August 30, 2023

Lazarex Cancer Foundation  
50 Oak Court, Suite 200  
Danville, CA  94526  

Lazarex Cancer Foundation:

Enclosed are the 2022 Exempt Organization returns, as follows...

2022 Form 990

2022 California Form 199

2022 California Form RRF-1

2022 IRS E-File Signature Authorization for a Tax Exempt Entity (Form 8879-TE)

Please review the return for completeness and accuracy.

In addition, we have included a separate public disclosure copy of the Form 990 and Form 990-T (if applicable) on our secure portal site. All exempt organizations are required to have a copy of their current year Form 990 and two prior year returns available for public inspection. If the Form 990 includes a Schedule of Contributors (Schedule B), we have removed the names and addresses of contributors from this return, as this information is not open to public inspection. Only organizations exempt under 501(c)(3) must make the current year Form 990-T and two prior year returns available. Please print and sign the public disclosure copy(ies) and keep them available at your primary office location.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Many states require legal entities to register with them in order to do business in their state. Please remember to keep your registration active and current for each state where you have business activities.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Catherine L. Gray, CPA
TAX RETURN FILING INSTRUCTIONS
FORM 990

FOR THE YEAR ENDING
December 31, 2022

Prepared For:

Lazarex Cancer Foundation
50 Oak Court, Suite 200
Danville, CA 94526

Prepared By:

Eide Bailly LLP
10681 Foothill Blvd., Ste. 300
Rancho Cucamonga, CA 91730-3831

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by October 16, 2023
# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning ____________, 20__, and ending ____________, 20__.

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

## Name of Filer
**LAZAREX CANCER FOUNDATION**

**CEO**

## EIN or SSN
20-2562494

### Part I  Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>1a</td>
<td>Form 990 check here</td>
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<tr>
<td>2a</td>
<td>Form 990-EZ check here</td>
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<td>3a</td>
<td>Form 1120-POL check here</td>
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<tr>
<td>4a</td>
<td>Tax based on investment income (Form 990-PF, Part V, line 4)</td>
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</tr>
<tr>
<td>5a</td>
<td>Form 8868 check here</td>
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<td>6a</td>
<td>Form 990-T check here</td>
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<tr>
<td>7a</td>
<td>Total tax (Form 4720, Part III, line 1)</td>
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<tr>
<td>8a</td>
<td>FMV of assets at end of tax year (Form 5227, Item D)</td>
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<tr>
<td>9a</td>
<td>Total tax (Form 5330, Part II, line 19)</td>
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<tr>
<td>10a</td>
<td>Form 8038-CP check here</td>
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### Part II  Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) ____________, (EIN) ____________ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS: (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal tax owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

<table>
<thead>
<tr>
<th>PIN: check one box only</th>
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</thead>
<tbody>
<tr>
<td>[X] I authorize BIDE BAILLY LLP to enter my PIN 55520</td>
</tr>
</tbody>
</table>

As my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return’s disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return’s disclosure consent screen.

### Part III  Certification and Authentication

| ERO’s EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. | 81199303668 |

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

| ERO’s signature | [ ] CATHERINE L. GRAY, CPA Date 08/30/23 |

**ER0 Must Retain This Form - See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So

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

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Form 8879-TE (2022)

202521 12-10-22
Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Name of exempt organization or other filer, see instructions.**

LAZAREX CANCER FOUNDATION

20-2562494

**Number, street, and room or suite no. If a P.O. box, see instructions.**

50 OAK COURT, SUITE 200

50 OAK COURT, SUITE 200 - DANVILLE, CA 94526

**City, town or post office, state, and ZIP code. For a foreign address, see instructions.**

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

<table>
<thead>
<tr>
<th>Application</th>
<th>Return Code</th>
<th>Application</th>
<th>Return Code</th>
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<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720 (other than individual)</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
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<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
<tr>
<td>Form 990-T (corporation)</td>
<td>07</td>
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</tr>
</tbody>
</table>

**STEPHANIE RIVERA**

- The books are in the care of 50 OAK COURT, SUITE 200 - DANVILLE, CA 94526

**Telephone No.** 925-820-4517

**Fax No.**

If the organization does not have an office or place of business in the United States, check this box and attach a list with the names and TINs of all members of the extension is for.

