Form	9	9	0
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Department of the Treasury

For the 2019 colordor year

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Internal Revenue Service

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** 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)

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▶ Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



АГ	or un	and and and and and	enaing	_	
B a	Check if applicab	e: C Name of organization		D Employer identifie	cation number
	Addre	S CANCER SERVICES OF NEW MEXICO			
	Name	Doing business as		85-0	481885
	 		Room/suite	E Telephone number	r
	Final				259-9583
	termii ated			G Gross receipts \$	217,385.
	Amer returr			H(a) Is this a group re	
	Appli tion	F name and address of principal officer: A TILLER AND TO EX		for subordinates	?
	pend	^{ng} P.O. BOX 51735, ALBUQUERQUE, NM 87181	-1735	H(b) Are all subordinates in	
1 1	Fax-ex	empt status: 🗴 501(c)(3) 🔄 501(c) ()◀ (insert no.) 🗌 4947(a)(1)	or 527	4	list. (see instructions)
J /	Nebsi	te: WWW.CANCERSERVICESNM.ORG		H(c) Group exemption	n number 🕨
κF	⁼ orm o	f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2001 N	State of legal domicile: NM
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: TO R NEW MEXICO'S FAMILIES.	EDUCE	CANCER SUFF	ERING FOR
Activities & Governance		Check this box \blacktriangleright if the organization discontinued its operations or dispo	and of more	than 05% of its not as	
ver		Number of voting members of the governing body (Part VI, line 1a)			<u>9</u>
ŝ	4	Number of independent voting members of the governing body (Part VI, line Ta)			9
<u>م</u>	-	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			3
itie	6	Total number of volunteers (estimate if necessary)			150
Ę		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
¥		Net unrelated business taxable income from Form 990-T, line 38			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		150,787.	216,992.
Revenue	9	Program service revenue (Part VIII, line 2g)		3,000.	0.
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		291.	393.
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		154,078.	217,385.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		55.	191.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		47,724.	38,993.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	27.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		130,208.	165,393.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		177,987.	204,577.
	19	Revenue less expenses. Subtract line 18 from line 12		-23,909.	12,808.
Assets or d Balances			Ве	ginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)		120,501.	119,755.
t As	21	Total liabilities (Part X, line 26)		48,669.	35,897.
Punc	22	Net assets or fund balances. Subtract line 21 from line 20		71,832.	83,858.

Part II Signature Block

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

				May 9, 20)19	
Sign	Signature of officer	en Freide		Date		
Here	📘 KATHLEEN KREIDER, PRES	SIDENT				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid				if self-employed		
Preparer	Firm's name		I	Firm's EIN 🕨		
Use Only	Firm's address 👞					
			1	Phone no.		
May the I	RS discuss this return with the preparer shown ab	ove? (see instructions)			Yes	No
832001 12-3	31-18 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.			Form 99	0 (2018)

4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experimentary for each program service reported.	
4a	(Code:) (Expenses \$7,350 • including grants of \$) (Revenue \$	7,350
	FAMILY CANCER RESOURCE BAGS - STATEWIDE DISTRIBUTION OF FREE INFORMATION KITS THAT HELP NEWLY DIAGNOSED PARENTS AND THEIR CHI	
		IS ONE
	OF THE ONLY PROGRAMS IN OUR STATE SPECIFICALLY FOCUSING ON THE N	NEEDS O
	THE CHILDREN OF CANCER SURVIVORS.	
4a (- - - - - - - - - - - - -		
		138,516
	FAMILY CANCER RETREATS - FREE, NATIONALLY-RECOGNIZED, THREE-DAY EDUCATIONAL PROGRAMS HELD TWICE EACH YEAR THAT PROVIDE NM'S ADUI	•
	CANCER SURVIVORS AND THEIR LOVED ONES WITH TOOLS AND INFORMATION NEED TO MANAGE THE TREATMENT AND SURVIVAL PROCESS. EACH RETREAT	N THEY
	NEED TO MANAGE THE TREATMENT AND SURVIVAL PROCESS. EACH RETREAT FEATURES 35-40 SPEAKERS, INCLUDING 15+ PHYSICIANS. OVER 500 PEC	OPLE
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Form	990	(2018)

 Form 990 (2018)
 CANCER
 SERVICES
 OF
 NEW
 MEXICO

 Part IV
 Checklist of Required Schedules
 Image: Compare the second second

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		x	
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> " <i>Yes</i> ," <i>complete Schedule C, Part III</i>	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		- 23
6	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,	0		
'	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	-		
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	37
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
b	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)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	114		
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	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			
	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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	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? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	
832003	3 12-31-18	⊢orm	J L	(2018)

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Form	990	(2018)	
	330	(2010)	

Part IV Checklist of Required Schedules (continued)

CANCER SERVICES OF NEW MEXICO

			Yes	N
	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? If "Yes," complete Schedule I, Parts I and III	22		X
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 K. If "No," go to line 25a	24a		2
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax-exempt bonds?	24C 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-10		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		2
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		2
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			_
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Σ
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X X
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i> Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	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
	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		
	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
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	N
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	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		
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Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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			х
b	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country:			
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	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		х
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		Х
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			
	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	8		х
0	sponsoring organization have excess business holdings at any time during the year?	ð		<u></u>
9 a	Did the encountry in a second s	9a		х
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		X
10	Section 501(c)(7) organizations. Enter:	0.0		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans 13b 13c			
		14a		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-10		
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

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CANCER SERVICES OF NEW MEXICO

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

X

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.

