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

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning****and ending****B** Check if applicable

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

Please use IRS label or print or type See Specific Instructions

C Name of organization**NEW MEXICO CANCER CENTER FOUNDATION**

Number and street (or P.O. box, if mail is not delivered to street address)

4901 LANG AVENUE, N.E.

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

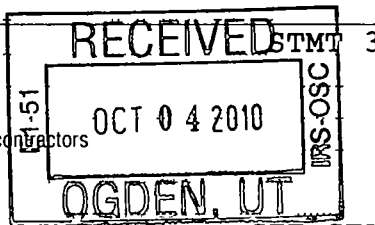
ALBUQUERQUE, NM 87109**D Employer identification number****77-0591110****E Telephone number****505-828-3788****F Group Exemption Number**

▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ▶**I Website:** ▶ **NMCANCERCENTERFOUNDATION.ORG****J Tax-exempt status** (check only one) — ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H Check** ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K Check** ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ **143,702.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	119,811.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	1,841.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ 23,357. of contributions reported on line 1)	6a	22,050.
	6b	Less: direct expenses other than fundraising expenses	6b	15,394.
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	6,656.
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶)	8	
	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	128,308.
	Expenses	10	Grants and similar amounts paid (attach schedule)	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	
13		Professional fees and other payments to independent contractors	13	1,084.
14		Occupancy, rent, utilities, and maintenance	14	
15		Printing, publications, postage, and shipping	15	5,557.
16		Other expenses (describe ▶)	16	29,398.
17		Total expenses Add lines 10 through 16	17	120,176.
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,132.
19		Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	386,036.
20		Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	394,168.	



SEE STATEMENT 1)

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	264,594.	276,832.
23 Land and buildings		
24 Other assets (describe ▶ POTTERY)	121,480.	121,480.
25 Total assets	386,074.	398,312.
26 Total liabilities (describe ▶ SEE STATEMENT 2)	38.	4,144.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	386,036.	394,168.

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02-08-10

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

Form **990-EZ** (2009)

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed. ▶ NM		
42a The organization's books are in care of ▶ DEVONA VALDEZ Telephone no. ▶ 505-828-3789		
Located at ▶ 4901 LANG AVENUE, N.E., ALBUQUERQUE, NM ZIP + 4 ▶ 87109		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
If "Yes," enter the name of the foreign country. ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2009)

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

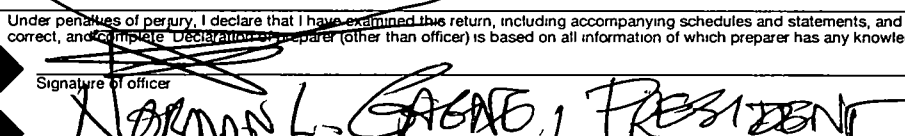
f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

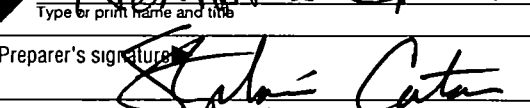
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

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

Sign Here:  Date: 9/23/2010

Type or print name and title: Sharon L. Gagne, President

Paid Preparer's Use Only: Preparer's signature:  Date: 9/22/10 Check if self-employed: ☐ Preparer's identifying number (See instr.): EIN: 77-0591110 Phone no.: 505-843-6492

Firm's name (or yours if self-employed), address, and ZIP + 4: ATKINSON & CO., LTD.
P.O. BOX 25246
ALBUQUERQUE, NM 87125

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

NEW MEXICO CANCER CENTER FOUNDATION

Employer identification number

77-0591110

Part I	Reason for Public Charity Status (All organizations must complete this part) See instructions
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The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 ☐ A church, convention, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

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

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

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

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

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

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

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

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

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

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	74,395.	118,122.	308,908.	132,530.	119,811.	753,766.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	74,395.	118,122.	308,908.	132,530.	119,811.	753,766.
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)						
6 Public support. Subtract line 5 from line 4						753,766.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	74,395.	118,122.	308,908.	132,530.	119,811.	753,766.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	275.	314.	635.	2,314.	1,841.	5,379.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,070.					1,070.
11 Total support. Add lines 7 through 10						760,215.
12 Gross receipts from related activities, etc. (see instructions)					12	169,007.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.15 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.29 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

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

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

NEW MEXICO CANCER CENTER FOUNDATION

Employer identification number

77-0591110

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

[illegible]