1. I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization’s return for:

   - ☑ calendar year 2022
   - ☐ tax year beginning _________________________________ , and ending _________________________________.

2. If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

3a. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

3a. $ 0.

3b. If this application is for Forms 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.

3b. $ 0.

3c. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

3c. $ 0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.
## Part I: Summary

1. **Briefly describe the organization’s mission or most significant activities:**
   - **FINANCIAL ASSISTANCE FOR CANCER PATIENTS TO DEFRAY THE COSTS OF FDA APPROVED CLINICAL TRIALS.**

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):**
   - Prior Year: 3
   - Current Year: 10

4. **Number of independent voting members of the governing body (Part VI, line 1b):**
   - Prior Year: 4
   - Current Year: 10

5. **Total number of individuals employed in calendar year 2022 (Part V, line 2a):**
   - Prior Year: 5
   - Current Year: 18

6. **Total number of volunteers (estimate if necessary):**
   - Prior Year: 6
   - Current Year: 16

7. **a. Total unrelated business revenue from Part VIII, column (C), line 12:**
   - Prior Year: 7a
   - Current Year: 0

8. **b. Net unrelated business taxable income from Form 990-T, Part I, line 11:**
   - Prior Year: 7b
   - Current Year: 0

## Part II: Revenue

8. **Contributions and grants (Part VIII, line 1h):**
   - Prior Year: 2,505,309
   - Current Year: 3,243,884

9. **Program service revenue (Part VIII, line 2g):**
   - Prior Year: 0
   - Current Year: 0

10. **Investment income (Part VIII, column (A), lines 3, 4, and 7d):**
    - Prior Year: 4,704
    - Current Year: 14,480

11. **Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e):**
    - Prior Year: 87,027
    - Current Year: 31,001

12. **Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12):**
    - Prior Year: 2,597,040
    - Current Year: 3,289,365

## Part III: Expenses

13. **Grants and similar amounts paid (Part IX, column (A), lines 1-3):**
    - Prior Year: 2,101,596
    - Current Year: 3,068,337

14. **Benefits paid to or for members (Part IX, column (A), line 4):**
    - Prior Year: 0
    - Current Year: 0

15. **Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10):**
    - Prior Year: 771,034
    - Current Year: 993,191

16. **a. Total fundraising expenses (Part IX, column (D), line 25):**
    - Prior Year: 189,350
    - Current Year: 0

17. **b. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e):**
    - Prior Year: 407,723
    - Current Year: 926,805

18. **Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25):**
    - Prior Year: 3,280,353
    - Current Year: 4,988,333

19. **Revenue less expenses. Subtract line 18 from line 12:**
    - Prior Year: -683,313
    - Current Year: -1,698,968

## Part IV: Balance Sheet

20. **Beginning of Current Year:**
    - Total assets (Part X, line 16): 7,676,301
    - Total liabilities (Part X, line 26): 927,503
    - Net assets or fund balances. Subtract line 21 from line 20: 6,748,798

21. **End of Year:**
    - Total assets (Part X, line 16): 6,902,437
    - Total liabilities (Part X, line 26): 1,833,202
    - Net assets or fund balances. Subtract line 21 from line 20: 5,069,235

## 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:**

**STEPHANIE RIVERA, CEO**

**Type or print name and title:**

**Date:**

**Signature:**

**Catherine L. Gray, CPA**

**Preparer's signature:**

**Date:** 08/30/23

**Preparer's EIN:**

**45-0250958**

**Firm's EIN:**

**01294460**

**Phone no.:**

**909-466-4410**

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

**X Yes**

**No**

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**232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.**

**Form 990 (2022)**
Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

AT LAZAREX CANCER FOUNDATION, WE STRIVE TO IMPROVE CANCER HEALTH OUTCOMES, FDA CANCER CLINICAL TRIAL DIVERSITY AND ENROLLMENT, AND PATIENT ACCESS TO CARE BY PROVIDING ASSISTANCE WITH CLINICAL TRIAL NAVIGATION, REIMBURSING TRIAL RELATED TRAVEL COSTS, AND PARTNERING