	Enter the number of voting members of the governing body at the end of the tax year		Yes	
1a		-		
	If there are material differences in voting rights among members of the governing body, or if the governing			l
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			I
		-		I
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	•	Х	ł
2	officer, director, trustee, or key employee?	2		╉
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		
4	of officers, directors, or trustees, or key employees to a management company or other person?	3 4		╉
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		╉
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		t
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0		t
14	more members of the governing body?	7a		l
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		t
D.	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		t
	The governing body?	8a	Х	l
	Each committee with authority to act on behalf of the governing body?	8b		t
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 55		t
Ŭ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	T
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 chapters, affiliates,			t
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		l
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	t
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			t
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	I
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	t
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			t
	in Schedule O how this was done	12c	Х	
	Did the organization have a written whistleblower policy?	13	Х	t
	Did the organization have a written document retention and destruction policy?	14	Х	t
	Did the process for determining compensation of the following persons include a review and approval by independent			t
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1
а	The organization's CEO, Executive Director, or top management official	15a	х	I
	Other officers or key employees of the organization	15b	Х	t
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			t
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			I
	taxable entity during the year?	16a		I
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			t
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			1
	exempt status with respect to such arrangements?	16b		J
ect	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{NM}$			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990 T (Section 501(c)(3	s only)	avail	a
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d 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 books and records			
	KATHLEEN KREIDER - 505-259-9583			
	P.O. BOX 51735, ALBUQUERQUE, NM 87181			
	P.O. BOX 51755, ALBOQUERQUE, NM 87181			

(E)

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

Т

(D)

(^)

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.

 (\mathbf{n})

(D)

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	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		officer and a director/trustee)		tee)	from	from related	other		
	(list any	recto						the	organizations	compensation
	hours for	or di	æ			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BLAIRE LARSON	5.00	<u> </u>	-	0	×	Ξē	Ē			
FOUNDER & DIRECTOR & TREASURER		x		x				0.	0.	0.
(2) KATHLEEN KREIDER	15.00									
PRESIDENT & DIRECTOR		x		x				0.	0.	0.
(3) ERIN OLSON	1.00									
DIRECTOR		Х						0.	0.	0.
(4) JANET QUINTANA-COOK	3.00									
DIRECTOR	_ _ _ _ _	X						0.	0.	0.
(5) JUDITH HARRIS	5.00							0	0	0
DIRECTOR	3.00	X						0.	0.	0.
(6) JOHN TROTTER	3.00	x						0.	0.	0.
DIRECTOR (7) GORDON HENNESSY	1.00	^						0.	0.	0.
(7) GORDON HENNESSY VICE PRESIDENT & DIRECTOR	1.00	x		x				0.	0.	0.
(8) RICHARD LARSON	1.00			~				0.	0.	U •
FOUNDER & DIRECTOR (NONVOT	1.00	x						0.	0.	0.
(9) SCOT SAUDER	1.00									
DIRECTOR		x						0.	0.	0.
(10) LINDA TROWBRIDGE	1.00									
SECRETARY & DIRECTOR		Х		Х				0.	0.	0.
		1								
							I			- 000 (00 (0)

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Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	Compensated Employe (D)					
nours per t					Average Position hours per (do not check more than one box, unless person is both an					(E) Reportable compensation from related				
		(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)	organization (W-2/1099-MIS		fr org an	pensa rom the anizat d relat anizatie	e ion ed
1b	Sub-total								0.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
d	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	iose	liste	ed al	bove	e) wł	no r	eceived more than \$100	0,000 of reportab	le			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s								highest compensated e			3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150		le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		4		х
5	Did any person listed on line 1a receive or a	-				-			-			-		х
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piele Schedul	eji	or si	ucn	pers	<u>son .</u>					5		<u> </u>
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation 1	from	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	services	С	(C ompe	C) nsatio	n
2	Total number of independent contractors (i \$100,000 of compensation from the organized structure of the transmission from the organized structure of the transmission of transmission of the transmission of the transmission of the transmission of the transmission of transmission of the transmission of transmission	•	iot lii	mite	d to		se lis)	stec	d above) who received n	nore than				
												Form	990 (2	2018)

