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Form	J	J	U

Department of the Treasury

Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

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

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

Information about Form 990 and its instructions is at www.irs.gov/for -



Α	For t		ending	<u></u>	L					
-	Check applica	f C Name of organization	<u> </u>	D Employer identific	ation number					
	Add	Ges CANCER SERVICES OF NEW MEXICO								
	Nam			85-04	181885					
Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number										
	Fina	P.O. BOX 51735			259-9583					
_	term	and Zir of foreign postal code		G Gross receipts \$	194,895.					
	Iretur			H(a) Is this a group ret						
	App tion pend	F Name and address of principal officer: KATHLEEN KREIDER		for subordinates?						
-		P.O. BOX 51/35, ALBUQUERQUE, NM 8/181		H(b) Are all subordinates ind	luded? Yes No					
+	Tax-e	xempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	If "No," attach a l	ist. (see instructions)					
				H(c) Group exemption						
and the second division of the second divisio	art I	of organization: X Corporation Trust Association Other Summary	L Year of	of formation: 2001 M	State of legal domicile: NM					
-	1	,	EDUCE		DING DOD					
Activities & Governance		Briefly describe the organization's mission or most significant activities: TO RI NEW MEXICO'S FAMILIES.	EDUCE	CANCER SUFFE	RING FOR					
nai	2	Check this box if the organization discontinued its operations or disposed in the organization d								
Inc	3	Number of voting members of the governing body (Part VI, line 1a)	sed of more	than 25% of its net ass	sets. 8					
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8						
es é	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	2						
vitio	6	Total number of volunteers (estimate if necessary)		6	200					
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.					
				Prior Year	Current Year					
ne	8	Contributions and grants (Part VIII, line 1h)		218,375.	181,753.					
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	13,100.					
Rev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		84.	42.					
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		218,459.	194,895.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		50.	100.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		41,555.	47,089.					
nec	10a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
Ă	17	Other our pages (Part IX, column (D), line 25)	54.	176,571.	176 000					
	18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		218,176.	176,292. 223,481.					
	19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		210,170.	-28,586.					
es	15	Revenue less expenses. Subtract line 18 from line 12		inning of Current Year	the second s					
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		197,689.	End of Year 150,169.					
Ass Ba	21			48,535.	29,601.					
Net	22	Net assets or fund balances. Subtract line 21 from line 20		149,154.	120,568.					
		Signature Block			120,000.					
- CONTRACT										

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

Sign Here	Signature of officer KATHLEEN KREIDER, PRES Type or print name and title	SIDENT Kathleen J	Juice 5/7/2015
Paid	Print/Type preparer's name	Preparer's signature Da	te Check DTIN
	Firm's name		Firm's EIN 🕨
Use Only	Firm's address 🕨		
	-		Phone no.
May the IF	S discuss this return with the preparer shown ab	ove? (see instructions)	Yes No

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

	1990 (2014) CANCER SERVICES OF NEW MEXICO	85-0481885	Page 2
Pa	rt III Statement of Program Service Accomplishments		V
1	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
•	Briefly describe the organization's mission: CANCER SERVICES OF NEW MEXICO (CSNM) WAS FORMED IN MAY	2001, то	
	PROVIDE SERVICES TO REDUCE CANCER SUFFERING FOR NEW MEX		ES.
	WE ARE THE ONLY STATEWIDE NON-PROFIT ORGANIZATION THAT	LOOKS BROADL	Y
	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?	Yes	X No
-	If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	?Yes	
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 3,415. including grants of \$) (Reve	enue \$	0.)
	COMMUNITY OUTREACH ACTIVITIES INCLUDING SPEAKING WITH		OUT
	NEW MEXICO'S CANCER-RELATED SERVICES AND DISTRIBUTING H		
	MATERIALS AT A WIDE RANGE OF HEALTH FAIRS AND COMMUNITY		
	THROUGHOUT THE YEAR AS WELL AS PUBLICIZING OUR PROGRAMS	3 AND SERVICE	s
4b	(Code:) (Expenses \$ 168,271. including grants of \$ 100.) (Reve		179.)
	FAMILY CANCER RETREAT TO EDUCATE ADULT CANCER PATIENTS,		D
	THEIR LOVED ONES ON THE PROCESS OF DEALING WITH CANCER	•	
	37 //7	28	403.)
4c	(Code:) (Expenses \$ 37,447. including grants of \$) (Reverses TREE "LIPA" CLINICS AND TOOLS TO HELP CANCER PATIENTS/I		403
	ADDRESS LEGAL, INSURANCE, AND PAPERWORK ISSUES.		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 3,034 · including grants of \$) (Revenue \$	95.)	
4e	Total program service expenses 212,167.	·	
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Form	990	(2014)

 Form 990 (2014)
 CANCER
 SERVICES
 OF
 NEW
 MEXICO

 Part IV
 Checklist of Required Schedules
 Checklist
 Checklist

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
F	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
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	9		X
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	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	Х	
a	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		x
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			_ _
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or merc2 if "Vas " complete Schedule E. Parte Land IV.	1/1		x
15	or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization ? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
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	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2014)