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses $ 1,509,486. including grants of $ 3,068,337. ) (Revenue $ )

LAZAREX CARE PROGRAM: THIS PROGRAM FOCUSES ON IMPROVING THE OUTCOME OF CANCER CARE FOR ADVANCED STAGE CANCER PATIENTS, AND THE MEDICALLY UNDERSERVED, BY IDENTIFYING FDA CLINICAL TRIAL OPTIONS, PROVIDING ASSISTANCE WITH OUT-OF-POCKET TRAVEL EXPENSES FOR CLINICAL TRIAL PARTICIPATION AND A TRAVEL COMPANION IF NEEDED, AND BY FACILITATING COMMUNITY OUTREACH AND ENGAGEMENT. IN 2021 WE ASSISTED 802 PATIENTS WITH THIS PROGRAM DESPITE COVID-19, AN INCREASE OF 11% OVER 2020. WE CONTINUE TO INCREASE RACIAL AND ETHNIC DIVERSITY OF PARTICIPANTS IN THIS PROGRAM, ACHIEVING 37% WITH THE NATIONAL AVERAGE IN CANCER CLINICAL TRIALS AT ABOUT 5%. 33% OF PATIENTS ASSISTED CAME FROM HOUSEHOLDS EARNING LESS THAN $25,000 ANNUALLY.

4b (Code: ) (Expenses $ 2,343,297. including grants of $ ) (Revenue $ )

LAZAREX IMPACT PROGRAM: THE GOAL OF IMPACT IS TO GENERATE A SUSTAINABLE PROOF OF CONCEPT ACTION PLAN TO TRANSFORM THE STATUS QUO OF CLINICAL TRIAL RECRUITMENT, ENROLLMENT, RETENTION, MINORITY PARTICIPATION, COMPLETION, AND TRANSLATIONAL SCIENCE, GETTING DRUGS TO MARKET FASTER, FINISHING TRIALS ON TIME AND ON BUDGET, AND MOST IMPORTANTLY PROVIDING EQUITABLE AND TIMELY ACCESS TO CANCER DISCOVERY FOR ALL PATIENTS. IN 2021, IMPACT WAS IN OPERATION AT PENN ABRAMSON AND MD ANDERSON COMPREHENSIVE CANCER CENTERS. IN 2021 WE SERVED 339 PATIENTS IN THIS PROGRAM, WITH 31% MINORITY PARTICIPATION, AND 20% FROM HOUSEHOLDS EARNING LESS THAN $25,000 ANNUALLY.

4c (Code: ) (Expenses $ 733,391. including grants of $ ) (Revenue $ )

LAZAREX CANCER WELLNESS HUB PROGRAM (RE-BRAND OF COMMUNITY IMPACT FROM 2020): LAZAREX CANCER WELLNESS HUBS OPERATED IN PHILADELPHIA THROUGH DREXEL UNIVERSITY AND PENN ABRAMSON, IN LOS ANGELES THROUGH USC NORRIS, AND IS ROLLING OUT IN THE SAN FRANCISCO EAST BAY AREA IN COLLABORATION WITH JOHN MUIR HEALTH. THE GOAL OF THE LAZAREX CANCER WELLNESS HUB PROGRAM IS TO GENERATE A REPLICABLE PROGRAM THAT IS PLACE BASED, CULTURALLY APPROPRIATE, AND COMMUNITY DRIVEN, THAT OPERATES IN AT-RISK COMMUNITIES OF COLOR ACROSS THE CONTINUUM OF CANCER CARE TO IMPROVE CANCER HEALTH DISPARITIES AND IMPROVE CANCER HEALTH OUTCOMES.

4d Other program services (Describe on Schedule O.)

