUDIT, CERTAIN AMOUNTS IN THE PRIOR YEAR FINANCIAL STATEMENTS HAVE BEEN RECLASSIFIED FOR COMPARATIVE PURPOSES TO CONFORM TO THE PRESENTATION IN THE CURRENT YEAR FINANCIAL STATEMENTS. THIS CHANGE RESULTED IN A \$228,730 INCREASE IN BEGINNING YEAR NET ASSETS, THE AMOUNT OF THE PRIOR PERIOD ADJUSTMENT.