432003 11-07-14

Form 990 (2014) CANCER SERVICES OF NEW MEXICO Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5.000 of grants or other assistance to any domestic organization or domestic government on Part X, column (A), line 17 // "vis," complete Schedule I, Parts I and II 21 X 22 Did the organization report more than \$5.000 of grants or other assistance to or of consult individuals on Part X, column (A), line 27 // "vis," complete Schedule I, Parts I and II 22 X 24 Did the organization never "vis" to PAT VI. Scienco A, line 3, 4, or 5 about compensation of the organization server Schedule J. 23 X 24 Did the organization never vis" to PAT VI. Scienco A, line 3, 4, or 5 about compensation of the organization action the set as 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 I, Two:, go to line 25a 24c 24d 24d <th></th> <th></th> <th></th> <th></th> <th></th>					
comestic_government on Part IX, column (A), line 7 /f /*ss, 'complete Schedule /, Part Is and /i 21 X 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2 /f /*ss, 'complete Schedule /, Part II and /ii 22 X 23 Did the organization answer 'Yes' to Part IVI, Soction A, line 3, 4, or 5 about compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensation of the organization acut and the year, if 'No', go to line 25a X 24 Did the organization invest any proceeds of tax exampt bonds beyond a temporary period exception? 24a X 25 Did the organization amaintain an escrow account of the than a refunding eacrow at any time during the year / defases any tax-exempt bonds? 24d 24d 26 Section 50(16), 501(-6)(4), and 50(16)(20) organizations. Do the organization ange in an excess benefit transaction with a disqualified person during the year? if 'Yes,' complete Schedule I, Part I 25a X 27 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, directors, trustees, key employees, birdhest compensated employees, or disqualified person? If 'Yes,' complete Schedule I, Part II 25a X 28 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees				Yes	No
22 Did the organization report more than 55,000 of grafts or other assistance to or for domestic individuals on Part IX, column (A), line 27. If 'Yes, ' completes Schedule I, Parts I and III 22 X 23 Did the organization answer 'Yes' to Part VII. Section A, line 3, 4, or 5 about Compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule I, I' Nev, 'o to fine 25a X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 5100.000 as of the last day of the year, fatt was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K, II' Nev, 'o to line 25a X 24b Did the organization matian an escrow account other than a refunding storew at any time during the year' 24a X 25b Edit be organization area tax -seempt bonds beyond a temporary period exception? 24b X 26 Did the organization area tax on 'on behaf of' issuer for bonds outstanding at any time during the year' 24c Xd 26 Did the organization area that lengaged in an excess benefit transaction with a disqualified person if any they area? 25c X 27 Did the organization proved ag and to other assistance to an officer, frostee form or payable to any current or former officers, director, trustees, key employees, or disqualified persons? If 'Yes,' complete Schedule L, Part I 25c X 25c <t< td=""><td>21</td><td></td><td></td><td></td><td>v</td></t<>	21				v
Part X, column (A), line 27. If 'Yes,' complete Schedule I, Parts I and III. 22 X 23 Did the organization answer 'Yes' to Part VI, 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 I, I'Ne', or to Ine 25a 28 24 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 organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 26 Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year? 24d X 27 Did the organization and at as an 'on behalf of 'issue for bonds outstanding at any time during the year? 24d X 28 Section 501(c3), 501(c4), and 501(c2)9) organizations. Did the organization is a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction near that it enagaed in a access benefit transaction with a disqualified person in 2 prior year, and that the transaction romote an excess benefit transaction with a disqualified person? If 'Yes,' complete Schedule L, Part I 26 X 27 Did the organization reported any amount on Part X, line 5, 6, or 22 for receivables from or payables to any ourner or former officer	~~	-	21		<u> </u>
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensated employees? If 'Yes, "complete Schedule J 23 X 24 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,' complete Schedule A, If 'Ne', 'orgination neves any proceeds of tax exempt bonds beyond a temporary period exception? 24 24 24 Did the organization mixet any proceeds of tax exempt bonds beyond a temporary period exception? 24 24 25 Section \$01(c)[3], \$01(c)[4], and \$01(c)[20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustes, key employees, highest complex Schedule L, Part I 25a X 27 Did the organization ore provide a grant or other assistance to an officer, director, trustes, key employees, highest complex Schedule L, Part IV 25b X 28 Was the organization provide a grant or other assistance to an officer, director, trustes, eve semplete Schedule L, Part IV 26 X 29 Was the organization approvide a grant or other assistance to an officer, director, trustes, eve semplete Schedule L, Part IV 26 X 20 Id the organization approvide a grant or other assistance to an officer, d	22				v
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule /, I'No", go to line 25a 23 X 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule /, I'No", go to line 25a 24a X 24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d X 25 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d X 26 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d X 26 Did the organization and at as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d X 27 Did the organization aware that engaged in an excess benefit transaction with a disqualified person in a prory year, and that the transaction has not been reported on any of the organization's prior Form 990 or 990.EZ? If "Yes," complete Schedule L, Part I 25a X 28 Did the organization aver that engaged in an excess benefit transaction with a disqualified person or? If "Yes," complete Schedule L, Part IV 26a X 29 Did the organization aper to the assistance to an officer, director, trustee, key employee, substantial contributor or employee thereol, a grant selection committe emember, or to a 35% controlled entity or f	00		22		
Schedule J 23 X 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 2/b through 2/d and complete Schedule K. If 'No', go to line 25a 24a X 24 Did the organization marks any proceeds of tax exempt bonds beyond a temporary period exception? 24b X 25 Did the organization marks any proceeds of tax exempt bonds outstanding at any time during the year to defease any tax-exempt bonds? 24d X 25 Bottin 501(c)(3), 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a provement or former officers, directors, trustes, ley employees, highest compensated multipoly early in 'esc,'' complete Schedule L, Part II 25a X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for readivables from or payables to any comment or former officers, directors, trustes, ley employees, highest compensated multipolyees, or disqualidel persons nl proves, member of any of these paraization any to a business transaction with a disqualified person nl payables to any comment or former officer, director, trustee, ley employees, highest compensated employees, or disqualified person nl payables to any comment or former officer, thrustee, ley employees, or disqualified person nl payables to any comment or former officer, trustee, error payables to any comment or former officer (trustee, retrust, trustee, ley employees, or disqualified person nl payables to any comment or former officer, trustee, or direct or trustees transaction with ne of the following parties (see Schedule L, Part IV 28a X	23				
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 likes 24b through 24d and complete Schedule I, I' No', go to like 25a 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X c Did the organization maintain an escrow account other than a refunding secrow at any time during the year? 24d 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 24d 25a Section 501(Q8), 501(Q1,0), and 501(Q120) organizations. Did the organization engage in a excess benefit transaction with a disqualified person during the year? 25b X D Did the organization aperts that a engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction that an excess the filt transaction with a disqualified person? If 'Yes,'' complete Schedule L, Part I 25b X 27 Did the organization apert types, highest compensated employees, or disqualified person? If 'Yes,'' complete Schedule L, Part II 25a X 28 A current or former officer, director, trustee, or key employee, substantal contributions of 'Yes,'' complete Schedule L, Part IV 25a X 28 M at the organization aparty to a business transaction with one of the following parties (see Schedule L,			22		x
is tay of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K, If "No", go to line 25a X b Did the organization maintain an escrow account other than a refunding secrew at any time during the year to defease any tax-sempt bonds? 24a c Did the organization maintain an escrow account other than a refunding secrew at any time during the year to defease any tax-sempt bonds? 24d d Did the organization maintain an escrow account other than a refunding secrew at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction than to been reported on any of the organization or 10 more secres benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization "spior Forms 990 er 90-627. If "Yes," complete Schedule L, Part I 25a 25 Did the organization provide a grant or other assistance to an officer, furstee, key employee, substantial contributor or employee thereol, 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 II 28a X 26 Was the organization provide a grant or other assistance to an officer, furstee, key employee, substantial contributors or anglicable filing thresholds, conditions, and exceptions]. 28a X 27 Did the organization review control former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, condi	24 a		23		
Schedule K. If 'No*, go to line 25a 24a X b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b 24b c Did the organization aminian an escrow account other than a refunding escrow at any time during the year? 24c 24c 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization act as an 'on behalt of' issuer for bonds outstanding at any time during the year? 25d X 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization organg 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-E27 If 'Yes,' complete Schedule L, Part I 25a X 25 Did the organization aver thered, a grant baselection committee member, or to a 55% controlled person's If 'Yes,' complete Schedule L, Part II 25b X 26 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 26 X 27 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 27a X 28 A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a X 27 Did the organization cecieve contributions of art, historical treas	240				
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-sempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c(3), 501(c)(4), and 501(c)(29) organizations. Did the organization any excess benefit transaction bits a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction is prior Porms 900 or 900 E27! If "Yes," complete Schedule L, Part I 25a X 27 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any ourrent or former officers, director, trustes, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization reported 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 a arry to ta business transaction with and exceptions): 28a X 28 Did the organization reported on any of these persons? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization report by tay autise to the reported for the contributions of a popticable filing threschids, conditions, and exception			24a		x
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contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? 31 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete 32 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete 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 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes," complete Schedule R, Part V, line 2 35b 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization complete Schedule R, Part V, line 2 36 X 38 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partner		-	29		
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If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete 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 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes," complete Schedule R, Part V, line 2 35b 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? 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? 37 X			30		
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Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? 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? 4 X	24		33		- 23
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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? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? 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? 37 X	350				x
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 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 X	D		35h		
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI37X38Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37				
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			37		x
	38		<u> </u>		
			38	X	