(Expenses $ 914. including grants of $ ) (Revenue $ )

4e Total program service expenses $ 4,587,088.
<table>
<thead>
<tr>
<th>Part IV</th>
<th>Checklist of Required Schedules</th>
</tr>
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</table>
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  
If "Yes," complete Schedule A | Yes | No | 1 | X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | Yes | No | 2 | X |
| 3 | 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 | Yes | No | 3 | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | Yes | No | 4 | X |
| 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | Yes | No | 5 | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | Yes | No | 6 | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | Yes | No | 7 | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | Yes | No | 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 | Yes | No | 9 | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V | Yes | No | 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. | | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | Yes | No | 11a | X |
| 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 | Yes | No | 11b | X |
| c | 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 | Yes | No | 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 | Yes | No | 11d | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | Yes | No | 11e | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | Yes | No | 11f | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | Yes | No | 12a | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | Yes | No | 13 | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | Yes | No | 14a | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business 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 | Yes | No | 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 | Yes | No | 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 | Yes | No | 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. See instructions | Yes | No | 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 | Yes | No | 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 | Yes | No | 19 | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | Yes | No | 20a | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | Yes | No | 20b | |
Part IV Checklist of Required Schedules (continued)

22 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? *Yes,* complete Schedule I, Parts I and III

23 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? *Yes,* complete Schedule J

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? *Yes,* answer lines 24b through 24d and complete Schedule K. *No,* go to line 25a

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? *Yes,* complete Schedule L, Part I

b 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? *Yes,* complete Schedule L, Part I

26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *Yes,* complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *Yes,* complete Schedule L, Part III

28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *Yes,* complete Schedule L, Part IV

b A family member of any individual described in line 28a? *Yes,* complete Schedule L, Part IV

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *Yes,* complete Schedule L, Part IV

29 Did the organization receive more than $25,000 in non-cash contributions? *Yes,* complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *Yes,* complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? *Yes,* complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *Yes,* complete Schedule N, Part II

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? *Yes,* complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? *Yes,* complete Schedule R, Part II, III, or IV, and Part V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b 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)? *Yes,* complete Schedule R, Part V, line 2

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? *Yes,* complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *Yes,* complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?
### Part V: Statements Regarding Other IRS Filings and Tax Compliance (continued)

<table>
<thead>
<tr>
<th>Number</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>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.</td>
<td>18</td>
<td>X</td>
</tr>
<tr>
<td>2b</td>
<td>If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No&quot; to line 3b, provide an explanation on Schedule O</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>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)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>If &quot;Yes,&quot; enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5b</td>
<td>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5c</td>
<td>If &quot;Yes&quot; to line 5a or 5b, did the organization file Form 8886-T?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td>If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods or services provided to the payer?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7c</td>
<td>Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7d</td>
<td>If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7e</td>
<td>Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7f</td>
<td>Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7g</td>
<td>If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7h</td>
<td>If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td>Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9b</td>
<td>Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Section 501(c)(12) organizations. Enter: Gross income from members or shareholders.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>Gross income from members or shareholders.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td>Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12b</td>
<td>If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>13a</td>
<td>Note: See the instructions for additional information the organization must report on Schedule O.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>13b</td>
<td>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.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>13c</td>
<td>Enter the amount of reserves on hand.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>14a</td>
<td>Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>14b</td>
<td>If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation on Schedule O.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year ........................................ 1a 10
b Enter the number of voting members included on line 1a, above, who are independent ........................................ 1b 10
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ........................................ 2 X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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 Did the organization become aware during the year of a significant diversion of the organization’s assets? ....................... 5
6 Did the organization have members or stockholders? ........................................ 6
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ........................................ 7a X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 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: ........................................ 8
a The governing body? ........................................................................... 8a
b Each committee with authority to act on behalf of the governing body? ........................................ 8b X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If "Yes," provide the names and addresses on Schedule O ........................................ 9 X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates? ........................................ 10a X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization’s exempt purposes? ........................................ 10b
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ........................................ 11a
b Describe on Schedule O the process, if any, used by the organization to review this Form 990. ........................................ 11a
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 .............................. 12a
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ........................................ 12b X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done ........................................ 12c X
13 Did the organization have a written whistleblower policy? ........................................ 13 X
14 Did the organization have a written document retention and destruction policy? ........................................ 14
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? ........................................ 15
a The organization’s CEO, Executive Director, or top management official ........................................ 15a X
b Other officers or key employees of the organization .......................... 15b
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. ........................................ 15b
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ........................................ 16a X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements? ........................................ 16b

