Department of the Treasury Internal Revenue Service

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

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

Open to Public inspection

OMB No. 1545-0047

^ 1	or un	2012 Calendar year, or tax year beginning	anu	ending		
B	Check if	C Name of organization			D Employer identific	cation number
	Addre	e CANCER SERVICES OF NEW I	MEXICO			
	Name Johang	Doing Business As	CONTRACTOR OF EACH		85-0	481885
	Initial return	Number and street (or P.O. box if mail is not deliver	red to street address)	Room/suite	E Telephone numbe	
	Termi				505-	259-9583
	Amen				G Gross receipts \$	225,115.
	Application	ALBUQUERQUE, NM 87181-3			H(a) Is this a group re	etum
	pendi	F Name and address of principal officer:KATH	LEEN KREIDER		for affiliates?	Yes X No
		P.O. BOX 51735, ALBUQUER	QUE, NM 87181	-1735	H(b) Are all affiliates inc	luded? Yes No
T	Tax-ex		(insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
		te: WWW.CANCERSERVICESNM.ORG	3		H(c) Group exemptio	n number 🕨
			ciation Other	L Year	of formation: 2001 N	State of legal domicile; NM
	art I	Summary				52556 8085 8086 80 00 00
	1	Briefly describe the organization's mission or most significant	gnificant activities: TO R.	EDUCE	CANCER SUFF	ERING FOR
Activities & Governance		NEW MEXICO'S FAMILIES.	<u></u>			
rna	2	Check this box I if the organization disconting	nued its operations or dispo-	sed of more	than 25% of its net as	ssets.
λe	3	Number of voting members of the governing body (Pa	Transport of the Control of the Cont		3	8
Ğ	4	Number of independent voting members of the gover			4	8
8	5	Total number of individuals employed in calendar yea			Constitute the registron of Process 2 ft Constitute the Sept. (See Sept. 1984) for the Sept.	2
Iŧie	6	Total number of volunteers (estimate if necessary)				250
ફ	1 200	Total unrelated business revenue from Part VIII, colur				0.
⋖		Net unrelated business taxable income from Form 99				0.
					Prior Year	Current Year
0	8	Contributions and grants (Part VIII, line 1h)			240,885.	224,308.
Ž	9				200.	570.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, a			339.	237.
ř		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9		BANKS CONTRACTOR	0.	0.
	1	Total revenue - add lines 8 through 11 (must equal Pa			241,424.	225,115.
_		Grants and similar amounts paid (Part IX, column (A),			200.	313.
	14	Benefits paid to or for members (Part IX, column (A),			0.	0.
Ø	15	Salaries, other compensation, employee benefits (Pa			21,157.	35,647.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line			0.	0.
ф	N	Total fundraising expenses (Part IX, column (D), line 2		80.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 1	Section 1995		195,876.	194,455.
	18	Total expenses. Add lines 13-17 (must equal Part IX,			217,233.	230,415.
	1	Revenue less expenses. Subtract line 18 from line 12			24,191.	-5,300.
Los Sec	1	TOTOTICE 1000 ONDOTICES. CODERCO INC. TO HOTH INTO TE		Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			243,782.	197,821.
ASS	21	Total liabilities (Part X, line 26)			89,611.	48,950.
퍒	22	Net assets or fund balances. Subtract line 21 from lin	e 20		154,171.	148,871.
P	art II	Signature Block				
Und	er pena	lities of perjury, I declare that I have examined this return, inc	cluding accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is
true	, corre	t, and complete. Declaration of preparer (other than officer)	is based on all information of wh	nich preparer	has any knowledge.	
		Nathlen Kreid			5/9/2	0013
Sig	n	Signature of officer			Date /	
Her		KATHLEEN KREIDER, PRESI	DENT	7. 20.		
		Type or print name and title	(2002) (2003) - 100 (2003)			
		Print/Type preparer's name Pr	reparer's signature		Date Check L	PTIN
Pair	d				self-employ	ed
Pre	parer	Firm's name			Firm's EIN	
Usc	Only	Firm's address			1992	
					Phone no.	
Mar	v the I	RS discuss this return with the preparer shown above	? (see instructions)		.,,	Yes X No

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: CANCER SERVICES OF NEW MEXICO (CSNM) WAS FORMED IN MAY 2001, TO
	PROVIDE SERVICES TO REDUCE CANCER SUFFERING FOR NEW MEXICO'S FAMILIES.
	WE ARE THE ONLY STATEWIDE NON-PROFIT ORGANIZATION THAT LOOKS BROADLY
	AT ADDRESSING GAPS IN CANCER-RELATED SERVICES.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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 \$ 9,900 • including grants of \$) (Revenue \$ 7,290 •)
	ZOO EVENT TO PROVIDE CHILDREN SUFFERING FROM CANCER AND THEIR FAMILIES
	AN OUTING AT THE ALBUQUERQUE ZOO. PROGRAM IS FULLY FUNDED FOR THE
	PATIENT AND IMMEDIATE FAMILY MEMBERS. A NOMINAL FEE IS CHARGED TO
	ADDITIONAL GUESTS.
4b	(Code:) (Expenses \$ 164,248 • including grants of \$ 313 •) (Revenue \$ 160,682 •)
710	FAMILY CANCER RETREAT TO EDUCATE ADULT CANCER PATIENTS/SURVIVORS AND
	THEIR LOVED ONES ON THE PROCESS OF DEALING WITH CANCER.
	24 270
4c	(Code:) (Expenses \$ 34,270. including grants of \$) (Revenue \$ 34,318.) FREE "LIPA" CLINICS AND TOOLS TO HELP CANCER PATIENTS/LOVED ONES
	ADDRESS LEGAL, INSURANCE, AND PAPERWORK ISSUES.
	ADDRESS HEGAL, INDOMINCE, AND THI ERMORK ISSUES.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 9 , 887 • including grants of \$) (Revenue \$ 9 , 860 •)
4e	Total program service expenses ► 218,305.
22200	Form 990 (2012)