Form **990** (2014)

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Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			37
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		-
	Note. See the instructions for additional information the organization must report on Schedule O.			
a	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans 13b	•		
	Enter the amount of reserves on hand 13c	14-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
0	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14D		<u> </u>

CANCER SERVICES OF NEW MEXICO

Form **990** (2014)

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Form 990	(2014)
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CANCER SERVICES OF NEW MEXICO

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

	Check if Schedule O contains a response or note to any line in this Part VI				Σ
Sec	tion A. Governing Body and Management				_
		1 1	~ 	Yes	1
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	8		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent		8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh				
	officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person? \dots		3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				T
а	The governing body?		8a	Х	Γ
b	Each committee with authority to act on behalf of the governing body?		8b		t
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				T
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F				
		,		Yes	Γ
0a	Did the organization have local chapters, branches, or affiliates?		10a		t
	If "Yes," did the organization have written policies and procedures governing the activities of such o				t
~	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body		11a	x	t
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		114		┢
12a			12a	x	Ľ
2a 6	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	a to conflicte?	12a	X	┢
D	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "		120		+
С			10-	x	
10	in Schedule O how this was done		12c 13	X	┢
3	Did the organization have a written whistleblower policy?			X	┝
4	Did the organization have a written document retention and destruction policy?		14		┝
5	Did the process for determining compensation of the following persons include a review and approv	<i>,</i> ,			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v	
а	The organization's CEO, Executive Director, or top management official			X	
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			ŀ
	taxable entity during the year?		16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	inization's			
	exempt status with respect to such arrangements?		16b		
ec	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NM				
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s only)) availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other <i>(explair</i>	n in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy, a	nd finan	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records:			
	KATHLEEN KREIDER - 505-259-9583				
	P.O. BOX 51735, ALBUQUERQUE, NM 87181				
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	6				, -
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate
	Employees, and Independent Contractors

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

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

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

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

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

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

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle	ss pe	more rson	than is bot pr/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BLAIRE LARSON	5.00	v							0	0
FOUNDER & DIRECTOR (NONVOT	15.00	X						0.	0.	0.
(2) KATHLEEN KREIDER	15.00	x		x				0.	0.	0.
PRESIDENT & DIRECTOR (3) JEREMY STUART	1.00	<u>^</u>		^				0.	0.	0.
(3) JEREMY STUART TREASURER & DIRECTOR	1.00	x		x				0.	0.	0.
(4) JACQUELINE OLEXY	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(5) JANET QUINTANA-COOK	3.00								••	0.
DIRECTOR	5.00	x						0.	0.	0.
(6) JUDITH HARRIS	5.00									
DIRECTOR		x						0.	0.	0.
(7) JOHN TROTTER	3.00								• •	
DIRECTOR		x						0.	0.	0.
(8) GORDON HENNESSY	1.00									
VICE PRESIDENT & DIRECTOR		x		x				0.	0.	0.
(9) RICHARD LARSON	1.00									
FOUNDER & DIRECTOR (NONVOT		X						0.	0.	0.
(10) SCOT SAUDER	1.00									
DIRECTOR		Х						0.	0.	0.
		L		I		-				600 (001 4)

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Form 990 (2014)

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Pa	T VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Em (B) Average			(C Pos	C) ition	ı		Compensated Employe (D) Reportable	es (continued) (E) Reportable		Es	(F) timate	ed
		hours per week (list any hours for related organizations below line)	tee or director of xo	, unle	ss pe	rson lirecto	Highest compensated Highest compensated employee	h an tee)		compensation from related organizations (W-2/1099-MIS0		com fr orga	nount other pensa om th anizat d relat nizati	ition e ion ed
	Sub-total Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c) Total number of individuals (including but n					<u></u>			0.		0.			0.
3	Did the organization list any former officer,	director, or tru	ustee	e, ke	ey er	nplc	oyee	, or	highest compensated e	mployee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab	le co	omp	ensa	atior	n and	d ot				3		X X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> tion B. Independent Contractors	accrue compei	nsat	ion f	from	any	/ unr	elat	ted organization or indiv	idual for services		5		Х
1	Complete this table for your five highest co the organization. Report compensation for										oens			
	(A) Name and business	address	NC	ONI	Ξ				(B) Description of s	services	С	(C omper		n
								_						
2	Total number of independent contractors (in \$100,000 of compensation from the organized structures and the structures of the structure structures of the structure structures of the structure structures of the structure structure structures of the structure structure structure structures of the structure structure structure structures of the structure structure structure structure structures of the structure structure structure structure structure structures of the structure structure structure structure structure structure structure structure structures of the structure	•	iot lii	mite	d to		se li: 0	stec	d above) who received n	nore than				
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			Check if Schedule O cont	ains a response	or note to any lin				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
Gra		b	Membership dues	1b					
Αŭ.		С	Fundraising events	1c					
la Git		d	Related organizations	1d					
in is		е	Government grants (contribut	tions) 1e	58,915.				
r S		f	All other contributions, gifts, gran	ts, and					
the lar			similar amounts not included abo	ve 1f	122,838.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines	a 1a- 1f: \$	150.				
a Co		h	Total. Add lines 1a-1f		►	181,753.			
					Business Code				
8	2	а	SPONSORSHIPS &	SALES O	900099	13,100.	13,100.		
e Ži		b							
S al		с							
eve		d							
Program Service Revenue		е							
<u>ک</u>		f	All other program service reve	enue					
		g	Total. Add lines 2a-2f		►	13,100.			
	3		Investment income (including						
			other similar amounts)		▶	42.	42.		
	4		Income from investment of ta						
	5		Royalties		🕨 [
				(i) Real	(ii) Personal				
	6	а	Gross rents						
		b	Less: rental expenses						
		с	Rental income or (loss)						
		d	Net rental income or (loss)		►				
			Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
		с	Gain or (loss)						
			Net gain or (loss)		►				
a			Gross income from fundraisin						
ňu			including \$	of					
eve			contributions reported on line	1c). See					
Other Revenue			Part IV, line 18						
the		b	Less: direct expenses						
0			Net income or (loss) from fund		►				
	9	а	Gross income from gaming ac	-					
			Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gam						
			Gross sales of inventory, less	-					
			and allowances						
		b	Less: cost of goods sold						
			Net income or (loss) from sale						
			Miscellaneous Revenu		Business Code				
Ē	11	а							
		b							
		c							
		d	All other revenue						
			Total. Add lines 11a-11d						
	12		Total revenue. See instructions.			194,895.	13,142.	0.	0.
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Part IX Statement of Functional Expenses