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))	
		DUKE CITY MARATHON (event type)	LASSO THE MOON (event type)	NONE (total number)		
Revenue	1	Gross receipts	22,421.	16,857.		39,278.
	2	Less: Charitable contributions	6,500.	16,857.		23,357.
	3	Gross income (line 1 minus line 2)	15,921.			15,921.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	1,732.	0.		1,732.
	10	Direct expense summary Add lines 4 through 9 in column (d)				(1,732)
	11	Net income summary Combine line 3, column (d), and line 10				14,189.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))	
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d)				()
	8	Net gaming income summary Combine line 1, column (d), and line 7				

- 9 Enter the state(s) in which the organization operates gaming activities _____
- a Is the organization licensed to operate gaming activities in each of these states?
- b If "No," explain _____
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
- b If "Yes," explain _____
- 11 Does the organization operate gaming activities with nonmembers?
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____**c** If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

_____☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
SUPPLIES	3,125.
CME EXPENSES	4,732.
LICENSE & FEES	127.
ADVERTISING	6,874.
DRUG COMPANY CME	13,376.
INSURANCE	1,164.
TOTAL TO FORM 990-EZ, LINE 16	29,398.

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	2
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE TO NMOHC	38.	1,445.
DUE TO NNCC, LLC	0.	2,699.
TOTAL TO FORM 990-EZ, LINE 26	38.	4,144.

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	3
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CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
PATIENT GRANTS	NONE	84,137.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10	84,137.
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FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS, STATEMENT 5
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT
BETTY BLEA, 4901 LANG AVENUE NE, ALBUQUERQUE, NM 87109	DIRECTOR 0.50	0.	0. 0.
STEPHANIE CATASCA, 4901 LANG AVENUE NE, ALBUQUERQUE, NM 87109	TREASURER 2.00	0.	0. 0.
JAN CLOWE, 4901 LANG AVENUE NE, ALBUQUERQUE, NM 87109	VICE PRESIDENT 2.00	0.	0. 0.
HERBERT DENISH, 4901 LANG AVENUE NE, ALBUQUERQUE, NM 87109	DIRECTOR 0.50	0.	0. 0.
ALICIA FEIL, 4901 LANG AVENUE NE, ALBUQUERQUE, NM 87109	DIRECTOR 0.50	0.	0. 0.
DR. ANNETTE FONTAINE, 4901 LANG AVENUE NE, ALBUQUERQUE, NM 87109	DIRECTOR 0.50	0.	0. 0.
DR. GREGG FRANKLIN, 4901 LANG AVENUE NE, ALBUQUERQUE, NM 87109	SECRETARY 2.00	0.	0. 0.
NORM GAGNE, 4901 LANG AVENUE NE, ALBUQUERQUE, NM 87109	PRESIDENT 2.00	0.	0. 0.
JANE GAGNE, 4901 LANG AVENUE NE, ALBUQUERQUE, NM 87109	SECRETARY 2.00	0.	0. 0.
DR. BRYAN GOSS, 4901 LANG AVENUE NE, ALBUQUERQUE, NM 87109	DIRECTOR 0.50	0.	0. 0.
DR. JEROME GOSS, 4901 LANG AVENUE NE, ALBUQUERQUE, NM 87109	DIRECTOR 0.50	0.	0. 0.
BENNY HODGES, 4901 LANG AVENUE NE, ALBUQUERQUE, NM 87109	DIRECTOR 0.50	0.	0. 0.
BARBARA MARIE JOHNSON, 4901 LANG AVENUE NE, ALBUQUERQUE, NM 87109	DIRECTOR 0.50	0.	0. 0.
KEN KILLEBREW, 4901 LANG AVENUE NE, ALBUQUERQUE, NM 87109	DIRECTOR 0.50	0.	0. 0.

NEW MEXICO CANCER CENTER FOUNDATION

77-0591110

ALAN LEWIS, 4901 LANG AVENUE NE, ALBUQUERQUE, NM 87109	DIRECTOR 0.50	0.	0.	0.
DR. BARBARA MCANENY, 4901 LANG AVENUE NE, ALBUQUERQUE, NM 87109	DIRECTOR 0.50	0.	0.	0.
BRUCE PHILLIPS, 4901 LANG AVENUE NE, ALBUQUERQUE, NM 87109	DIRECTOR 0.50	0.	0.	0.
MICHAEL OLGUIN, 4901 LANG AVENUE NE, ALBUQUERQUE, NM 87109	DIRECTOR 0.50	0.	0.	0.
THOMAS SMITH, 4901 LANG AVENUE NE, ALBUQUERQUE, NM 87109	DIRECTOR 0.50	0.	0.	0.
GARRY STRAMEL, 4901 LANG AVENUE NE, ALBUQUERQUE, NM 87109	DIRECTOR 0.50	0.	0.	0.
RUDOLFO ANAYA, 4901 LANG AVENUE NE, ALBUQUERQUE, NM 87109	HONORARY 0.00	0.	0.	0.
RUSSELL HAMILTON, 4901 LANG AVENUE NE, ALBUQUERQUE, NM 87109	HONORARY 0.00	0.	0.	0.
STEVE HANKS, 4901 LANG AVENUE NE, ALBUQUERQUE, NM 87109	HONORARY 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		<u>0.</u>	<u>0.</u>	<u>0.</u>