Part IV | Checklist of Required Schedules

4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99-197 If "Yes," complete Schedule C, Part II is 16. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II is 16. Did the organization report an amount for investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II is 16. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II is 16. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II is 16. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI is 10. Did the organization report an amount for investments of the service of the service of the organization report an amount for investments other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII is 10. Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII is 10. Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X is 11. Did the or				Yes	No
2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public inflicing? If "Yes," compiler Schedule O, Part I 4 Section 501(c)(3) organizations. Dis organizations are provided in the organization and provided in the organization and provided schedule O, Part II 5 Is the organization associan 501(c)(4) organization and provided Schedule O, Part II 6 Did the organization associan 501(c)(4) organization and section 501(n)(4) organization associan section 501(c)(4) organization individual section section 4. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Nes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation associant, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Nes," complete Schedule D, Part III 8 Did the organization report an amount in Part X, ime 21, for escrew or custodial account flability, serve as a custodian for amounts not listed in Part X, ime 1 part X, ime 21, for escrew or custodial account flability, serve as a custodian for amounts not listed in Part X, ime 1 part X, ime 21, for escrew or custodial account flability, serve as a custodian for amounts not listed in Part X, ime 1 pa	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 1 Section 501(c)(4), 501(c)(c), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 Did the organization assertion any office of trush or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 6 Did the organization report an amount in read to the complete Schedule C, Part III 7 Did the enganization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 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 negotiations serves? If "Yes," complete Schedule D, Part IV 10 Did the organization savever to any of the following questions is "Yes," then complete Schedule D, Part V 11 If the organization savever to any of the following questions is "Yes," then complete Schedule D, Part V 12 Did the organization report an amount for investments - other securities in Part X, line 10 If "Yes," complete Schedule D, Part VI 13 Did the organization report an amount for investments - other securities in Part X, line 10 If "Yes," complete Schedule D, Part VI 14 Did the organization report an amount for investments - other securities in Part X, line 10 If "Yes," complete Schedule D, Part VI 15 Did the organization report an amount for investments - program related in Part X, line 10 If the organization report an amount for investments - program related in Par					
public office? If "Yes," complete Schedule C, Part I 4 Section 501(x)3 or genizations. Did the organization engage in lobbying activities, or have a section 501(th) election in effect during the tax year? If "Yes," complete Schedule C, Part II 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 Proceeding 98-197 If "Yes," complete Schedule C, Part II 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts if II "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation assement, including assements to preserve open space, the environment, historic land drease, or historic structures? If "Yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarity restricted endowments, permanent endowments, or quasi-indowments? If "Yes," complete Schedule D, Part IV II 11 If the organization report an amount for investments - toper related in Part X, line 107 If "Yes," complete Schedule D, Part IV II 12 Did the organization report an amount for investments - toper and related in Part X, line 11 The If "Yes," complete Schedule D, Part IV III 13 Did the organization report an amount for other assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16 If "Yes," complete Schedule D, Part IV III 1	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99-197 If "Yes," complete Schedule C, Part II is 16. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II is 16. Did the organization report an amount for investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II is 16. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II is 16. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II is 16. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI is 10. Did the organization report an amount for investments of the service of the service of the organization report an amount for investments other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII is 10. Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII is 10. Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X is 11. Did the or	3		3		х
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5 Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.99 If "Yes," complete Schedule C, Part III	-		4		Х
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provide advice on the distribution or investment of amounts in such funds or accounts if "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures" If "Yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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, ior provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V III 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V III III the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V III III the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII III III III III III III III III I			5		_X_
7 bid the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historic structures? If "Yes," complete Schedule D, Part III 8 8 bid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 9 bid the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 9 10 Did the organization services? If "Yes," complete Schedule D, Part V 10 Did the organization in services? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for liand, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 11 If Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V 11 If Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V 11 If Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V 11 If Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11 If Did the organization report an amount for other asset in Part X, line 25? If "Yes," complete Schedule D, Part X 11 If Did the organization in submarial assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 If Did the organization included in consolidated,	6	, ,	6		х
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9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 13 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 14 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V 15 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 16 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 17 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 18 Did the organization obtain separate, independent audited financial statements for the tax year/ Part "Yes," complete Schedule D, Part X 18 Did the organization obtain separate, independent audited financial statements for the tax year/ Part "Yes," complete Schedule D, Part X 19 Did the organization maintain an office, employees, or agents outside of the United States? 19 Did the organization maintain an office, employees, or agents outside of the United	8		8		х
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17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a	10		16		х
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a	18		40		Х
complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a	10		18		
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		complete Schedule G, Part III	19		х
h. If "Voo" to line 200, did the ergenization attach a copy of its audited financial statements to this return?	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b if res to line 20a, did the organization attach a copy of its addited infancial statements to this return?	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Page 4