CANCER SERVICES OF NEW MEXICO

	Check if Schedule O contains a response of include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
-	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	100.	100.		
	individuals. See Part IV, line 22	100.	100.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
~	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	47,089.	45,671.	955.	463
7	Other salaries and wages	±1,009•		•	403
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10 11	Payroll taxes Fees for services (non-employees):				
a ⊾	Management				
b	F	2,715.		2,715.	
с с	5 F	2,713.		2,713.	
d e					
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	21,827.	18,955.	2,203.	669
14	Information technology	,			
15	Royalties				
16	Occupancy	1,305.	260.	1,045.	
17	Trough				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,270.	3,203.	1,067.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	365.		365.	
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		95,138.	95,138.		
b	CONTRACT LABOR	22,864.	22,864.		
с	SUPPLIES	11,216.	9,444.	1,702.	70
d	PROFESSIONAL FEES	6,900.	6,900.		
е	All other expenses	9,692.	9,632.	10.	50
25	Total functional expenses. Add lines 1 through 24e	223,481.	212,167.	10,062.	1,252
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)				

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22,557. 25,000. 4 4 Accounts receivable, net **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 8 Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 10,487. basis. Complete Part VI of Schedule D _____ 10a 9,939. 913. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 197,689. 150,169. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 11,387. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 37,148. 27,587. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 48,535. 29,601. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here **b** and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 Temporarily restricted net assets 28 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗴 and complete lines 30 through 34. Capital stock or trust principal, or current funds 0. 30 30 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 149,154. 120,568. 32 Retained earnings, endowment, accumulated income, or other funds 32 120,568. 149,154. Total net assets or fund balances 33 33 197,689. 150,169. 34 Total liabilities and net assets/fund balances 34

CANCER SERVICES OF NEW MEXICO

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

Cash - non-interest-bearing

Savings and temporary cash investments Pledges and grants receivable, net

(B) End of year

124,621.

548.

2,014

0.

0.

Form **990** (2014)

(A)

Beginning of year

174,219.

1

2

3

Form 990 (2014) Part

1

2

3

Assets

_iabilities

Vet Assets or Fund Balances

90 (2014)	
Χ	Ba	ance	Sheet

Form	990 (2014) CANCER SERVICES OF NEW MEXICO	85-048	1885	Page 12
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,895.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,481.
3	Revenue less expenses. Subtract line 2 from line 1	3		,586.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	149	,154.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	120	,568.
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				res No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	review, or compilation of its financial statements and selection of an independent accountant?		_ 2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		
	Act and OMB Circular A-133?		. 3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			

Form **990** (2014)

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SCHEDULE A	
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(Form	990 or	990-	EΖ
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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.

OMB No. 1545-0047
2014
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/fo	rm990
	Empl

Name of the organization

Name of the o	•		S OF NEW MEX	TCO				identification number 5-0481885
Part I F	Reason for Public C				is part) Se	e instruction		9-0401003
	on is not a private found						5.	
Ē.	church, convention of chu		•		,			
	chool described in secti					·//~///		
	nospital or a cooperative			ection 170	(h)(1)(A)(ii	i)		
	nedical research organiza						(iii). Enter	the hospital's name
	, and state:							the neopital e name,
`	organization operated fo	or the benefit of a co	lleae or university owne	d or opera	ted by a g	overnmental	unit describ	ed in
	ction 170(b)(1)(A)(iv). (C		5 ,		, ,			
	ederal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
	organization that normal	-					he general	public described in
	ction 170(b)(1)(A)(vi). (Co		······ [-··· - · · · - · [- [- · · ·	J			J	
	community trust describe		(1)(A)(vi). (Complete Par	t II.)				
	organization that normal			-	contributio	ons, members	ship fees, a	nd gross receipts from
act	ivities related to its exem	npt functions - subje	ct to certain exceptions	, and (2) no	o more tha	n 33 1/3% of	its support	from gross investment
	ome and unrelated busin							
	e section 509(a)(2). (Con							
10 🗌 An	organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).		
11 🗌 An	organization organized a	and operated exclus	ively for the benefit of, t	o perform t	the functio	ons of, or to c	arry out the	purposes of one or
mo	re publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section &	5 09(a)(3). C	heck the box in
line	es 11a through 11d that o	describes the type o	of supporting organization	n and com	nplete lines	s 11e, 11f, an	d 11g.	
a 🗔 1	ype I. A supporting orga	nization operated, s	upervised, or controlled	by its sup	ported org	anization(s),	typically by	giving
t	he supported organizatio	on(s) the power to re	gularly appoint or elect	a majority (of the dire	ctors or truste	es of the s	upporting
c	organization. You must c	omplete Part IV, Se	ections A and B.					
b 🗔 1	ype II. A supporting orga	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving
	control or management of			ame perso	ons that co	ontrol or mana	age the sup	ported
	organization(s). You mus t							
	Type III functionally inte						lly integrate	ed with,
	ts supported organizatior							
	Type III non-functionally						-	
	hat is not functionally inte	v	0 ,			•	d an attenti	veness
	equirement (see instructi	-	-					
	Check this box if the orga					i Type I, Type	II, Type III	
	unctionally integrated, or	••	• •					
	e number of supported o							
	the following information	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of	monetary	(vi) Amount of
	organization		(described on lines 1-9	listed i	n your document?	support	-	other support (see
			above or IRC section	Yes	No	Instruct	ions)	Instructions)
			(see instructions))					
Total								
LHA For Pape	erwork Reduction Act N	otice, see the Instr	uctions for			Sched	lule A (For	m 990 or 990-EZ) 2014