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA, MA, NJ, NY, PA, CO, CT, IL, NM, WI
18 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) available for public inspection. Indicate how you made these available. Check all that apply. X Own website  Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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

STEFANIE RIVERA – 925-820-4517
50 OAK COURT, SUITE 200, DANVILLE, CA 94526
### Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A.  Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1. 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 the instructions for definition of "key employee."
   - List all of the organization’s five highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 of a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

- Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) STEPHANIE RIVERA, CEO</td>
<td>40.00</td>
<td>X X</td>
<td>176,417.00</td>
<td>0.00</td>
<td>8,724.00</td>
</tr>
<tr>
<td>(2) DR. FRANK CRNKOVIC, DIRECTOR</td>
<td>12.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(3) GREG FRANCISCO, DIRECTOR</td>
<td>12.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(4) DARLENE CHIANG, SECRETARY</td>
<td>12.00</td>
<td>X X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(5) CLAY JACKSON, CHAIRMAN OF THE BOARD</td>
<td>12.00</td>
<td>X X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(6) KARIN SESSIONS, DIRECTOR</td>
<td>12.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(7) KENNY J. SIMANSKY, VICE CHAIR</td>
<td>12.00</td>
<td>X X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(8) TAMARA LOBBAN-JONES, DIRECTOR</td>
<td>12.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(9) ELAINE MACNEILLY, DIRECTOR</td>
<td>12.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(10) KWANE BOATENG, CFO OCT-DEC</td>
<td>8.00</td>
<td>X X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(11) JACKIE KENT, DIRECTOR OCT-DEC</td>
<td>4.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>
### Part VII | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
</table>

|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 1b Subtotal | 176,417 | 0 | 8,724 |
| c Total from continuation sheets to Part VII, Section A | 0 | 0 | 0 |
| d Total (add lines 1b and 1c) | 176,417 | 0 | 8,724 |

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization’s tax year.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>
## Part VIII Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td>1a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td>1b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td>1c</td>
<td>314,979.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td>1d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td>1e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1f</td>
<td>2,928,905.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f</td>
<td>1g</td>
<td>$14,614.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total, Add lines 1a-1f</td>
<td></td>
<td>3,243,884.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Investment income (including dividends, interest, and other similar amounts)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>14,480.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income from investment of tax-exempt bond proceeds</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>14,480.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Royalties</th>
<th>(i) Real</th>
<th>(i) Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross rents</th>
<th>(i) Real</th>
<th>(i) Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 a</td>
<td>6a</td>
<td></td>
</tr>
<tr>
<td>Less: rental expenses</td>
<td>6b</td>
<td></td>
</tr>
<tr>
<td>Rental income or (loss)</td>
<td>6c</td>
<td></td>
</tr>
<tr>
<td>Net rental income or (loss)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross amount from sales of assets other than inventory</th>
<th>(i) Securities</th>
<th>(i) Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 a</td>
<td>7a</td>
<td></td>
</tr>
<tr>
<td>Less: cost or other basis and sales expenses</td>
<td>7b</td>
<td></td>
</tr>
<tr>
<td>Gain or (loss)</td>
<td>7c</td>
<td></td>
</tr>
<tr>
<td>Net gain or (loss)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross income from fundraising events (not including $ 314,979) of contributions reported on line 1c) See Part IV, line 18</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8 a</td>
<td>8a</td>
</tr>
<tr>
<td>Less: direct expenses</td>
<td>8b</td>
</tr>
<tr>
<td>Net income or (loss) from fundraising events</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross income from gaming activities, See Part IV, line 19</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>9 a</td>
<td>9a</td>
</tr>
<tr>
<td>Less: direct expenses</td>
<td>9b</td>
</tr>
<tr>
<td>Net income or (loss) from gaming activities</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross sales of inventory, less returns and allowances</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10 a</td>
<td>10a</td>
</tr>
<tr>
<td>Less: cost of goods sold</td>
<td>10b</td>
</tr>
<tr>
<td>Net income or (loss) from sales of inventory</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER REVENUE</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 a</td>
<td>900099</td>
</tr>
<tr>
<td>b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
</tr>
<tr>
<td>d All other revenue</td>
<td></td>
</tr>
<tr>
<td>e Total, Add lines 11a-11d</td>
<td></td>
</tr>
</tbody>
</table>

| Total revenue, See instructions                                           |         | 3,289,365.  | 32,000.        | 0. 13,481.    |