Form 990 (2012) CANCER SERVICES OF Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete Schedule J	23		Х
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		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):			- V
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		
C	William In the Control of the Contro	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l _
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

| Part V | Statements Regarding Other IRS Filings and Tax Compliance

Second Comparison Seco		Check if Schedule O contains a response to any question in this Part V					
b Enter the number of Forms W2G included in line 1s. Enter o'. If not applicable						Yes	No
b Enter the number of Forms W26 included in line 1a. Enter o'. If not applicable Obd the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2 If a state is the property of th	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return filed for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e-five (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a In 11 was 1 field a Form 990-Tr for this year? If "No," provide an explanation in Schedule O 4a A rany 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)? 5b If "Yes," enter the name of the foreign country. ► See instructions for filing requirements for Form 15 G0221, Report of Foreign Bank and Financial Accounts. 5a Was the organization apparty to a prohibited tax sheller transaction at any time during the tax year? 5c If "Yes," is the sea or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction at any time during the tax year? 5c If "Yes," is the few organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions? 6c If "Yes," is did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions under section 170(c). 6c If "Yes," indicate the number of Forms 88861 and party as a contribution and party for goods and services provided to the payor? 6c If "Yes," indicate the number of Forms 8822 filed during the year 6c If If "Yes," indicate the number of Forms 8822 filed during the year 6c If If Yes, indicate the number of Forms 8822 filed during the year 6c If If If the organization receive a contribution of caus, beats, simplanes, or other vehicles, did the	b		1b	0			
2a Earth the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. 1b 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 Ta and 2a is greater than 250, you may be required to e-file (see instructions) 3a IX Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file (see instructions) 3a IX the file of the sum of lines Ta and 2a is greater than 250, you may be required to e-file (see instructions) 3a IX Yes, Thas It filed a Form 990-T for this year? If No. *provide an explanation in Schedule O 3b If Yes, *Instituted or the sum of lines Ta and 2a is greater than 250, you may be required to e-file (see instructions) 4a At any time during the calendary vary, 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, sorting the sum of the sum of the file of the sum o	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gamin	ng			
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See instructions for filing requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6a Does the organization are annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? Spensoning organizations maintaining donor advised funds and section 599(a)3 supporting organizations. Did the supporting organizations maintaining donor advised funds and section 599(a)3 supporting organizations file is a Form 1098-C? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12		financial account in a foreign country (such as a bank account, securities account, or other financial	account)?		4a		Х
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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? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а		11a				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12 12b 12 12b 12 12b 12b 12b 12b 12	b	Gross income from other sources (Do not net amounts due or paid to other sources against					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		, , , , , , , , , , , , , , , , , , , ,					
Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 13a 13b 13b 13c 14a X			1041?		12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a	b	· · · · · · · · · · · · · · · · · · ·	12b				
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b							
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a	а				13a		
organization is licensed to issue qualified health plans 13b 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 1f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b							
c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b		1				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			13c				37
	b	IT "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e U			000	(2010)

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

	Check if Schedule O contains a response to any question in this Part VI				Λ
Sec	tion A. Governing Body and Management				
		1 1	_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u>8</u>		
	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 0.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the				
_	of officers, directors, or trustees, or key employees to a management company or other person?		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form		4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's as		5	 	Х
6			6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or a		•		
/a					х
	more members of the governing body?		7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,		l		₩
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	•	_	\ v	
	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	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 of	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 boo	dy 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 ris	e to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
 15	Did the process for determining compensation of the following persons include a review and approx				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'	•			
9	The organization's CEO, Executive Director, or top management official		15a	х	
	Other officers or key employees of the organization		15b	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		130	+	
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	mont with a			
ıva			160		Х
Į.	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to evaluation to evaluation.		16a		
O					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of	anization's			
266	exempt status with respect to such arrangements?		16b		<u> </u>
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NM	T/O # =04/3/55			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	1 (Section 501(c)(3)s only	availa	ole	
	for public inspection. Indicate how you made these available. Check all that apply.				
	• • •	n in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	conflict of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the books a	and records of the organiz	ation:	-	
	KATHLEEN KREIDER - 505-259-9583				
	P.O. BOX 51735, ALBUQUERQUE, NM 87181				

232006 12-10-12

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

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

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

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

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

- 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.

(A) Name and Title	(B) Average hours per	box	not c , unle	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) BLAIRE LARSON	15.00									0
PRESIDENT & DIRECTOR	F 00	Х		Х				0.	0.	0.
(2) KATHLEEN KREIDER	5.00	,,		٠,,					_	0
VICE PRESIDENT & DIRECTOR	1.00	Х		Х				0.	0.	0.
(3) JEREMY STUART	1.00	x		X				0.	0.	0.
TREASURER & DIRECTOR (4) GARY EISENBERG	1.00	_		^		<u> </u>		0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(5) JACQUELINE OLEXY	1.00	^				<u> </u>		0.	0.	0 •
DIRECTOR	1.00	Х						0.	0.	0.
(6) JANET QUINTANA-COOK	3.00								•	0.
DIRECTOR		x						0.	0.	0.
(7) JUDITH HARRIS	1.00								9 -	
SECRETARY & DIRECTOR		х		х				0.	0.	0.
(8) JOHN TROTTER	3.00									
DIRECTOR		Х						0.	0.	0.