Form 990 or 990-EZ. 432021 09-17-14 20130510 099347 CSNM

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Schedule A (Form 990 or 990-EZ) 2014 CANCER SERVICES OF NEW MEXICO Part II Support Schedule for Organizations Described in Sections 170(b)

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	242,271.	240,885.	224,308.	218,375.	190,553.	1,116,392.
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	242,271.	240,885.	224,308.	218,375.	190,553.	1,116,392.
	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)						98,750.
6	Public support. Subtract line 5 from line 4.						1,017,642.
	ction B. Total Support						, ,
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	242,271.	240,885.	224,308.	(d) 2013 218,375.	190,553.	1,116,392.
	Gross income from interest,			-	•	,	, ,
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	415.	339.	237.	84.	42.	1,117.
9	Net income from unrelated business						
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,117,509.
	Gross receipts from related activities,	etc. (see instruction	one)			12	_,,
	First five years. If the Form 990 is for	•	,	d fourth or fifth ta			
10	organization, check this box and stop	-			-		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage	<u></u>	<u></u>		
	Public support percentage for 2014 (column (f))		14	91.06 %
	Public support percentage from 2013		-			15	88.77 %
	33 1/3% support test - 2014. If the c						7-
100	stop here. The organization qualifies	-					► X
h	33 1/3% support test - 2013. If the c						····· • —
~	and stop here. The organization qual	-					
179	10% -facts-and-circumstances tes						or more
110	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
h	10% -facts-and-circumstances tes	•	•		•		
N.	more, and if the organization meets the						
	organization meets the "facts-and-circ						
19	Private foundation. If the organization						
18	Finale roundation. If the organizatio	In did not check a		a, 100, 17a, 01 17k		dule A (Earm 990	

Schedule A (Form 990 or 990-EZ) 2014

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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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					1	
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-					1	
	iness under section 513					1	
4	Tax revenues levied for the organ-			1		1	
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities					1	
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5					1	
	Amounts included on lines 1, 2, and			1	1	1	
	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						
с	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						L
14	First five years. If the Form 990 is for	the organization'	s first, second, th	ird, fourth, or fifth	tax year as a sectio	on 501(c)(3) organi:	zation,
<u> </u>					<u></u>		▶∟
	tion C. Computation of Publ					1	
	Public support percentage for 2014 (I					15	%
	Public support percentage from 2013					16	%
	tion D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2014. If the	-					1 / IS NOT
	more than 33 1/3%, check this box at						►
b	33 1/3% support tests - 2013. If the	•			•		
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio	n did not check a	box on line 14, 19	9a, or 19b, check 1			
43202	23 09-17-14			15	Scł	hedule A (Form 99	90 or 990-EZ) 201
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	IINIGO (FECECO OIL	∠ 0.	14.02040	CUNCER DE	VATCED OL	NCM NCVT	

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Schedule A (Form 990 or 990-EZ) 2014 CANCER SERVICES OF NEW MEXICO

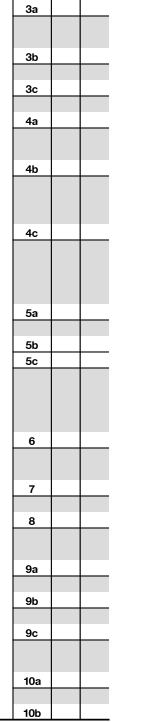
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2014

1

2

Yes No

16

Schedule A (Form 990 or 990 EZ) 2014 CANCER SERVICES OF NEW MEXICO Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
-	A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		<u> </u>		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	0		
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	0		
800	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		,	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction of the second sec	uctions		Na
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		
43202	5 09-17-14 Schedule A (Form 99	90 or 99	0-EZ)	2014

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Schedule A (Form 990 or 990-EZ) 2014 CANCER SERVICES OF NEW MEXICO

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All

other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Ne	et short-term capital gain	1		
2 Re	ecoveries of prior-year distributions	2		
3 Ot	ther gross income (see instructions)	3		
4 Ac	dd lines 1 through 3	4		
5 De	epreciation and depletion	5		
6 Pc	ortion of operating expenses paid or incurred for production or			
co	llection of gross income or for management, conservation, or			
ma	aintenance of property held for production of income (see instructions)	6		
7 Ot	ther expenses (see instructions)	7		
8 Ac	djusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Ag	ggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
a Av	verage monthly value of securities	1a		
b Av	verage monthly cash balances	1b		
c Fa	air market value of other non-exempt-use assets	1c		
d To	otal (add lines 1a, 1b, and 1c)	1d		
e Di	scount claimed for blockage or other			
fac	ctors (explain in detail in Part VI):			
2 Ac	equisition indebtedness applicable to non-exempt-use assets	2		
3 Si	ubtract line 2 from line 1d	3		
4 Ca	ash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions).	4		
5 Ne	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	ultiply line 5 by .035	6		
7 Re	ecoveries of prior-year distributions	7		
8 M	inimum Asset Amount (add line 7 to line 6)	8		
Section	C - Distributable Amount			Current Year
1 Ac	djusted net income for prior year (from Section A, line 8, Column A)	1		
2 Er	nter 85% of line 1	2		
3 Mi	inimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Er	nter greater of line 2 or line 3	4		
5 Ind	come tax imposed in prior year	5		
6 Di	stributable Amount. Subtract line 5 from line 4, unless subject to			
en	nergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v-inteora	ated Type III supporting or	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2014

432026 09-17-14

Schedule A (Form 990 or 990 EZ) 2014 CANCER SERVICES OF NEW MEXICO

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions		(Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2014	Amount for 2014
_1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
<u> </u>				
d				
-	From 2013			
-	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2014 from Section D,			
4	· ·			
	Applied to underdistributions of prior years			
	Applied to 2014 distributions of phot years			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
0	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
v	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
с				
d	Excess from 2013			
-	Excess from 2014			
				(Farmer 000 and 000 F3) 0011

Schedule A (Form 990 or 990-EZ) 2014

432027 09-17-14 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

32028 09-17-14		SERVICES	Schedule A	(Form 990	or 990-EZ) 20
			Schedula A	(Eorm 990)	or 990-E7) 2

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Neme of the exercise

* *	PUBLIC	DISCLOSURE	COPY	* *
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Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 . OMB No. 1545-0047

2014

Employer identification number

85-0481885	
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Name of the	organization
-------------	--------------

Organization type (check one):

C

ANCER	SERVICES	OF	NEW	MEXICO	

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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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), 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of 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) (2014)