20209 12-13-22
## Part IX: Statement of Functional Expenses

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

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

<table>
<thead>
<tr>
<th>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>260,438.</td>
<td>260,438.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td>2,807,899.</td>
<td>2,807,899.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td>189,364.</td>
<td>94,682.</td>
<td>94,682.</td>
<td></td>
</tr>
<tr>
<td>6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td>803,827.</td>
<td>734,302.</td>
<td>21,972.</td>
<td>47,553.</td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Fees for services (nonemployees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td>69,934.</td>
<td>44,059.</td>
<td>23,078.</td>
<td>2,797.</td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)</td>
<td>145,860.</td>
<td>92,398.</td>
<td>49,991.</td>
<td>3,471.</td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td>27,941.</td>
<td>23,765.</td>
<td></td>
<td>4,176.</td>
</tr>
<tr>
<td>13 Office expenses</td>
<td>29,455.</td>
<td>25,432.</td>
<td>1,260.</td>
<td>2,763.</td>
</tr>
<tr>
<td>14 Information technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td>81,533.</td>
<td>56,879.</td>
<td>12,532.</td>
<td>12,122.</td>
</tr>
<tr>
<td>17 Travel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td>7,094.</td>
<td>4,966.</td>
<td>709.</td>
<td>1,419.</td>
</tr>
<tr>
<td>23 Insurance</td>
<td>839.</td>
<td>839.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a CANCER WELLNESS HUB</td>
<td>430,172.</td>
<td>430,172.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b SOFTWARE</td>
<td>72,960.</td>
<td>67,744.</td>
<td>1,739.</td>
<td>3,477.</td>
</tr>
<tr>
<td>c TELEPHONE AND INTERNET</td>
<td>17,674.</td>
<td>16,151.</td>
<td>508.</td>
<td>1,015.</td>
</tr>
<tr>
<td>d PRINTING</td>
<td>13,723.</td>
<td>11,790.</td>
<td></td>
<td>1,933.</td>
</tr>
<tr>
<td>e All other expenses</td>
<td>29,620.</td>
<td>11,093.</td>
<td>4,585.</td>
<td>13,942.</td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24e</td>
<td>4,988,333.</td>
<td>4,587,088.</td>
<td>211,895.</td>
<td>189,350.</td>
</tr>
</tbody>
</table>

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 86-2 (ASC 958-720)
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>(A) Beginning of year</th>
<th></th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>1,487,541</td>
<td>1</td>
<td>2,306,875</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>6,109,572</td>
<td>2</td>
<td>3,685,246</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>45,066</td>
<td>3</td>
<td>186,727</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>1,349</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td></td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>6,400</td>
<td>9</td>
<td>1,211</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>53,252</td>
<td>10a</td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>34,348</td>
<td>10b</td>
<td>25,998</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td></td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td></td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td></td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>375</td>
<td>15</td>
<td>703,465</td>
</tr>
<tr>
<td>16</td>
<td><strong>Total assets.</strong> Add lines 1 through 15 (must equal line 33)</td>
<td>7,676,301</td>
<td>16</td>
<td>6,902,437</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>473,757</td>
<td>17</td>
<td>640,325</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td></td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>453,746</td>
<td>19</td>
<td>487,927</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</td>
<td></td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>0</td>
<td>25</td>
<td>704,950</td>
</tr>
<tr>
<td>26</td>
<td><strong>Total liabilities.</strong> Add lines 17 through 25</td>
<td>927,503</td>
<td>26</td>
<td>1,833,202</td>
</tr>
<tr>
<td>27</td>
<td>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Net assets without donor restrictions</td>
<td>716,436</td>
<td>27</td>
<td>675,577</td>
</tr>
<tr>
<td>29</td>
<td>Net assets with donor restrictions</td>
<td></td>
<td>28</td>
<td>4,393,658</td>
</tr>
<tr>
<td>30</td>
<td>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>6,748,798</td>
<td>32</td>
<td>5,069,235</td>
</tr>
<tr>
<td>33</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>6,767,301</td>
<td>33</td>
<td>6,902,437</td>
</tr>
</tbody>
</table>
## Part XI Reconciliation of Net Assets