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees			ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) imate ount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	High est compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	pensat om the anization relate nization	e on ed
		<u></u>	<u> </u>	0	~	± 9	ш.						
										\dashv			
										\dashv			
										\dashv			
										\dashv			
										\dashv			
										7			
1b Sub-total c Total from continuation sheets to Part V							•	0.		0. 0.			0.
d Total (add lines 1b and 1c)						<u> </u>		0.		0.			0.
 Total number of individuals (including but recompensation from the organization 	ot limited to th	nose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportable			Yes	No.
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								highest compensated e			3	163	X
 For any individual listed on line 1a, is the stand related organizations greater than \$15 	ım of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	ion 1	from	any	/ unr	elat		dual for services		5		Х
Section B. Independent Contractors													
Complete this table for your five highest co the organization. Report compensation for										ensa	ation fr	om	
(A) Name and business	address	N	INC	3				(B) Description of s	ervices	C	(C ompen		1
2 Total number of independent contractors (ot li	mite	d to		_	stec	d above) who received m	nore than				
\$100,000 of compensation from the organi	zation >					0					Form 9	990 (2	012

ı a		•••			ponse	to any question i	n this Part VIII			
			Check if Schedule O cont		,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1	а	Federated campaigns		1a					
Gra Ou			Membership dues							
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events		1c					
ig ig			Related organizations		1d	00 500				
ns,			Government grants (contribut	′ F	1e	20,738.				
e ë		f	All other contributions, gifts, gran			000 550				
듗된			similar amounts not included above	ve L	1f	203,570.				
ig of		_	Noncash contributions included in lines			5,285.	224 200			
<u>a</u>		h	Total. Add lines 1a-1f				224,308.			
	_		ZOO DAY EYENE			Business Code 90009	570.	570.		
, je			ZOO DAY EVENT			900099	570.	370.		
ine j		b								
K a		C								
Rega		d								
Program Service Revenue		e •	All other program service reve	20110						
			Total. Add lines 2a-2f				570.			
	3	9	Investment income (including							
	_		other similar amounts)			*	237.	237.		
	4		Income from investment of tax							
	5		Royalties	=	-	1				
				(i) Re		(ii) Personal				
	6	а	Gross rents							
		b	Less: rental expenses							
		С	Rental income or (loss)							
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) Secu	ırities	(ii) Other				
			assets other than inventory							
		b	Less: cost or other basis							
			and sales expenses							
			Gain or (loss)							
			Net gain or (loss)			>				
ne	8	а	Gross income from fundraising	-						
ver			including \$contributions reported on line	of						
چ ا			Part IV, line 18	•	9					
Other Revenu		h	Less: direct expenses			1				
δ			Net income or (loss) from fund							
			Gross income from gaming ac							
	-		Part IV, line 19							
		b	Less: direct expenses			I I				
			Net income or (loss) from gam							
			Gross sales of inventory, less							
			and allowances		a					
		b	Less: cost of goods sold		b					
		С	Net income or (loss) from sale	s of inven	tory					
			Miscellaneous Revenu	е		Business Code				
	11	а								
		b								
		С								
			All other revenue							
	12	е	Total. Add lines 11a-11d Total revenue . See instructions.				225,115.	807.	0.	0.
23200: 12-10-			Total Totoliuo. Occ mondedions.				223,113.	007•	<u></u>	Form 990 (2012)

Part IX | Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must co	mplete column (A).	
23011	Check if Schedule O contains a respon			p. see solarilli (r y.	
	not include amounts reported on lines 6b, 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 governments and		·		·
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	313.	313.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	25 645	24 552	668	000
7	Other salaries and wages	35,647.	34,773.	667.	207.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
	Legal				
	Accounting				
	Lobbying Professional fundamining convices. See Part IV line 17				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	3,629.	3,629.		
13	Office expenses	30,349.	27,768.	1,645.	936.
14	Information technology	00,010	27,7000		
15	Royalties				
16	Occupancy	1,920.	780.	1,140.	
17	Tuessel	1,385.	1,238.	,	147.
18	Payments of travel or entertainment expenses	,	,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,107.	3,200.	1,907.	
20	Interest	-	-	-	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,208.		1,208.	
23	Insurance				
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 0.)				
а	RETREAT FOOD/LODGING	93,321.	93,321.		
b	CONTRACT LABOR	22,373.	21,778.	595.	
С	SUPPLIES	15,530.	12,947.	2,466.	117.
d	PROFESSIONAL FEES	8,190.	7,350.	840.	
е	All other expenses	11,443.	11,208.	162.	73.
25	Total functional expenses. Add lines 1 through 24e	230,415.	218,305.	10,630.	1,480.
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)				
00001) 12-10-12				Form 990 (2012