Par			Check if Schedule O cont		sponse	or note to any lin	e in this Part VIII			
					<u> </u>		(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 Iou		b	Membership dues		1b					
Am (С	Fundraising events		1c					
lar Gift		d	Related organizations		1d					
ini,		е	Government grants (contribut	ions)	1e	57,500.				
r S		f	All other contributions, gifts, gran	ts, and						
the			similar amounts not included abo	ve	1f	159,492.				
E G		g	Noncash contributions included in lines			1,611.				
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f			►	216,992.			
						Business Code				
e	2	а								
Per v		b								
en S		С								
lev Sev		d								
Program Service Revenue		е								
<u>۳</u>		f	All other program service reve							
		g	Total. Add lines 2a-2f							
	3		Investment income (including				393.	393.		
			other similar amounts)			r	555.	555.		
	4		Income from investment of tax			· · ·				
	5		Royalties							
	~	_	Ourses works	(i) F	leal	(ii) Personal				
			Gross rents							
			Less: rental expenses							
			Rental income or (loss)							
			Net rental income or (loss)							
	1	а	Gross amount from sales of	(1) Sec	urities	(ii) Other				
		L.	assets other than inventory							
		D	Less: cost or other basis							
		_	and sales expenses							
			Gain or (loss)							
			Net gain or (loss)							
Other Revenue	8	а	Gross income from fundraising including \$	•						
Sev.			contributions reported on line	1c). See	•					
еr F			Part IV, line 18							
Ę		b	Less: direct expenses		b					
~		С	Net income or (loss) from func	draising e	events	····· ►				
	9	а	Gross income from gaming ac							
			Part IV, line 19							
			Less: direct expenses							
		С	Net income or (loss) from gam	ning activ	vities	····· 🕨				
	10	а	Gross sales of inventory, less							
			and allowances							
			Less: cost of goods sold							
-		С	Net income or (loss) from sale		ntory					
┝	4.4		Miscellaneous Revenu	е		Business Code				
	11									
		b								
		с С								
		d	All other revenue							
	12	e	Total. Add lines 11a-11d Total revenue. See instructions				217,385.	393.	0.	0.
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CANCER SERVICES OF NEW MEXICO

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

D٥	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		expenses	general expenses	<u>expenses</u>
0					
2	Grants and other assistance to domestic	191.	191.		
3	individuals. See Part IV, line 22	• ± ע ±	171.		
3	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,				
Ŭ	trustees, and key employees				
6	Compensation not included above, to disgualified				
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	38,993.	38,384.	529.	80
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (non-employees):				
а					
b	· · · [
с	Accounting	2,040.		2,040.	
d					
е					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	16,306.	12,931.	2,404.	971
14	Information technology				
15	Royalties				
6	Occupancy	2,626.	1,199.	1,427.	
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.000	0.000		
9	Conferences, conventions, and meetings	2,268.	2,268.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		<u> </u>	105	
23		2,569.	2,444.	125.	
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.)	94 504	94 504		
а	RETREAT FOOD/LODGING	84,594.	84,594.	1 707	76
b	SUPPLIES	24,582.	22,709.	1,797.	76
c	CONTRACT LABOR	14,454.	14,454.		
d	PROFESSIONAL FEES	7,350.	7,350.	E C 0	
e	· · · · · · · · · · · · · · · · · · ·	8,604.	8,036.	568.	1 1 1 7 7
25	Total functional expenses. Add lines 1 through 24e	204,577.	194,560.	8,890.	1,127
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)				Form 990 (201

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CANCER SERVICES OF NEW MEXICO

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

(A)

Beginning of year

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(B) End of year

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Form 990 (2018)

83,889. 69,809. Cash - non-interest-bearing 1 1 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 14,250. 29,000. 4 Accounts receivable, net 4 **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 8 8 Inventories for sale or use Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 1,703. basis. Complete Part VI of Schedule D _____ 10a 1,703. 0. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 22,362. 20,946. 15 Other assets. See Part IV, line 11 15 120,501. 119,755. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,851. 17 6,897. 17 Accounts payable and accrued expenses 18 18 Grants payable 46,818. 29,000. 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 35,897. 48,669. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 📖 and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 28 Temporarily restricted net assets 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 Ο. 30 30 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 71,832. 83,858. 32 Retained earnings, endowment, accumulated income, or other funds 32 71,832. 83,858. Total net assets or fund balances 33 33 120,501. 119,755. 34 Total liabilities and net assets/fund balances _____ 34

Form 990 (2018) Part X Balance Sheet

Assets

_iabilities

Vet Assets or Fund Balances

Form	1990 (2018) CANCER SERVICES OF NEW MEXICO	85-048	1885	Pag	e 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	217		
2	Total expenses (must equal Part IX, column (A), line 25)	2	204		
3	Revenue less expenses. Subtract line 2 from line 1	3		8,80	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	71	,83	
5	Net unrealized gains (losses) on investments	5		-76	54.
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			18.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	83	, 85	58.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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		Х
	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 th	e audit,			
	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	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	-			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form S	990 (2	2018)

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SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

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.

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

OMB No. 1545-0047
2018
Open to Public

Name of the organization	n
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Nam	e of t	he organization							identification number		
				S OF NEW MEX					5-0481885		
Pa	rtI	Reason for Public (Charity Status (A	All organizations must co	omplete th	is part.) Se	ee instruction	S.			
The o	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	check only	one box.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	lly receives a substa	ntial part of its support f	irom a gov	ernmental	unit or from t	he general	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state o	f the colleg	e or		
		university:									
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	nd gross receipts from		
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	in 33 1/3% of	its suppor	t from gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the o	ganization	after June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)								
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).				
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to c	arry out the	e purposes of one or		
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	5 09(a)(3). (Check the box in		
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.			
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	r giving		
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or truste	es of the s	supporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving		
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported		
		organization(s). You mus	-								
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,		
		its supported organization	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally						-			
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness		
		requirement (see instruct									
е		Check this box if the orga					а Туре I, Туре	II, Type III			
		functionally integrated, or		nally integrated support	ing organi:	zation.					
		er the number of supported o	•								
g		vide the following informatior i) Name of supported	about the supporte	ed organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monotary	(vi) Amount of other		
	(organization		(described on lines 1-10	(iv) Is the orga in your governi		support (see ir	,	support (see instructions)		
				above (see instructions))	Yes	No		,			
Tota	1										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