Employer identification number

CANCER SERVICES OF NEW MEXICO

85-0481885

Name, address, and ZIP + 4	Total contributions	
	\$ <u>53,559.</u>	Type of contribution Person X Payroll Image: Complete Part II for noncash contribution
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
	\$32,500.	Person X Payroll Noncash (Complete Part II for noncash contribution
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
	\$ <u>15,782.</u>	Person X Payroll Noncash (Complete Part II for noncash contribution
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
	\$ <u>7,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contribution
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contribution
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
	Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	(b) (c) Name, address, and ZIP + 4 Total contributions (c) (c) Name, address, and ZIP + 4 (c) (b) (c) Name, address, and ZIP + 4 (c) (b) (c) Name, address, and ZIP + 4 (c) (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (c) Name, address, and ZIP + 4 (b) (c) Name, address, and ZIP + 4 Total contributions

Page 2

Employer identification number

85-0481885

CANCER SERVICES OF NEW MEXICO

 Part I
 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

 (a)
 (b)
 (c)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u> 8 </u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
9		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
		\$	Person Payroll Noncash Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
		\$	Person Payroll Noncash Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
		\$	Person Payroll Noncash (Complete Part II for noncash contributio

Employer identification number

85-0481885

CANCER SERVICES OF NEW MEXICO

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional 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
		\$	
3453 11-05-14	24		990, 990-EZ, or 990-PF

Name of org	anization		Employer identification number
CANCER	SERVICES OF NEW MEXIC	20	85-0481885
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete	tributions to organizations describe columns (a) through (e) and the following the fol	ed in section 501(c)(7), (8), or (10) that total more than \$1,000 fo llowing line entry. For organizations
) or less for the year. (Enter this info. once.)
(a) No. from Part I	SERVICES OF NEW MEXIC Exclusively religious, charitable, etc., cor the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition (b) Purpose of gift Transferee's name, address, a (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	gift
F	Transferee's name, address, a	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
F		(e) Transfer of gi] gift
F	Transferee's name, address, a	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 gi	-
	Iransteree's name, address, a		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 gi	gift
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
402454 11 05			Schedule B (Form 990, 990-EZ, or 990-PF) (2
23454 11-05-	14		00000000 D (1 0100 330, 330-EZ, 01 330-PF) (7

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SCHEDULE D)
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(Form 990)

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

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



Department of the Treasury Internal Revenue Service Name of the organization

CANCER SERVICES OF NEW MEXICO

Employer identification number 85 - 0481885

Pa	t I Organizations Maintaining Donor Advise		or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose c	onferring
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		
-			Held at the End of the Tax Year
	Total number of conservation easements		
		ructure included in (a)	
	Number of conservation easements on a certified historic st Number of conservation easements included in (c) acquired		
u			
3	listed in the National Register		
Ŭ	year		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
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) abo	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 🗌 No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes t	he organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of		her Similar Assets.
	Complete if the organization answered "Yes" to Form		
1 a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex		ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		► ¢
	 (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 		
2	If the organization received or held works of art, historical tre		
2	the following amounts required to be reported under SFAS	•	gain, provide
а	Revenue included in Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		
2			········· F · ·
	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.	Schedule D (Form 990) 2014
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Part.III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets@contuned) a Paulic with exploring the sequence of acceletion items (check all that apply: a Paulic with exploring the sequence of acceletion items (check all that apply: b Scholarly research c Previde a description of the organization is collections and explain how they further the organization's exempt purpose in Part XII. 5 Drong the year, did the organization is collections of art, historical treasures, or other similar assets to be acid to raise funds attree that has be maintained as part of the organization acidento? Yes No Part.IV Escrow and Custodial Arrangements. Complete if the organization acidento? Yes No resportation to funding the year If the organization acidento attree the organization acidento? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: If the organization acident amount on form 990, Part X, Ine 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. And the organization is acceletion than account and the year stack. (d) Three years back. (d) Four years back. (e) Three years back	Sche		SERVICES O						85-04			age 2
icheck all fait apply: icheck all fait appl	Pa	rt III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, o	or Oth	er Simil	ar Asse	ts (contii	nued)	
a Public scheliton de local or exchange programs b Grant Provide a description for future generations de Grant active reserve donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's exempt purpose in Part XIII. 5 During the year, did the organization solid to reserve donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answerd "Yes" to Form 990, Part XI. 6 Eacrow and Custofial Arrangements. Complete the organization answerd "Yes" to Form 990, Part XI. 7 Tespersted an amount on Form 900, Part X, line 21. 7 If a Is the organization angent, ruisee, outside an or other intermediary for contributions or other assets not included on Form 990, Part X2. 7 Eacrow and Custofial Arrangements. Complete the following table: 7 Tesperstem to an amount on Form 900, Part X, line 21, for escrow or custofial account liability? 7 Ves No 8 If "Yes," explain the arrangement in Part XIII. Accels here if the explanation has been provided in Part XIII. 7 Eacling balance 7 Eacling balanc	3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that	t are a s	ignificant	use of its	collectio	n item	s
b Scholarly research • Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 5 Uning the year, did the organization side collections and explain how they further the organization sevend Types' to Form 900, Part X, Ine 21. Itel to be side tothar state that to be maintained as part of the organization collection? Yes No Part U Escrow and CutsOdial Arrangements. Complete if the organization solection? Yes No b if the organization and gent, trustee, cutsodian or other intermediary for contributions or other assets not included on form 900, Part X, Ine 21. Ta is the organization and gent, trustee, cutsodian or other intermediary for contributions or other assets not included on form 900, Part X, Ine 21. Yes Amount c Beginning balance Intermediary for escrew or cutsodial account liability? Yes No b If 'Yes', explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No b Control or faulties and account is a state or fault is a state or												
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets	а	Public exhibition	c									
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collection?	b	Scholarly research	e	. 🗆 (Other							
S During the year, dd the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to riske funds retriet than to be maintained as part of the organization answered "Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization answered "Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization answered "Yes' to Form 990, Part X V Is the organization answered "Yes' to Form 990, Part X, line 21. Step and the arrangement in Part XIII and complete the following table: Amount C Beginning balance Additions during the year Line De difficult of the organization answered "Yes' to Form 990, Part X, line 21, for secret or custodial account liability? Yes No bi If "Yes" repain the arrangement in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes' to Form 990, Part X, line 21, for secret or custodial account liability? Yes No bi If "Yes" repain the arrangement in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes' to Form 990, Part X, line 21. Administrative expenses Administrative expe	С	-										
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Part IV Escrow and Custodial Arrangements. Complete if the organization answerd 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21. Image: Contributions of the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21. Image: Contributions of Control Control Contributions or other assets not included on Form 990, Part X. line 21. C Beginning balance Image: Control Contrecontro Control Control Contro Control Control Contro	5									7		7
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b Contributions c Net investment earnings, gains, and losses d Grants or scholarships i i<	1a	Beginning of year balance	(u) ourient you	(6)11	loi you		o buon	(u) 11100 y	ouro buon	(0) 1 0 0	youro	Juon
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs Image: State												
d Grants or scholarships												
e Other expenditures for facilities and programs												
and programs												
f Administrative expenses												
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % mapped percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations 3a(ii) 3b i Yes to 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements a a Land b Buildings c Leasehold improvements a a Land b Buildings c Leasehold improvements a a Land b Buildings c Leasehold improvements a a Cother b 20, 939. 548. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	f											
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(ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings (d) Book value c Leasehold improvements (d) Equipment e Other 10, 487. 9, 939. 548.		by:									Yes	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		(i) unrelated organizations								3a(i)		
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings (d) Book value c Leasehold improvements 10,487.9,939.548. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 548.												
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	b									3b		
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land				owment f	unds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	Pai											
Image: Second structure basis (investment) basis (other) depreciation 1a Land												
b Buildings		Description of property			. ,		• •		ed	(d) Boo	k value	e
c Leasehold improvements	1a	Land										
d Equipment												
e Other 10,487. 9,939. 548. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ► 548.												
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)												4.0
						-		9,9	39.			
	Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colurr	nn (B), line 1	0c.)						