Form 990 (2012)
Part X | Balance Sheet

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response to any	question	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			218,262.	1	165,435
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net	22,650.	4	30,756		
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ited emplo	yees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instr).				6	
SIS	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
`	9	B ::				9	
		Land, buildings, and equipment: cost or other	 				
		basis. Complete Part VI of Schedule D	10a	10,487.			
	b	Less: accumulated depreciation	10b	8,857.	2,870.	10c	1,630
	11	Investments - publicly traded securities		,	,	11	,
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			243,782.	16	197,821
	17	Accounts payable and accrued expenses			5,083.	17	5,690
	18	Grants payable		18			
	19	Deferred revenue			84,528.	19	43,260
	20	Tax-exempt bond liabilities			, , , , , , , , , , , , , , , , , , ,	20	•
,	21	Escrow or custodial account liability. Complete F				21	
Liabilities	22	Loans and other payables to current and former					
		key employees, highest compensated employee					
ן נ		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
	20	parties, and other liabilities not included on lines					
		0 1 1 1 0	-			25	
	26	Total liabilities. Add lines 17 through 25			89,611.	26	48,950
		Organizations that follow SFAS 117 (ASC 958			35,73==3	20	
ທ		complete lines 27 through 29, and lines 33 and					
2	27	Unrestricted net assets				27	
alai	28	Temporarily restricted net assets				28	
<u> </u>	29	Democratic model and a street				29	
		Organizations that do not follow SFAS 117 (A		heck here X			
느		and complete lines 30 through 34.	J. J				
<u>.</u>	30	Capital stock or trust principal, or current funds			0.	30	(
200	31	Paid-in or capital surplus, or land, building, or eq			0.	31	<u>`</u>
ξ					154,171.	32	148,871
Net Assets or Fund balances	32	Retained earnings, endowment, accumulated inc			154,171.	33	148,871
	33	Total net assets or fund balances			243,782.	ပပ	197,821

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CANCER SERVICES OF NEW MEXICO

Employer identification number 85-0481885

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	:.) See inst	ructions.						
he orgar	nization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)							
1	A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)							
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)										
з 🗌			tal service organization of		in section	170(b)(1)	A)(iii).							
4	•		operated in conjunction					(b)(1)(A)(ii	i). Enter	the ho	ospital	s nam	ıe,	
	city, and stat				•				•		•			
5	An organizati	ion operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental uni	t describ	ed in				
		(b)(1)(A)(iv). (Comple												
6	A federal, sta	ite, or local governm	ent or governmental unit	t describe	d in sectio	n 170(b)(1	I)(A)(v).							
7 X			eives a substantial part					r from the	general	public	c desc	ribed i	in	
		b)(1)(A)(vi). (Comple				J			J					
8			ection 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 f													
-	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investm													
		•	axable income (less sect	•	•	•					•			
		509(a)(2). (Complete			,,, ,, o,,,, b,	011100000	ioquii ou b	y and orga	meation	unton .	041100	0, 101	0.	
10 🔲			perated exclusively to te	st for publ	ic safety S	See sectio	n 509(a)(4	I).						
11 🗔	-	-	perated exclusively for th	-	•			-	v out the	nurn	oses o	f one	or	
—	•		ations described in section						•					
			organization and comple				.,		-,(-,: -::					
	a Type I			ype III - Fu			d		e III - No	n-func	ctionall	v inted	arated	
е 🗆		•	at the organization is not					• • •				•	_	
•—		•	han one or more publicly		-	-	-		-	-				
f			ten determination from t						/(α)(1) 01	COOLIN	011 000	(u)(u).		
•		rganization, check th												
g		,	nis box organization accepted ar						:?				. —	
9			irectly controls, either al									Yes	No	
			upported organization?								11g(i)			
			n described in (i) above?								11g(ii)			
			person described in (i) of								1g(iii)			
h			about the supported or							··· <u>Ŀ</u>	19()			
	r rovide the n	ollowing information	about the supported of	garnzation	(3).									
(:) Name	of ournarted	/::\	(!!!) Type of organization	(iv) Is the c	rganization	(v) Did voi	ı notify the	(vi) Is	the	(v::) (\ maunt	of mo	noton,	
. ,	e of supported anization	(ii) EIN			sted in your	organizat		(vi) Is organizatio		(VII) F	Amount Supj		letary	
org	amzation			governing	document?			(i) organizi U.S.	?		Jupi	3011		
			(see instructions))	Yes	No	Yes	No	Yes	No					
otal														

232021

Schedule A (Form 990 or 990-EZ) 2012

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

(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.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	194,826.	190,566.	242,271.	240,885.	224,308.	1,092,856.
2	Tax revenues levied for the organ-						
	ization'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	194,826.	190,566.	242,271.	240,885.	224,308.	1,092,856.
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)						79,267.
6	Public support. Subtract line 5 from line 4.						1,013,589.
Sed	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010 242, 271.	(d) 2011	(e) 2012 224, 308.	(f) Total
7	Amounts from line 4	194,826.	190,566.	242,271.	240,885.	224,308.	1,092,856.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1,006.	704.	415.	339.	237.	2,701.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						1,095,557.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					> □
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2012 (ine 6, column (f) di	vided by line 11, o	olumn (f))		14	92.52 %
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	91.68 %
16a	33 1/3% support test - 2012. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	$\ensuremath{\text{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2011. If the d	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	iere. Explain in Pai	rt IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a publi	cly supported orga	anization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶□
					0-1	-ll A /F 000	000 EZ\ 0040