2018.03040 CANCER SERVICES OF NEW MEXI CSNM___1

Schedule A (Form 990 or 990-EZ) 2018 CANCER SERVICES OF NEW MEXICO Part II Support Schedule for Organizations Described in Sections 170(b)

85-0481885 Page 2

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	190,553.	191,480.	274,474.	153,788.	216,992.	1,027,287.
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	190,553.	191,480.	274,474.	153,788.	216,992.	1,027,287.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						48,378.
6	Public support. Subtract line 5 from line 4.						978,909.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	190,553.	191,480.	274,474.	153,788.	216,992.	1,027,287.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	42.	32.	25.	291.	393.	783.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,028,070.
	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's				n 501(c)(3)	
	organization, check this box and stor	o here			-		
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (line 6, column (f) d	ivided by line 11, c	olumn (f))		14	95.22 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	95.50 %
16 a	33 1/3% support test - 2018. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	I			► X
b	33 1/3% support test - 2017. If the o						is box
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			=	=	-	
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets tl						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						s
	<u> </u>		,	. , ,		dula A (Farm 000	

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 CANCER SERVICES OF NEW MEXICO Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e	e) 2018	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge \dots								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	ction B. Total Support								
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(6	e) 2018	(f) Total	
	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								
c	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								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,	
	check this box and stop here	-			•)	
Sec	ction C. Computation of Publ	ic Support Pe	ercentage						
	Public support percentage for 2018 (I			column (f))		15			%
	Public support percentage from 2017					16			%
	ction D. Computation of Invest					1.01			
	Investment income percentage for 20					17			%
18	Investment income percentage from 2					18			%
	33 1/3% support tests - 2018. If the						% and line 1	7 is not	70
190	more than 33 1/3%, check this box a	-						Г	
b	33 1/3% support tests - 2017. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore tha		and	
	line 18 is not more than 33 1/3%, che								
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	9a, or 19b, check t					<u> </u>
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Schedule A (Form 990 or 990-EZ) 2018 CANCER SERVICES OF NEW MEXICO

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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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5a 5b 5c 6 7 8 9a 9b 9c 10a 10b 2018.03040 CANCER SERVICES OF NEW MEXI CSNM 1

1

2

3a

3b

3c

4a

4b

4c

Yes No

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 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? <i>If</i> "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. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	ructions	5)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	
	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		
h		Zd		
U	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	OL.		
~	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? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<i>.</i>		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
83202	5 10-11-18 Schedule A (Form 9	90 or 99	90-EZ)	2018

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Schedule A (Form 990 or 990-EZ) 2018 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 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integrate	d Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

Schedule A (Form 990 or 990-EZ) 2018 CANCER SERVICES OF NEW MEXICO

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	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 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
<u> i</u>	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

Part VI Supple	or 990-EZ) 2018 CAN		tions required by Bar	t II line 10: Part II	line 17a or 17b: Dort	481885 Pa
Part IV, S line 1; Pa	Section A, lines 1, 2, 3b, 3 art IV, Section D, lines 2 a D, lines 5, 6, and 8; and F	3c, 4b, 4c, 5a, 6, 9a, 9b and 3; Part IV, Section E	, 9c, 11a, 11b, and 1 E, lines 1c, 2a, 2b, 3a	1c; Part IV, Sectior , and 3b; Part V, lin	n B, lines 1 and 2; Pa ne 1; Part V, Section I	rt IV, Section C, 3, line 1e; Part \
(See inst	ructions.)			piete triis part for a		
32028 10-11-18					Schedule A (Form	990 or 990-EZ
			20		•	

Schedule B

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

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

85-0481	885
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CANCER	SERVICES	OF	NEW	MEXICO	

Organization type (check or	rganization type (check one):				
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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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.

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Employer identification number

(d)

Type of contribution

X

85-0481885

Person Payroll

CANCER SERVICES OF NEW MEXICO

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 1

		\$_	5,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$_	5,033.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3		\$_	30,685.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
4		\$_	10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5		\$_	7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
6		\$_	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
823452 11-0	10-10		Schedule B (Form	990, 990-EZ, or 990-PF) (2018)

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14020510 099347 CSNM

Page 2

X

X

X

Х

X

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) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 8 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 10 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 11 Person Payroll 50,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

noncash contributions.)

1

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2018.03040 CANCER SERVICES OF NEW MEXI CSNM

14020510 099347 CSNM

823452 11-08-18

Page 3

Employer identification number

85-0481885

CANCER SERVICES OF NEW MEXICO

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. irom 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
		 \$	

14020510 099347 CSNM

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Name of or	rganization		Employer identification number
CANCER	R SERVICES OF NEW MEXI	CO	85-0481885
Part III	from any one contributor. Complete columns	(a) through (e) and the following line entries, charitable, etc., contributions of \$1,000 or le	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year y. For organizations ss for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address,	(e) Transfer of gift	Relationship of transferor to transferee
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F		(e) Transfer of gift	
-	Transferee's name, address,	., -	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
[
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
823454 11-08	3-18	25	Schedule B (Form 990, 990-EZ, or 990-PF) (2018