Schedule D (Form 990) 2014

432052 10-01-14

Complete if the organization answered "Yes"	to Form 990, Part IV, line			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu	uation: Cost or end-o	f-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.				
		44 0 E 000 B		
Complete if the organization answered "Yes" (a) Description of investment	to Form 990, Part IV, line (b) Book value	e 11c. See Form 990, Pa	rt X, line 13. lation: Cost or end-o	f voor markat value
., .	(D) DOOK Value			-year market value
(1)		_		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	to Form 990, Part IV, lin	e 11d. See Form 990, Pa	rt X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.) 15.)		▶	
Complete if the organization answered "Yes"	to Form 990, Part IV, line		90, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)▶

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

432053 10-01-14

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(8) (9)

Schedule D (Form 990) 2014 CANCER SERVICES OF NEW MEXICO

Part VII Investments - Other Securities.

Sche	dule D (Form 990) 2014 CANCER SERVICES OF NEW ME	XICO	85-0481885 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Rever	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	a.	
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 (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
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.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial State	-	nses per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)		
Pa	t XIII Supplemental Information.		

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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



Employer identification number 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.

CANCER SERVICES OF NEW MEXICO

CAREGIVER SUPPORT PROGRAM WHICH CONNECTS EXPERIENCED CAREGIVERS WITH

NEWER CAREGIVERS IN NEED OF ADVICE AND SUPPORT.

EXPENSES \$ 3,034. INCLUDING GRANTS OF \$ 0. REVENUE \$ 95.

FORM 990, PART VI, SECTION A, LINE 2:

RICHARD LARSON, FOUNDER & DIRECTOR, AND BLAIRE LARSON, FOUNDER & DIRECTOR,

HAVE A FAMILY RELATIONSHIP AS THEY ARE HUSBAND AND WIFE.

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. Schedule O (Form 990 or 990-EZ) (2014) 432211 08-27-14 30

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2014.03040 CANCER SERVICES OF NEW MEXI CSNM___1

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization		EVICO		Empl	loyer identificatio	Page on numbe
CANCER SE	RVICES OF NEW M	IEXICO		č	<u>35-048188</u>	5
FORM 990, PART VI, SECI	ION C, LINE 19:					
DOCUMENTATION IS MADE A						
132212						
432212 08-27-14		31			Form 990 or 990	
30510 099347 CSNM	2014.03040	CANCER	SERVICES	OF NEW	MEXI CSN	IM

SCH	EDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

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

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Name of the organization

CANCER SERVICES OF NEW MEXICO

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt Part II organizations during the tax year.

(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	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
CANCER SERVICES OF NEW MEXICO FOUNDATION -							
20-3688671, P.O. BOX 51735, ALBUQUERQUE, NM	RAISE FUNDS FOR CANCER						
87181-1735	SERVICES OF NEW MEXICO	NEW MEXICO	501(C)(3)	LINE 11A, I			х
	-						
	-						

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

Schedule R (Form 990) 2014

OMB No. 1545-0047

2014 **Open to Public** Inspection

Employer identification number

85-0481885

Schedule R (Form 990) 2014 CANCER SERVICES OF NEW MEXICO

85-0481885 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	ant income Share of total unrelated, income		Disproportionate allocations?		amount in box 20 of Schedule	manag partn	^{I or} Percentag ^{ing} ownership *?
		country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	lo
	1										
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on 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	(i Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)				233613			No
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Schedule R (Form 990) 2014 CANCER SERVICES OF NEW MEXICO

Part V	Transactions With Related Organizations Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
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ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s I
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)			
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			_
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			+
n 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)			_
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			
Other transfer of cash or property to related organization(s)	1r		_
s Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CANCER SERVICES OF NEW MEXICO FOUNDATION	С	15,850.	5% OF BASE AVERAGE FUND VALUE
(2)			
<u>(3)</u>			
<u>(</u> 4)			
_(5)			
_(6)	31		

Schedule R (Form 990) 2014 CANCER SERVICES OF NEW MEXICO

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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)	(b)	(c)	(d)		<u>, </u>	(f)	(g)	/	1)	(i)	(j)	(k)
(a) Name, address, and EIN	(b) Primary activity	Legal domicile	Predominant income	Are Partner 501(c orgs	all	(י) Share of	(9) Share of		J nnor-	Code V-LIBI	U General c	
of entity	Frinary activity	(state or foreign	(related, unrelated,	partner 501(c	s sec. c)(3)	total	end-of-year	tior	opor- nate	amount in box 20	managing	
orentity		country)		orgs		income	assets		tions?		partner?	
		country)	Sections 512-514)	Yes	No		400010	Yes	No	(1011111003)	Yes NO	

Schedule R (Form 990) 2014

Provide additional information for responses to questions on Schedule R (see instructions).

432165 08-14-14

Form 4562	
Department of the Treasury Internal Revenue Service (99	9
Name(s) shown on return	

Depreciation and Amortization (Including Information on Listed Property)

990

Attach to your tax return.