Schedule A (Form 990 or 990-EZ) 2012

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	iow, piedoc com	oloto i art II.,				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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						
		#10000	() 0040	(1) 0044	() 0040	(O.T.)
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	on 501(c)(3) organiz	ation,
check this box and stop here						<u></u>
Section C. Computation of Public					1 1	
15 Public support percentage for 2012 (lin					15	<u>%</u>
16 Public support percentage from 2011					16	%
Section D. Computation of Inves					l l	
17 Investment income percentage for 201					17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2012. If the o	•		•		*	
more than 33 1/3%, check this box an						
b 33 1/3 % support tests - 2011. If the o	•			•	•	
line 18 is not more than 33 1/3%, chec			•		ŭ	
20 Private foundation. If the organization	ı did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	> L

** PUBLIC DISCLOSURE COPY

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Employer identification number

85-0481885 CANCER SERVICES OF NEW MEXICO Organization type (check one): Filers of Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

CANCER SERVICES OF NEW MEXICO

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$32,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$11,332.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

CANCER SERVICES OF NEW MEXICO

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$6,150.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

CANCER SERVICES OF NEW MEXICO

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		5,000.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
202450 12 2		Sabadula B (Form	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

CANCER SERVICES OF NEW MEXICO

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Page 4 Name of organization Employer identification number CANCER SERVICES OF NEW MEXICO 85-0481885 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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. ➤ See separate instructions. 2012
Open to Public Inspection

Name of the organization

CANCER SERVICES OF NEW MEXICO

Employer identification number 85-0481885

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education)	storically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	·	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
Do	conservation easements. t III Organizations Maintaining Collections or	f Art Historical Tracquires or O	Other Similar Assets
Pai	t III Organizations Maintaining Collections or Complete if the organization answered "Yes" to Form	•	Aller Sillillar Assets.
4.	•		
ıa	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext	,	ance of public service, provide, in Part Alli,
L	the text of the footnote to its financial statements that descri		t and halance about works of out historical
b	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	ducation, or research in furtherance of pu	ablic service, provide the following amounts
	o		• •
	(i) Revenues included in Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X		
2	the following amounts required to be reported under SFAS 1	·	ai gairi, provide
а	Revenues included in Form 990, Part VIII, line 1		•
	Assets included in Form 990, Part X		
J	, assis moladed in remission, rate A		

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Schedule D (Form 990) 2012

	t III Organizations Maintaining C	Collections of A	rt, Histori	cal Tr	easures, o	r Othe	r Simila	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check an	y of the	following that	are a sig	gnificant ι	use of its	collection	items	
	(check all that apply):										
а	Public exhibition	d	I 🖳 Loa	n or exc	hange prograi	ms					
b											
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how they	further t	he organizatio	n's exen	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit of							_	_		
	to be sold to raise funds rather than to be ma								Yes	└── No	
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the org	anizatio	on answered "`	Yes" to F	orm 990,	Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for con	tributior	ns or other ass	ets not i	ncluded				
	on Form 990, Part X?								Yes	☐ No	
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
С	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year						1e				
f	Ending balance										
	Did the organization include an amount on F							L	Yes	└─ No	
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete i		swered "Ye	s" to Fo							
		(a) Current year	(b) Prior	year	(c) Two years	back (d) Three y	ears back	(e) Four	years back	
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, c	olumn (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c should be contaginated as the contagination of the percentages in lines 2a, 2b, and 2c should be contaginated as the contagination of the percentages in lines 2a, 2b, and 2c should be contaginated as the contagination of the percentages in lines 2a, 2b, and 2c should be contaginated as the contagination of the percentages in lines 2a, 2b, and 2c should be contaginated as the contagination of the contaginati	uld equal 100%.									
3а	Are there endowment funds not in the posse	ession of the organiz	ation that ar	e held a	and administer	ed for th	e organiz	ation	_		
	by:								$\overline{}$	Yes No	
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations								3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm	i									
	Description of property	(a) Cost or o		. ,	t or other		cumulate	d	(d) Book	value	
		basis (investr	nent)	มสรเร	(other)	аер	reciation				
	Land										
	Buildings										
	Leasehold improvements										
	Equipment			1	0,487.		8,85	57	-	L,630.	
	Other Add lines 1a through 1e (Column (d) must e		V solumn /				0,0.	,,,		L,630.	

Schedule D (Form 990) 2012

CANCED	SERVICES	\cap E	TATESTAT	MEYICO
L.AINL.P.R	20 LL A 11 LL2	UF	INCIN	

Part VII Investments - Other Securities. See	e Form 990, Part X, li	ne 12.		Tage •
(a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or end	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		" 10		
Part VIII Investments - Program Related. Set (a) Description of investment type	ee Form 990, Part X, (b) Book value		aluation: Cost or end	d-of-year market value
	(b) Book value	(C) Welliod of V	aluation. Cost of end	1-01-year market value
(1)				
(2)				
(3)				
<u>(4)</u> (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15.			
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	4-1			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			>	
Part X Other Liabilities. See Form 990, Part X, I (a) Description of liability	ine 25.	(b) Book value		
		(b) DOOK VAIGE		
(1) Federal income taxes				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)			
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex	-	the organization's financia	l statements that rep	orts the organization's
liability for uncertain tax positions under FIN 48 (ASC 7	40). Check here if th	e text of the footnote has	been provided in Pa	rt XIII
			Cala	adula D (Farm 000) 2010

Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Reve	enue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	1		
е	Add lines 2a through 2d	•	2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
	rt XII Reconciliation of Expenses per Audited Financial Staten			
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
– a	Donated services and use of facilities	2a		
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII.)	·		
e	Add lines 2a through 2d	<u> </u>	2e	
3	Subtract line 2e from line 1			
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.)			
c			4c	
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
_	rt XIII Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III lines 1a and 4: E	Part IV lines 1h and 2h: Part V line 4	· Dort
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to			, rait
, , , , , ,	o E, Fart XI, Illied Ed and 15, and Fart XII, Illied Ed and 15.7 libe complete the part of	o provide any addit	normal information.	