14020510 099347 CSNM

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SCHEDULE C	l Po	litical Campaign	and Lobbvir	ng Activities	OMB No. 154	5-0047
(Form 990 or 990-EZ)			-	-	201	18
		anizations Exempt From Incor if the organization is describe				
Department of the Treasury	-	to www.irs.gov/Form990 for			-EZ. Open to P Inspect	
Internal Revenue Service					-	
-		Form 990, Part IV, line 3, or F		ine 46 (Political Campaig	in Activities), then	
		plete Parts I-A and B. Do not co	•	. De met eenmelete Deut II	~	
 Section 501(c) (other Section 527 organiz 		01(c)(3)) organizations: Complete	e Parts I-A and C below	v. Do not complete Part I-I	3.	
•	•	Form 990, Part IV, line 4, or F	orm 990-E7 Part VI	line 47 (Lobhving Activiti	as) then	
		have filed Form 5768 (election u				
	5	have NOT filed Form 5768 (elect		•	•	I-A
	-	Form 990, Part IV, line 5 (Pro				
Tax) (see separate inst					,	- (<i></i> ,
 Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.				
Name of organization		•		Em	ployer identification	number
		SERVICES OF NEW			85-04818	85
Part I-A Compl	ete if the org	anization is exempt und	ler section 501(c)	or is a section 527	organization.	
1 Provide a description	on of the organiz	ation's direct and indirect polition	cal campaign activities	in Part IV.		
2 Political campaign	activity expendit	ures		►	\$	0.
		gn activities				40.
		anization is exempt und		. ,		
		incurred by the organization une			\$	
		incurred by organization manag			\$	
		n 4955 tax, did it file Form 4720				No No
					Yes	└── No
b If "Yes," describe in		anization is exempt und	lar agation E01(a)	avaant agation 50	1(~)(2)	
-	-	•	. ,			
		by the filing organization for se			\$	
		ization's funds contributed to of	-		\$	
2 Total exempt function ac		Add lines 1 and 2. Enter here a	and on Form 1120 DOI	• • • • • • • • • • • • • • • • • • • •	۵	
					¢	
		1120-POL for this year?				No
		nployer identification number (E				
		tion listed, enter the amount pai		-		
		omptly and directly delivered to				
political action com	mittee (PAC). If	additional space is needed, prov	vide information in Par	t IV.	0 0	
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of p	olitical
()			(-,	filing organization's	contributions rece	eived and
				funds. If none, enter -0	promptly and d	
					delivered to a se political organiz	
					If none, ente	

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

Schedule C (Form 990 or 990-EZ) 2018

832041 11-08-18

Schedule C (Form 990 or 990-EZ) 2018	CANCER S	ERVICES OF NEW	MEXICO	85-0	481885 Page 2		
Part II-A Complete if the orga	anization is	exempt under section	on 501(c)(3) and fil	ed Form 5768 (e	lection under		
section 501(h)).							
A Check 🕨 🛄 if the filing organizati	ion belongs to	an affiliated group (and list i	n Part IV each affiliated	group member's nam	ne, address, EIN,		
expenses, and share		, ,					
B Check ▶ if the filing organizati	on checked b	x A and "limited control" pr	ovisions apply.				
		Expenditures amounts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals		
1a Total lobbying expenditures to influe	ence public or	nion (grass roots lobbying)					
b Total lobbying expenditures to influe							
c Total lobbying expenditures (add lin							
d Other exempt purpose expenditures							
e Total exempt purpose expenditures							
f Lobbying nontaxable amount. Enter							
If the amount on line 1e, column (a) or		e lobbying nontaxable an					
Not over \$500,000		% of the amount on line 1e) .				
Over \$500,000 but not over \$1,000	,000 \$	00,000 plus 15% of the ex	cess over \$500,000.				
Over \$1,000,000 but not over \$1,50		75,000 plus 10% of the ex	cess over \$1,000,000.				
Over \$1,500,000 but not over \$17,0	Diver \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.						
Over \$17,000,000	\$,000,000.					
g Grassroots nontaxable amount (ent	er 25% of line	1 f)					
h Subtract line 1g from line 1a. If zero	or less, enter	D-					
i Subtract line 1f from line 1c. If zero	or less, enter)-					
j If there is an amount other than zero	o on either line	1h or line 1i, did the organiz	zation file Form 4720				
reporting section 4911 tax for this y	ear?			[Yes No		
	4-Ye	ar Averaging Period Under	r Section 501(h)				
(Some organizations the		tion 501(h) election do not separate instructions for l		of the five columns k	elow.		
	Lobbying	Expenditures During 4-Ye	ar Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total		
2a Lobbying nontaxable amount							
b Lobbying ceiling amount							
(150% of line 2a, column(e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount							
(150% of line 2d, column (e))							
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2018

832042 11-08-18

Schedule C (Form 990 or 990-EZ) 2018 CANCER SERVICES OF NEW MEXICO

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(k	o)
of th	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?	X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? \dots		X		
С	Media advertisements?		X		
	Mailings to members, legislators, or the public?	X			
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		Х		
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities?		X		
j	Total. Add lines 1c through 1i				0.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
_	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			-	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6).		(5), or se		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from t				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	• •			ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi				
-	expenses for which the section 527(f) tax was paid).	oui			
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	pontiour	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
_	t IV Supplemental Information				
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list): Part II	A lines 1 a	and 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	,, ·			
	RT I-A, LINE 1:				
SEI	NT EMAILS, WROTE LETTERS, MADE PHONE CALLS, ATTENDE	D MEET	INGS,	AND	
PR	OVIDED TESTIMONY TO LEGISLATIVE COMMITTEES.				

