

**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)

OMB No. 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**TAXPAYER'S COPY**

For the **2009** calendar year, or tax year beginning **2009**, and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	<b>C</b> Lazarex Cancer Foundation P. O. Box 741 Danville, CA 94526	<b>D</b> Employer identification number 20-2562494
		<b>F</b> Name and address of principal officer:	<b>E</b> Telephone number 925-820-4517
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G</b> Gross receipts \$ 1,056,140.	
<b>J</b> Website: lazarex.org		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 2003 <b>M</b> State of legal domicile: CA	
<b>H(c)</b> Group exemption number:			

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Provides services to end stage cancer patients who have failed conventional medicine.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of employees (Part V, line 2a)	5	2
	6	Total number of volunteers (estimate if necessary)	6	2
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	360,203.	956,771.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,026.	1,397.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-18,090.	-403,987.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	345,139.	554,181.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	38,900.	503,067.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		73,445.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 18,220.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	337,714.	185,503.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	376,614.	762,015.	
19	Revenue less expenses. Subtract line 18 from line 12	-31,475.	-207,834.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	212,494.	36,241.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,743.	34,325.
			209,751.	1,916.

**Part II Signature Block**

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

Sign Here	Signature of officer	Date
	Type or print name and title	

**TAXPAYER'S COPY**

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ▶ 94-3345366	Phone no. ▶ (510) 614-1895

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