

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)

2011

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.

A For the 2011 calendar year, or tax year beginning 2011, and ending 2011

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Lazarex Cancer Foundation
 P. O. Box 741
 Danville, CA 94526

D Employer Identification Number
 20-2562494

E Telephone number
 925-820-4517

G Gross receipts \$ 1,112,486.

F Name and address of principal officer:

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If 'No,' attach a list. (see instructions)

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ lazarex.org

K Form of organization: Corporation Trust Association Other ▶

L Year of Formation: 2003 **M** State of legal domicile: CA

H(c) Group exemption number ▶

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Our mission is to provide resources for cancer patients who have been told they have no other options, but who have not yet completed their journey in life and refuse to give up now.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net 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 individuals employed in calendar year 2011 (Part V, line 2a) | 5 | 4 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 150 |
| 7a | Total 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. |

| | Prior Year | Current Year | |
|-----|--|--------------|----------|
| 8 | Contributions and grants (Part VIII, line 1h) | 1,030,296. | 925,240. |
| 9 | Program service revenue (Part VIII, line 2g) | | |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 350. | 158. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -95,322. | 29,759. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 935,324. | 955,157. |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 655,860. | 228,247. |
| 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) | 111,145. | 92,759. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | |
| b | Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>25,944.</u> | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 165,885. | 117,316. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 932,890. | 438,322. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 2,434. | 516,835. |

| | Beginning of Current Year | End of Year | |
|----|--|-------------|----------|
| 20 | Total assets (Part X, line 16) | 14,412. | 531,786. |
| 21 | Total liabilities (Part X, line 26) | 10,062. | 10,601. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 4,350. | 521,185. |

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 Use Only

Print/Type preparer's name: Alicia M Utley Preparer's signature: Alicia M Utley Date: _____

Check if self-employed PTIN: P01074236

Firm's name: ▶ Bailey & Utley CPA's Firm's EIN: ▶ 94-3345366

Firm's address: ▶ 303 West Joaquin Ave, #280 San Leandro, CA 94577 Phone no.: (510) 614-1895

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