Schedule C (Form 990 or 990-EZ) 2018

832043 11-08-18

14020510 099347 CSNM

SCHEDULE D

Department of the Treasury

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

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



Name of the organizati	on
Internal Revenue Service	
Department of the measury	

CANCER SERVICES OF NEW MEXICO

Employer identification number 85-0481885

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Ac	counts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(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		sed fund	ls
	are the organization's property, subject to the organization's	s exclusive legal control?		Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor			
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferri	ing
	impermissible private benefit?	·····		Yes No
Par		ganization answered "Yes" on Form 990,	Part IV, I	ine 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).		
	Preservation of land for public use (e.g., recreation or	education) Preservation of a hist	torically i	mportant land area
	Protection of natural habitat	Preservation of a cer	tified his	toric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a co <u>r</u>	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic st	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ture	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organi	zation during the tax
	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	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing con	iservatio	n easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	ation eas	ements during the year
	►\$			
8	Does each conservation easement reported on line 2(d) abo	•		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat	•		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the orga	anization's accounting for
Der	conservation easements.			
Par	t III Organizations Maintaining Collections of		other S	similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (A			
	historical treasures, or other similar assets held for public ex		ance of p	bublic service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			
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 pu	Iblic serv	vice, provide the following amounts
	relating to these items:			•
	(i) Revenue included on 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		ai gain, p	provide
_	the following amounts required to be reported under SFAS			
	Revenue included on Form 990, Part VIII, line 1			► \$
	Assets included in Form 990, Part X			\$ Schodulo D (Form 000) 2018
	For Paperwork Reduction Act Notice, see the Instruction	IS IUF FORM 990.		Schedule D (Form 990) 2018
832051	10-29-18	29		

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2018.03040 CANCER SERVICES OF NEW MEXI CSNM___1

Sche		SERVICES O					8188		age 2
Pa	rt III Organizations Maintaining C								
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant us	e of its	collectio	n item	S
	(check all that apply):		 .						
a		d		nange programs					
b	Scholarly research	e	Other						
c	Preservation for future generations						NUL		
4	Provide a description of the organization's co					e in Pan	XIII.		
5	During the year, did the organization solicit o to be sold to raise funds rather than to be ma						Yes		No
Pa	rt IV Escrow and Custodial Arran							r	
	reported an amount on Form 990, Par	-	te il the organizatio	Tanswered Tes O	111 0111 990, 1	an iv,	in le 3, 0		
1a	Is the organization an agent, trustee, custodi		iary for contribution	s or other assets no	t included				
	on Form 990, Part X?		•				Yes		No
b	If "Yes," explain the arrangement in Part XIII								
		,	5				Amoun	t	
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f									
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	istodial account liab	ility?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Pa	rt V Endowment Funds. Complete in				1				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three yea	irs back	(e) Fou	r years	back
	Beginning of year balance	22,362.	20,686.	00.000					
		200	0 500	20,363.					
		-398.	2,738.	1,162.					
	Grants or scholarships								
е	Other expenditures for facilities	784.	833.	839.					
	and programs	234.	229.	039.					
	Administrative expenses	20,946.	22,362.	20,686.					
g 2	End of year balance Provide the estimated percentage of the curr		,	-					
	Board designated or quasi-endowment	ent year end balanc	%						
		%							
	Temporarily restricted endowment	%							
•	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse		ation that are held a	nd administered for	the organizat	tion			
	by:	0			Ũ		1	Yes	No
	(i) unrelated organizations						3a(i)	Х	
	(ii) related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza								
	Describe in Part XIII the intended uses of the		wment funds.						
Pa	rt VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part >	(, line 10.				
	Description of property	(a) Cost or of basis (investm			Accumulated		(d) Boo	k valu	e
1a	Land								
	Buildings								
	Leasehold improvements								
d	Equipment				4 =				
	Other			1,703.	1,70	3.			0.
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)	. <u></u>]				0.

Schedule D (Form 990) 2018

832052 10-29-18

Complete if the organization answered "Yes"	(b) Book value		ar and of year market yelue
(a) Description of security or category (including name of security)	(b) BOOK value	(c) Method of valuation: Cost	or end-oi-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	Description		(b) Book value
		RQUE COMMONITI	20,946
			20,540
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)		20,946
Complete if the organization answered "Yes"	on Form 990, Part IV, li		ne 25.
(a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.) 🕨		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin . Liability for uncertain tax positions. In Part XIII, provide		e to the organization's financial statem	ents that reports the