Attachment Sequence No. 179 Identifying number

Δ

OMB No. 1545-0172

ΖU

Internal Revenue Service (99)	about Form 456	2 and its se	parate instru	ctions is at	t www.irs.aov/fc	orm4562	Sequence No. 179
Name(s) shown on return			Busine	ess or activity to	o which this form rela	ates	Identifying number
CANCER SERVICES OF NEW					PAGE 10		85-0481885
Part I Election To Expense Certain Propert	y Under Section 17	79 Note: If yo	ou have any lis	ted propert	y, complete Par		
							500,000.
2 Total cost of section 179 property place	d in service (see	instructions)				
3 Threshold cost of section 179 property b	pefore reduction	in limitation					2,000,000.
4 Reduction in limitation. Subtract line 3 fr	om line 2. If zero	or less, ente	er -0-			4	
5 Dollar limitation for tax year. Subtract line 4 from line 1	. If zero or less, enter	-0 If married fil	ing separately, see	instructions .	<u></u>	5	
6 (a) Description of prop	erty		(b) Cost (busin	ess use only)	(c) Elect	ed cost	
7 Listed property. Enter the amount from I	ine 29			7			
8 Total elected cost of section 179 proper						8	
9 Tentative deduction. Enter the smaller of	f line 5 or line 8					9	
10 Carryover of disallowed deduction from							
11 Business income limitation. Enter the sm							
12 Section 179 expense deduction. Add line							
13 Carryover of disallowed deduction to 20							
Note: Do not use Part II or Part III below for				•	•		
Part II Special Depreciation Allowan	ce and Other De	epreciation	(Do not inclue	de listed pr	operty.)		
14 Special depreciation allowance for qualif	ied property (oth	er than liste	d property) pl	aced in ser	vice during		
the tax year			,,,		Ũ	14	
15 Property subject to section 168(f)(1) elec							
16 Other depreciation (including ACRS)						10	365.
Part III MACRS Depreciation (Do not							
		Se	ection A				
17 MACRS deductions for assets placed in	service in tax ye	ars beginnir	ng before 2014	1		17	
18 If you are electing to group any assets placed in service							
Section B - Assets F						iation Syst	em
(a) Classification of property	(b) Month and year placed in service	(business/ir	r depreciation nvestment use instructions)	(d) Recove period	(e) Conventio	on (f) Method	(g) Depreciation deduction
19a 3-year property							
b 5-year property	-						
c 7-year property	Ī						
d 10-year property							
e 15-year property	Ī						
f 20-year property	Ī						
g 25-year property	Ī			25 yrs		S/L	
	/			27.5 yrs		S/L	
h Residential rental property	/			27.5 yrs		S/L	
	/			39 yrs		S/L	
i Nonresidential real property	/			,	MM	S/L	
Section C - Assets Pla	aced in Service	During 201	4 Tax Year U	sing the Al	ternative Depre	eciation Sys	stem
20a Class life						S/L	
b 12-year	Ī			12 yrs		S/L	
c 40-year	/			40 yrs		S/L	
Part IV Summary (See instructions.)				. ,		•	-
21 Listed property. Enter amount from line 2	28					21	
22 Total. Add amounts from line 12, lines 1-							
Enter here and on the appropriate lines of						22	365.
23 For assets shown above and placed in s						····· •••	
portion of the basis attributable to section			,	23			
416251 01-08-15 LHA For Paperwork Reduction		separate in	structions. 37				Form 4562 (2014

Part V Littled Property Unclude automobiles, certain other whickes, certain aircraft, certain computers, and property used or metaliament, completer, completer guts of calculations for finites for passenger automobiles. Part V Description A. Deprecision and Other Information (Gautomos for finites for passenger automobiles). Part Description A. Deprecision and Other Information (Gautomos for finites for passenger automobiles). Part Description A. Deprecision and Other Information (Gautomos for finites for passenger automobiles). Part Description A. Deprecision and Other Information (Gautomos for finites for passenger automobiles). Part Description (Gautomos for finites	Form 4562 (2014)) C.	ANCER SE	RVICI	ES OF	NEW	MEX	ICO)			85-	0481	885	Page 2
Note: For any whick for whick you are using the standard mikege rate or deducting lease expense, complete _{out} 36, 240, colume (a) model (c) of color and of Section F1 and Section F				certain of	ther vehic	les, cer	tain airc	raft, ce	ertain com	puters, a	ind prop	perty use	ed for en	tertainm	ent,
Section A: Depreciation and Other Information (Caution: See the instructions for Initis for passenger automobile.) 24a Dyou have endering to the automation of the instructions for Initis for passenger automobile.) Yes No No No No No Passenger automobile.) 25b Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 60% in a qualified business use: 25b Special depreciation allowance for qualified business use: 25b 27 Property used 50% or less in a qualified business use: 25b Section 4.1 25b Section 4.1 25b 27 Property used 50% or less in a qualified business use: 26b SA 22b 28 Add amounts in column (0). Inex 25 through 27. Enter have and on line 21, page 1 28b Section 8.1 SA 22b 28 Add amounts in column (0). Inex 25 through 27. Enter have and on line 27, page 1 28b Section 8.1 SA 28b 29 Add amounts in column (0). Inex 25 through 47. Enter have and on line 27, page 1 28b Section 6.1 SA 30 Complet this section for vehicles used by a sole proprioticon, parter, or or lend to wehicles. Section 6.1 </td <td>Note</td> <td>e: For anv vehicle fo</td> <td>or which vou are</td> <td>e using the B_and Se</td> <td>e standard</td> <td>l mileag applica</td> <td>je rate oi ble</td> <td>r dedu</td> <td>cting lease</td> <td>e expens</td> <td>e, comp</td> <td>oleteonly</td> <td>, 24a, 24</td> <td>4b, colun</td> <td>nns (a)</td>	Note	e: For anv vehicle fo	or which vou are	e using the B_and Se	e standard	l mileag applica	je rate oi ble	r dedu	cting lease	e expens	e, comp	oleteonly	, 24a, 24	4b, colun	nns (a)
Sign Dry have endedice to support the business/investment use claimer? Yes No 26 th if Yes, is the evidence string? Yes No Potent if the string is the evidence string? Yes No Potent if the string is the evidence string. Potent if the string is the evidence string. Potent if the string is the str		• ()						instruc	tions for li	mits for p	basseng	er autor	nobiles.)		
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during off-duty hours? 35 35 Was the vehicle used primarily by a more than 5% owner or related person? a 36 Is another vehicle available for personal use? a 37 Description 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, except commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you reat all use of vehicles to your employees as personal use? 40 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. 10 Description of costs 11 Description of costs that begins during your 2014 tax year: 12 Amortization for the tax year: 13 Amortization of costs that began before your 2014 tax year: 13 Amortization of costs that began before your 2014 tax year:	Add lines 30 t	through 32													
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36 Is another vehicle available for personal use? 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. Yes 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No 38 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 Yes No 39 Do you treat all use of vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Image: Code and the information received? Image: Code and the information for the covered vehicles. 41 Do you meet the requirements concerning qualified automobile demonstration use? Image: Code and the information for the covered vehicles. Amortizable and the information for track and the information for track and the information for the section B for the covered vehicles. Amortizable and the information for track and the information for this year 42 Amortization of costs that begins during your 2014 tax year: Image: Code and the information for this year Amortizable and this year Amortizable and the information for their year Amortizable and the informati	than 5% own	er or related perso	n?												
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