Form 990

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)

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

B

Check if applicable:

Address change
Name change
Initial return
Termination
Amended return
Application pending

Please use IRS label or print or type. See specific instructions

C

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

J

Website: lazarex.org

K

L Year of Formation: 2003

Part I Summary

1 Briefly describe the organization's mission or most significant activities:

Provides services to end stage cancer patients who have failed conventional medicine.

2 Check this box 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).

4 Number of independent voting members of the governing body (Part VI, line 1b).

5 Total number of employees (Part V, line 2a).

6 Total number of volunteers (estimate if necessary).

7a Total gross unrelated business revenue from Form VIII, column (C), line 12.

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1a).

9 Program service revenue (Part VIII, line 2g).

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).

14 Benefits paid to or for members (Part IX, column (A), line 4).

15 Salaries, wages, and similar compensation paid (Part IX, column (A), lines 5-10).

16a Professional fundraising fees (Part IX, column (A), line 11e).

b Total fundraising expenses (Part IX, column (D), line 25) ● 18,220.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f).

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).

19 Revenue less expenses. Subtract line 18 from line 12.

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.

Signature of officer

Type or print name and title

Preparer's signature

Preparer's name (or yours if self-employed), address, and EIN

Date

Check if self-employed

Preparer's identifying number (see instructions)

Paid Preparer's Use Only

Bailey & Utley CPA's

303 West Joaquin Ave, #280
San Leandro, CA 94577

EIN

Phone no. (510) 614-1895

Form 990 (2009)

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

TEEEA11.3 12/2009