CANCER SERVICES OF NEW MEXICO

Schedule D (Form 990) 2018

85-0481885 Page 3

832053 10-29-18

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 CANCER SERVICES OF NEW	MEAICO	85-0481885	Page 4
Part XI Reconciliation of Revenue per Audited Financial St	atements With Rever	ue per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	· · ·	
1 Total revenue, gains, and other support per audited financial statements			
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1			
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
		5	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Part XII Reconciliation of Expenses per Audited Financial S			
	Statements With Expe		
Part XII Reconciliation of Expenses per Audited Financial S	Statements With Expe	nses per Return.	
Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV,	Statements With Expe	nses per Return.	
Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, 1 Total expenses and losses per audited financial statements	Statements With Expe	nses per Return.	
 Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 	Statements With Expe	nses per Return.	
 Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 	Statements With Expe line 12a. 2a 2b	nses per Return.	
Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments	Statements With Expe line 12a. 2a 2b 2c	nses per Return.	
Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.)	2a 2b 2c 2d	nses per Return.	
Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d	Statements With Expe line 12a. 2a 2b 2c 2c 2d	1 1	
Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d	Statements With Expe line 12a. 2a 2b 2c 2c 2d	1 1	
Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1	2a 2b 2c 2d	1 1	
Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e 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:	Statements With Expe line 12a. 2a 2b 2c 2d 2d	1 1	
Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e 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: a Investment expenses not included on Form 990, Part VIII, line 7b	Statements With Expe line 12a. 2a 2b 2c 2d 2d 4a 4b	1 1 2e 3	
Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e 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: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	2a 2b 2c 2d	1 1 2e 3 4c	

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

PART V, LINE 4:

THE ENDOWMENT FUNDS DESCRIBED HEREIN ARE HELD AND MANAGED BY THE
ALBUQUERQUE COMMUNITY FOUNDATION. CANCER SERVICES OF NEW MEXICO IS
ELIGIBLE TO RECEIVE ANNUAL DISTRIBUTIONS IN THE AMOUNT OF 4% OF THE
AVERAGE FUND VALUE OVER THE PAST FIVE YEARS. CANCER SERVICES OF NEW
MEXICO INTENDS TO USE THE ENDOWMENT FUNDS TO FURTHER THE ORGANIZATION'S
MISSION OF PROVIDING SERVICES TO REDUCE CANCER SUFFERING FOR NEW MEXICO'S
FAMILIES AND LOOKING BROADLY AT ADDRESSING GAPS IN CANCER-RELATED
SERVICES.

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CANC CANC CANC CANC CANC CANC CANC CANC	ER SERVICES	OF NEW	MEXICO	85-0481885 _{Page}
Supplemental Information	(continued)			
				Calcadula D (Farma 000) (
32055 10-29-18				Schedule D (Form 990) 2
		33		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization 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.

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



85-0481885

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY OUTREACH - STATEWIDE ACTIVITIES AIMED AT EDUCATING AND

CANCER SERVICES OF NEW MEXICO

INFORMING NEW MEXICANS COPING WITH CANCER ABOUT SERVICES AVAILABLE TO

ASSIST THEM THROUGH THE CANCER JOURNEY. INCLUDES PARTICIPATION IN

HEALTH FAIRS, OUTREACH THROUGH ONCOLOGY CLINICS, AND OTHER

COMMUNICATIONS ACTIVITIES.

CAREGIVER SUPPORT PROGRAM- OUR NEWEST PROGRAM CONNECTS EXPERIENCED

CAREGIVERS WITH NEWER CAREGIVERS WHO ARE IN NEED OF ADVICE AND SUPPORT.

DEVELOPED BASED ON A SURVEY WE CONDUCTED OF 500+ CANCER

PATIENTS/SURVIVORS, WHICH INDICATED A HUGE NEED FOR EMOTIONAL SUPPORT

SERVICES FOR THOSE CARING FOR LOVED ONES COPING WITH CANCER.

EXPENSES \$ 1,490. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,489.

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

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

TREASURER, 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 11B:

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:	FORM 990	, PART	VI,	SECTION	в,	LINE	12C:	
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LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2018)83221110-10-18

ING B	OARD W	VILL	REVIE	W AND AI	PROV	E COMPE	NSATION	•				
90, P.	ART VI	I, SE	CTION	C, LINI	E 19:							
NTATI	ON IS	MADE	AVAI	LABLE UI	PON R	EQUEST.						
90, P.	ART XI	[, LI	NE 9,	CHANGE	5 IN	NET ASS	ETS:					
LATED	ROUNE	DING	ADJUS'	TMENTS							-	-18
° 09934	17 CSN	M		2018.0	3040	35 CANCER	SERVICE					(20
	90, P NTATI 90, P LATED	90, PART VI NTATION IS 90, PART XI LATED ROUNI	90, PART VI, SE NTATION IS MADE 90, PART XI, LI LATED ROUNDING	90, PART VI, SECTION NTATION IS MADE AVAI 90, PART XI, LINE 9, LATED ROUNDING ADJUS	90, PART VI, SECTION C, LINH NTATION IS MADE AVAILABLE UN 90, PART XI, LINE 9, CHANGES LATED ROUNDING ADJUSTMENTS	90, PART VI, SECTION C, LINE 19: NTATION IS MADE AVAILABLE UPON R 90, PART XI, LINE 9, CHANGES IN LATED ROUNDING ADJUSTMENTS	90, PART VI, SECTION C, LINE 19: NTATION IS MADE AVAILABLE UPON REQUEST. 90, PART XI, LINE 9, CHANGES IN NET ASS LATED ROUNDING ADJUSTMENTS	90, PART VI, SECTION C, LINE 19: NTATION IS MADE AVAILABLE UPON REQUEST. 90, PART XI, LINE 9, CHANGES IN NET ASSETS: LATED ROUNDING ADJUSTMENTS	NTATION IS MADE AVAILABLE UPON REQUEST. 90, PART XI, LINE 9, CHANGES IN NET ASSETS: LATED ROUNDING ADJUSTMENTS	90, PART VI, SECTION C, LINE 19: NTATION IS MADE AVAILABLE UPON REQUEST. 90, PART XI, LINE 9, CHANGES IN NET ASSETS: LATED ROUNDING ADJUSTMENTS	90, PART VI, SECTION C, LINE 19: NTATION IS MADE AVAILABLE UPON REQUEST. 90, PART XI, LINE 9, CHANGES IN NET ASSETS: LATED ROUNDING ADJUSTMENTS	90, PART VI, SECTION C, LINE 19: NTATION IS MADE AVAILABLE UPON REQUEST. 90, PART XI, LINE 9, CHANGES IN NET ASSETS: LATED ROUNDING ADJUSTMENTS

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION DOES NOT COMPENSATE ANY OFFICERS AT THIS TIME.