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain on Schedule O)</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</td>
</tr>
</tbody>
</table>

## Part XII Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cash</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain on Schedule O.</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Separate basis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consolidated basis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Both consolidated and separate basis</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Separate basis</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Consolidated basis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Both consolidated and separate basis</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?</td>
<td>X</td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits</td>
<td></td>
</tr>
</tbody>
</table>
SCHEDULE A
( Form 990 )

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 Form 990 or Form 990-EZ.

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

Name of the organization: LAZAREX CANCER FOUNDATION

Employer identification number: 20-2562494

Part I  Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, 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).)
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  X  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
8  □ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.
9  □ 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.)
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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
   a  □ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
   b  □ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
   c  □ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
   d  □ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
   e  □ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
   f  □ Enter the number of supported organizations

   g  □ Provide the following information about the supported organization(s):

   (i) Name of supported organization

   (ii) EIN

   (iii) Type of organization (described on lines 1-10 above (see instructions))

   (iv) Is the organization listed in your governing document?

   Yes  No

   (v) Amount of monetary support (see instructions)

   (vi) Amount of other support (see instructions)

Total

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

232021 12-09-22 Schedule A (Form 990) 2022
### 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 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.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>2647702.</td>
<td>6960288.</td>
<td>1994999.</td>
<td>2243405.</td>
<td>3260148.</td>
<td>17106542.</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>2647702.</td>
<td>6960288.</td>
<td>1994999.</td>
<td>2243405.</td>
<td>3260148.</td>
<td>17106542.</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4842636.</td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12263906.</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>2647702.</td>
<td>6960288.</td>
<td>1994999.</td>
<td>2243405.</td>
<td>3260148.</td>
<td>17106542.</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>20,335.</td>
<td>33,782.</td>
<td>41,516.</td>
<td>4,704.</td>
<td>14,480.</td>
<td>114,817.</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>17221359.</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
</tbody>
</table>

### First 5 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.

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>14</th>
<th>15</th>
<th>16a</th>
<th>16b</th>
<th>17a</th>
<th>17b</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))</td>
<td>14</td>
<td>71.21%</td>
<td>15</td>
<td>84.02%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public support percentage from 2021 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td>84.02%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>16a 33 1/3% support test - 2022.</strong> 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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>16b 33 1/3% support test - 2021.</strong> 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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>17a 10% -facts-and-circumstances test - 2022.</strong> 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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>17b 10% -facts-and-circumstances test - 2021.</strong> 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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>18 Private foundation.</strong> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section A. Public Support

**Calendar year (or fiscal year beginning in)**

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.

7b. 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.

8. **Public support.** (Subtract line 7c from line 6.)

### Section B. Total Support

**Calendar year (or fiscal year beginning in)**


10a. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.

10b. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.

11. Net income from unrelated business activities not included on 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 5 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.

### Section C. Computation of Public Support Percentage

15. Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)).


### Section D. Computation of Investment Income Percentage

17. Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)).


#### 19a 33 1/3% support tests - 2022.

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.

#### 19b 33 1/3% support tests - 2021.

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.
### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td></td>
<td></td>
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<td>5b</td>
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<td></td>
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<tr>
<td>5c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
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<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Schedule A (Form 990) 2022**

**LAZAREX CANCER FOUNDATION**

**Page 5**

### Part IV Supporting Organizations (continued)

11. Has the organization accepted a gift or contribution from any of the following persons?

- A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c, below, the governing body of a supported organization? **Yes** **No**
  - 11a
- A family member of a person described on line 11a above? **Yes** **No**
  - 11b
- A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. **Yes** **No**
  - 11c

### Section B. Type I Supporting Organizations

1. Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. **Yes** **No**
  - 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. **Yes** **No**
  - 2

### Section C. Type II Supporting Organizations

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). **Yes** **No**
  - 1

### Section D. All Type III Supporting Organizations

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? **Yes** **No**
  - 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). **Yes** **No**
  - 2