Schedule D (Form 990) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012
Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** CANCER SERVICES OF NEW MEXICO 85-0481885 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER PROGRAM SERVICES INCLUDE FAMILY CANCER RESOURCE BAGS TO HELP PARENTS WITH CANCER EXPLAIN THEIR DIAGNOSIS TO THEIR CHILDREN. HEALTH FAIRS TO PROVIDE INFORMATION ON CANCER-RELATED SERVICES AND RESOURCES AT HEALTH FAIRS AND OTHER COMMUNITY EVENTS. COMMUNITY OUTREACH AND NM CANCER SERVICES SURVEY. **EXPENSES \$ 9,887.** INCLUDING GRANTS OF \$ 0. REVENUE \$ 9,860. FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION BYLAWS WERE UPDATED IN JANUARY 2013. FORM 990, PART VI, SECTION A, LINE 8B: COMMITTEES ARE NOT GIVEN AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BOARD. FORM 990, PART VI, SECTION B, LINE 11: THE BOARD REVIEWS THE FORM 990 AT ITS ANNUAL MEETING EACH YEAR, PRIOR TO SUBMISSION OF THE FORM 990. FORM 990, PART VI, SECTION B, LINE 12C: THE GOVERNING BOARD PROVIDES AN ANNUAL REMINDER TO ALL PROGRAM DIRECTORS OF THE POLICY WHEN REVIEWING PROGRAM PROGRESS. FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION DOES NOT COMPENSATE ANY OFFICERS AT THIS TIME. THE GOVERNING BOARD WILL REVIEW AND APPROVE COMPENSATION.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of	the organ	nization (CANCI	ER SERVI	CES	OF N	EW M	EXICO		Emp {	loyer identification number 35-0481885
FORM	990,	PART	VI,	SECTION	C,	LINE	19:	DOCUMENTATION	N IS M	IADE	AVAILABLE
UPON	REQU	EST.									

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990.

► See separate instructions.

2012
Open to Public Inspection

Name of the organization

CANCER SERVICES OF NEW MEXICO

Employer identification number 85-0481885

(2)	11.3	1-3	1.5				/£\	
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	me End-of-year		(f) Direct controlling entity		g
Part II Identification of Related Tax-Exempt Organizations during the tax year.)	tions (Complete if the organization	answered "Yes" to Form 990), Part IV, line 34 b	ecause it had one	or more	related tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) et controlling entity	conti	g) 512(b)(13) rolled tity?
CANCER SERVICES OF NEW MEXICO FOUNDATION -				301(0)(0))			Yes	No
20-3688671, P.O. BOX 51735, ALBUQUERQUE, NM	RAISE FUNDS FOR CANCER SERVICES OF NEW MEXICO	NEW MEXICO	501(C)(3)	LINE 11A, I				x

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

Schedule R (Form 990) 2012

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one organizations treated as a partnership during the tax year.)
--

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Dispro	portion-	Code V-UBI	Genera	or Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	res No		amount in box	partne	ownership
		country)		sections 512-514)		433013			amount in box 20 of Schedule K-1 (Form 1065)	Yes	lo
	1										
•											
										\vdash	+
										\vdash	+
										$\perp \perp$	
	1										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?	
		country)						Yes	No
	_								
									<u> </u>
									<u> </u>
									<u> </u>
									<u> </u>
]								

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
1 During the tax year, did the organization engage in any of the following transaction	ns with one or more re	elated organizations listed	in Parts II-IV?							
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X				
b Gift, grant, or capital contribution to related organization(s)						X				
c Gift, grant, or capital contribution from related organization(s)				1c	X					
d Loans or loan guarantees to or for related organization(s)				1d		X				
e Loans or loan guarantees by related organization(s)						X				
f Dividends from related organization(s)				1f		Х				
g Sale of assets to related organization(s)						X				
h Purchase of assets from related organization(s)										
i Exchange of assets with related organization(s)				1i		Х				
i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s)										
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X				
Performance of services or membership or fundraising solicitations for related organization(s)										
m Performance of services or membership or fundraising solicitations by related organization(s)										
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
Sharing of paid employees with related organization(s)						Х				
p Reimbursement paid to related organization(s) for expenses				1p		Х				
q Reimbursement paid by related organization(s) for expenses						Х				
, , , , , , , , , , , , , , , , , , , ,										
r Other transfer of cash or property to related organization(s)				1r		Х				
s Other transfer of cash or property from related organization(s)						Х				
2 If the answer to any of the above is "Yes," see the instructions for information on v										
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	ivolved						
1) CANCER SERVICES OF NEW MEXICO FOUNDATION	С	11,371.	5% OF BASE AVERAGE FUND	VAL	UE					
2)										
2)										
3)										
4)										
5)										
6)										