990-EZ PG 2

STATEMENT 6

PATIENT GRANT DISBURSEMENT PROGRAM: BECAUSE OF A CANCER DIAGNOSIS, THE MAJORITY OF GRANT RECIPIENTS ARE IN A CRISIS AND HAVE EXHAUSTED ALL OTHER FINANCIAL RESOURCES. THE NMCCF PAID THE RENT, MORTGAGE, UTILITIES OR GIVEN GAS CARDS SO THEY COULD TRAVEL TO TREATMENT. THE NMCCF HAS FUNCTIONED AS A LIFE RAFT FOR THESE PATIENTS DURING VERY DIFFICULT CIRCUMSTANCES. AN ELIGIBLE PATIENT CAN RECEIVE UP TO \$1,000 PER YEAR. 109 PATIENT GRANTS WERE AWARDED THIS YEAR.

990-EZ PG 2

STATEMENT 7

CME PROGRAM: AS EDUCATIONAL PROVIDER CO-SPONSORS ALONG WITH AN ACCREDITED PROVIDER, SEVERAL CONTINUING MEDICAL EDUCATION(CME) ONCOLOGY PROGRAMS THAT ARE OFFERED TO HEALTH PROFESSIONALS STATEWIDE. THE ONGOING GOAL IS TO PROMOTE AND IMPROVE THE QUALITY OF CARE FOR PATIENTS STATEWIDE BY ENHANCING PHYSICIAN SKILLS WITH NEW KNOWLEDGE. PROMINENT NATIONALLY RECOGNIZED PRESENTERS COVERED SUCH TOPICS IN SEVERAL THERAPEUTIC AREAS. OVER 100 DIFFERENT HEALTH PROFESSIONALS INCLUDING MEDICAL AND RADIATION ONCOLOGISTS, NURSES, PHYSICIANS' ASSISTANTS AND PHARMACISTS RECEIVED CONTINUING MEDICAL EDUCATION CREDITS.

THE NMCCF IS DEDICATED TO SUPPORTING ADULT PATIENTS' NONMEDICAL FINANCIAL NEEDS DURING THEIR BATTLE AGAINST CANCER. ASSISTANCE IS GIVEN FOR SUCH LIVING EXPENSES AS RENT, MORTGAGE, UTILITIES AND TRANSPORTATION. PAYMENTS ARE MADE DIRECTLY TO A THIRD PARTY, NOT TO THE PATIENT. ONGOING CONTINUING MEDICAL EDUCATION PROGRAMS ARE DEVELOPED TO FOSTER EXCELLENCE WITH CLINICIANS AND OTHER HEALTH PROFESSIONALS BY PROVIDING UPDATED INFORMATION ON CLINICAL PRACTICE AND QUALITY PATIENT FOCUSED CANCER CARE STATEWIDE. EDUCATIONAL PROGRAMS ARE PROVIDED TO MEET THE EMOTIONAL AND PSYCHOLOGICAL NEEDS OF CANCER PATIENTS, THEIR FAMILIES AND CAREGIVERS. THE FREE SEMINARS COVER A RANGE OF SUBJECTS, FROM PAIN CONTROL, GENETICS AND CANCER, TO ISSUES OF JOB AND HEALTH INSURANCE DISCRIMINATION AND ACCESSING FINANCIAL BENEFITS AFTER A CANCER DIAGNOSIS.



CERTIFIED PUBLIC ACCOUNTANTS | CONSULTANTS

ATKINSON & CO. LTD
6501 AMERICAS PARKWAY NE
SUITE 700
ALBUQUERQUE, NM 87110

T 505 843 6492
F 505 843 6817

ATKINSONCPA.COM

September 22, 2010

PO BOX 25246
ALBUQUERQUE, NM 87125

Mr. Norm Gagne
New Mexico Cancer Center Foundation
4901 Lang Ave NE
Albuquerque NM 87109

Enclosed please find the original and one copy of Form 990, Organization Exempt from Income Tax for the year ended December 31, 2009. The copy of the return should be retained in your files.