Page 2 Employer identification number 85-0481885

THE

THE GOVERNING BOARD PROVIDES AN ANNUAL REMINDER TO ALL PROGRAM DIRECTORS OF

THE POLICY WHEN REVIEWING PROGRAM PROGRESS.

CANCER SERVICES OF NEW MEXICO

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

SCH	EDULE	R

(Form 990)

//// 990)

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

OMB No. 1545-0047

2018 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CANCER SERVICES OF NEW MEXICO

 $\begin{array}{c} \text{Employer identification number} \\ 85-0481885 \end{array}$

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

Part II 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 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	conti	g) 512(b)(13) rolled itty?
				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 12A, I			X
	-						
	-						
	-						

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 CANCER SERVICES OF NEW MEXICO

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.

	(b)	(c)	(d)		(e)		(f)		g)	(I	ר)	(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predomir (related, excluded fr	nant income unrelated, om tax under 5 512-514)	Share inc	e of total come	end-	are of of-year sets	alloca	ortionate tions?	Code V-U amount in I 20 of Scheo	box m	bartner?	Percenta owners
		country)		sections	512-514)					Yes	No	K-1 (Form 1)	065) Y	es No	
	-														
	-														
	_														
	-														
	-														
	-														
	-														
t IV Identification of Related Or organizations treated as a co	rganizations Taxable	as a Corpo no the tax y	pration or Trust. C	omplete if t	he organizat	ion ansv	wered "Yes	s" on Fo	rm 990 P	art IV	line 34	1 hecause it	had on	e or m	ore relate
	orporation or trust duri		ycai.							urerv,		, because it	_		-
(a)			(b)	(C)	(d)		(e))	(f))		(g)	(h)	
(a) Name, address, and I of related organization	EIN			Legal domicile (state or foreign	(d) Direct cont entity	trolling) entity S corp,) of total			(I Perce	h)	(i) Sectior 512(b)(1 controlle entity?
Name, address, and I	EIN		(b)	Legal domicile (state or	Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f) Share c) of total		(g) Share of end-of-year	(I Perce	h) entage	(i) Sectior 512(b)(1 controlle
Name, address, and I	EIN		(b)	Legal domicile (state or foreign	Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f) Share c) of total		(g) Share of end-of-year	(I Perce	h) entage	(i) Sectior 512(b)(1 controlle entity?
Name, address, and I	EIN		(b)	Legal domicile (state or foreign	Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f) Share c) of total		(g) Share of end-of-year	(I Perce	h) entage	(i) Sectior 512(b)(1 controlle entity?
Name, address, and I	EIN		(b)	Legal domicile (state or foreign	Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f) Share c) of total		(g) Share of end-of-year	(I Perce	h) entage	(i) Sectior 512(b)(1 controlle entity?
Name, address, and I	EIN		(b)	Legal domicile (state or foreign	Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f) Share c) of total		(g) Share of end-of-year	(I Perce	h) entage	(i) Sectior 512(b)(1 controlle entity?
Name, address, and I	EIN		(b)	Legal domicile (state or foreign	Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f) Share c) of total		(g) Share of end-of-year	(I Perce	h) entage	(i) Sectior 512(b)(1 controlle entity?
Name, address, and I	EIN		(b)	Legal domicile (state or foreign	Direct cont	trolling	(e) Type of (C corp, S) entity S corp,	(f) Share c) of total		(g) Share of end-of-year	(I Perce	h) entage	(i) Sectior 512(b)(1 controlle entity?

Schedule R (Form 990) 2018 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.

No	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c	Х	
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
n	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	1 0		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) 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	30,685.	5% AVG. FND VAL + DESIGNATED FNDS
_(2)			
(3)			
(4)			
(5)			
_(6)	20		

_

Schedule R (Form 990) 2018 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)	-	5	(f)	(g)	()	n)	(i)	(j	1	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partners 501(c orgs	all	Share of	Share of		• 7	Code V-UBI	Gene	/ ral.or	(N) Dorcontago
of entity	Findly activity	(state or foreign	(related, unrelated,	partner: 501(c	s sec. ;)(3)	total	end-of-year	Dispr tior	nate	amount in box 20	mana	iging	ownership
orentity		country)		orgs		income		alloca	tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partr	ner?	ownersnip
		country)	Sections 512-514)	Yes	No	liteonie	455015	Yes	No	(FUIII 1003)	Yes	NO	
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				\square							\square		

Schedule R (Form 990) 2018

Part VII	Supplemental	Information.
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Provide additional information for responses to questions on Schedule R. See instructions.

832165 10-02-18