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	Are al partners 501(c)(orgs.) Yes N	 sec. (3) ?	(f) Share of total income	(g) Share of end-of-year assets	Dispr tion alloca	n) ropor- nate tions?		(j) Genera manag partn Yes	al or P ging er? C	(k) Percentage ownership
										Cabadula			990) 2012

2012 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C Lin	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL													
1	PROJECTOR	10/31/04	200DB	5.00	НУ16	458.				458.	458.		0.	458.
3	PROJECTOR	07/06/05	200DB	5.00	нү16	370.				370.	370.		0.	370.
5	(D)COMPUTERS	05/01/07	200DB	5.00	ну16	600.				600.	538.		62.	
7	COMPUTERS	09/24/08	200DB	5.00	ну16	967.				967.	878.		36.	914.
8	(D)LAPTOPS	10/06/08	200DB	5.00	ну16	250.				250.	224.		10.	
9	(D)LAPTOPS	10/06/08	200DB	5.00	ну16	250.				250.	224.		10.	
11	PROJECTOR AND 3 LAZER POINTERS	12/18/08	200DB	5.00	ну16	250.				250.	224.		10.	234.
12	COPIES OF MICROSOFT OFFICE SOFTWARE	01/01/09	SL	3.00	16	3,992.				3,992.	3,992.		0.	3,992.
13	COPIES OF MICROSOFT OFFICE SOFTWARE	12/31/10	200DB	5.00	ну16	3,825.				3,825.	1,645.		872.	2,517.
14	TOSHIBA COMPUTER	07/31/11	200DB	5.00	ну16	625.				625.	104.		208.	312.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL					11,587.				11,587.	8,657.		1,208.	8,797.
	* GRAND TOTAL 990 PAGE 10 DEPR					11,587.				11,587.	8,657.		1,208.	8,797.

Department of the Treasury Internal Revenue Service Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

Identifying number

990

Business or activity to which this form relates

OMB No. 1545-0172

FORM 990 PAGE 10 85-0481885 CANCER SERVICES OF NEW MEXICO Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 Threshold cost of section 179 property before reduction in limitation Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 **15** Property subject to section 168(f)(1) election 15 1,208 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2012 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery period (business/investment use only - see instructions) (a) Classification of property (e) Convention (g) Depreciation deduction 19a 3-year property b 5-year property 7-year property С d 10-year property 15-year property е 20-year property 25-year property 25 yrs. S/I g 27.5 yrs MM S/L h Residential rental property MM S/L 27.5 yrs. S/L MM i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year S/L 12 yrs. 40 yrs. 40-year MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 1,208. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form 4562 (2012)

Form 4562 (2012)			VICES OF							885 Page	
Part V Listed Proper amusement.)	ty (Include at	utomobiles, cei	tain other vehic	les, certain cor	nputers	s, and prop	perty used	for en	tertainment, rec	reation, or	
Note: For any	vehicle for wl Section A, all	hich you are us of Section B, a	ing the standard	l mileage rate c applicable.	or dedu	cting lease	e expense,	compl	ete only 24a, 24	4b, columns (a)	
Section A	- Depreciation	on and Other I	nformation (Ca	ution: See the	instruc	tions for li	mits for pa	ssenge	er automobiles.)		
24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes N											
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	(d) Cost or other basis	Basis for dep (business/inv use on	estment	(f) Recovery period	covery Method/ Deprec			(i) Elected section 179 cost	
25 Special depreciation all	owance for q	ualified listed p	roperty placed i	in service durir	g the ta	ax year an	ıd				
used more than 50% in	a qualified b	usiness use						25			
26 Property used more that	an 50% in a q	ualified busine	ss use:								
	: :	%									
	: :	%									
	: :	%									
27 Property used 50% or I	ess in a quali	fied business ι	ıse:								
	: :	%					S/L -				
	1 1	%					S/L -				
	1 1	%					S/L -				
28 Add amounts in column	n (h), lines 25	through 27. Er	ter here and on	line 21, page 1	l			28			
29 Add amounts in column	n (i), line 26. E	nter here and	on line 7, page 1						29		
		Se	ection B - Inform	mation on Use	of Ver	nicles					
Complete this section for very lift you provided vehicles to those vehicles.										section for	
			(a)	(b)		(c)	(d)		(e)	(f)	
30 Total business/investment	miles driven d	uring the	Vehicle	Vehicle	V	'ehicle	Vehic	le	Vehicle	Vehicle	
year (do not include com	muting miles)										
31 Total commuting miles											
32 Total other personal (no	oncommuting) miles									

33 Total miles driven during the year. Add lines 30 through 32 Yes No Yes Yes No Yes Yes Yes **34** Was the vehicle available for personal use No No No No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		
P	art VI Amortization		

Part VI Amortization											
(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortizati period or pero		(f) Amortization for this year					
42 Amortization of costs that begins during your 2012 tax year:											
	1 1										
43 Amortization of costs that began before your 2		43									
44 Total. Add amounts in column (f). See the inst	44										
43 Amortization of costs that began before your 2	2012 tax yea	ır		ponou or poo	43						

216252 12-28-12