The original should be signed, dated, and mailed in accordance with the following instructions:

Federal Form 990 - The original should be signed by an officer of the nonprofit organization and filed with the Director, Internal Revenue Service, Ogden, Utah 84201-0027, by November 15, 2010.

There is no tax due.

Nonprofit Corporate Report - The original should be signed and dated by two officers of the nonprofit organization and filed with the New Mexico State Corporation Commission, Corporation & Franchise Tax Department, P.O. Drawer 1269, Santa Fe, New Mexico 87504-1269 by November 15, 2010. (Your NMSCC No. 2244341 should be written on the check.)

Filing fee due of \$10.00

Please note: The Office of the Attorney General has recently moved to electronic registration and annual reporting. To comply with the Charitable Solicitations Act, your organization must submit its annual reporting using the new electronic registration system at <https://secure.nmag.gov/coros/>

We provide this information as a convenience to you. Atkinson & Co. has not registered or prepared the annual reporting for your organization. After February 10, 2010, the Office of the Attorney General will no longer accept hard copy information for registration or filing unless an organization has been granted exemption from electronic filing. To obtain exemption, please contact the office of the Attorney General.

A copy of the return should be retained for public inspection. Internal Revenue Code Section 6104 requires that Form 990 must be made available for public inspection during regular business hours at the organization's principal office. However, Schedule B, Schedule of

New Mexico Cancer Center Foundation
September 22, 2010
Page 2

Contributions, is not open to public inspection. Please remove Schedule B, if applicable, from the copy of the return you make available for public inspection. This applies to 990 returns after the year 2000 and 990-T returns filed for 501(c)(3) organizations after August 17, 2006. The return must also be available for public inspection at any regional or district offices having three or more employees. Inspection of this return must be allowed for three years from the due date specified. The inspection requirement applies to all portions of the return except for the names and addresses of any contributors to the organization.

The inspection requirement also applies to your organization's application for tax-exempt status (Form 1023 or 1024) and the Internal Revenue Service determination letter approving exempt status, for applications pending after July 15, 1987.

We recommend that you send these returns to the taxing authorities by certified mail with a request for a return receipt. Please retain the receipt as proof of timely filing.

Thank you for the opportunity of doing your tax work. Please review the return prior to filing. Contact me if you have any questions, or if I can be of further assistance.

Sincerely,



Stephen Cato

Atkinson & Co., Ltd.

Enclosures

Form **8868**

(Rev. April 2009)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return.

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

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

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**.

Type or print	Name of Exempt Organization	Employer identification number
	NEW MEXICO CANCER CENTER FOUNDATION	77-0591110
	Number, street, and room or suite no. If a P.O. box, see instructions. 4901 LANG AVENUE, N.E.	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALBUQUERQUE, NM 87109	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

JULIE C. NICKERSON

- The books are in the care of ► **4901 LANG AVENUE, N.E. - ALBUQUERQUE, NM 87109**

Telephone No. ► **505-828-3788**

FAX No. ►

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

- 1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year **2009** or► ☐ tax year beginning _____, and ending _____

- 2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment. ELECTRONICALLY TRANSMITTED ON MAY 11 2010	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions. **ATKINSON & CO. LTD**

Form 8868 (Rev. 4-2009)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	NEW MEXICO CANCER CENTER FOUNDATION		77-0591110
	Number, street, and room or suite no. If a P.O. box, see instructions. 4901 LANG AVENUE, N.E.		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALBUQUERQUE, NM 87109		

Check type of return to be filed (File a separate application for each return):

☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

JULIE C. NICKERSON

• The books are in the care of ☒ **4901 LANG AVENUE, N.E. - ALBUQUERQUE, NM 87109**

Telephone No. ☒ **505-828-3788**

FAX No. ☐

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010.**

5 For calendar year **2009**, or other tax year beginning _____, and ending _____.

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

TAXPAYER IS COMPILING INFORMATION NECESSARY FOR A COMPLETE AND ACCURATE TAX RETURN. ADDITIONAL TIME IS NEEDED TO COMPLETE THIS INFORMATION.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ☒ *Julie Nickerson* Title ☒ **CRA**

Date ☒ **7/27/10**

Form 8868 (Rev 4-2009)

INTERNAL REVENUE SERVICE
 W & L FIELD ASSISTANCE
 ALBUQUERQUE, NM 87109
 AUG 11 0 2010
 RECEIVED
 43515

Delivered to IRS.

Jul