3. By reason of the relationship described on line 2, above, 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. **Yes** **No**
  - 3

### Section 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 year (see instructions).
   - a. The organization satisfied the Activities Test. Complete line 2 below. **Yes** **No**
   - b. The organization is the parent of each of its supported organizations. Complete line 3 below. **Yes** **No**
   - c. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). **Yes** **No**

2. Activities Test. **Answer lines 2a and 2b below.**
   - a. Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of 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. **Yes** **No**
     - 2a
   - b. Did the activities described on line 2a, above, 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 activities but for the organization’s involvement. **Yes** **No**
     - 2b

3. Parent of Supported Organizations. **Answer lines 3a and 3b below.**
   - a. 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? If "Yes" or "No," provide details in Part VI. **Yes** **No**
     - 3a
   - b. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. **Yes** **No**
     - 3b
### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

#### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2. Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3. Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4. Add lines 1 through 3.</td>
<td>4</td>
</tr>
<tr>
<td>5. Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7. Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8. <strong>Adjusted Net Income</strong> (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a. Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b. Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c. Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d. <strong>Total</strong> (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e. <strong>Discount</strong> claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2. Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3. Subtract line 2 from line 1d.</td>
<td>3</td>
</tr>
<tr>
<td>4. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>5. Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6. Multiply line 5 by 0.035.</td>
<td>6</td>
</tr>
<tr>
<td>7. Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8. <strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section C - Distributable Amount

<table>
<thead>
<tr>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adjusted net income for prior year (from Section A, line 8, column A)</td>
</tr>
<tr>
<td>2. Enter 0.85 of line 1.</td>
</tr>
<tr>
<td>3. Minimum asset amount for prior year (from Section B, line 8, column A)</td>
</tr>
<tr>
<td>4. Enter greater of line 2 or line 3.</td>
</tr>
<tr>
<td>5. Income tax imposed in prior year</td>
</tr>
<tr>
<td>6. <strong>Distributable Amount.</strong> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td><strong>Total annual distributions.</strong> Add lines 1 through 6.</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2022 from Section C, line 6</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
<td>10</td>
</tr>
</tbody>
</table>

**Section E - Distribution Allocations** (see instructions)

| Section | Description                                                                 | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributable Amount for 2022 |
|---------|-----------------------------------------------------------------------------|--------------------------|----------------------------------|
| 1       | Distributable amount for 2022 from Section C, line 6                        |                          |                                  |
| 2       | Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. |                          |                                  |
| 3       | Excess distributions carryover, if any, to 2022                             |                          |                                  |
| a       | From 2017                                                                    |                          |                                  |
| b       | From 2018                                                                    |                          |                                  |
| c       | From 2019                                                                    |                          |                                  |
| d       | From 2020                                                                    |                          |                                  |
| e       | From 2021                                                                    |                          |                                  |
| f       | **Total** of lines 3a through 3e                                            |                          |                                  |
| g       | Applied to underdistributions of prior years                                |                          |                                  |
| h       | Applied to 2022 distributable amount                                        |                          |                                  |
| i       | Carryover from 2017 not applied (see instructions)                          |                          |                                  |
| j       | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                      |                          |                                  |
| 4       | Distributions for 2022 from Section D, line 7: $                             |                          |                                  |
| a       | Applied to underdistributions of prior years                                |                          |                                  |
| b       | Applied to 2022 distributable amount                                        |                          |                                  |
| c       | Remainder. Subtract lines 4a and 4b from line 4.                            |                          |                                  |
| 5       | Remaining underdistributions for years prior to 2022. 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. |                          |                                  |
| 7       | **Excess distributions carryover to 2023.** Add lines 3j and 4c.            |                          |                                  |
| a       | Excess from 2018                                                             |                          |                                  |
| b       | Excess from 2019                                                             |                          |                                  |
| c       | Excess from 2020                                                             |                          |                                  |
| d       | Excess from 2021                                                             |                          |                                  |
| e       | Excess from 2022                                                             |                          |                                  |
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 3a, and 3b; Part V, line 1; Part V, Section B, line 1a; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

(See instructions.)
<table>
<thead>
<tr>
<th>Contributor's Name</th>
<th>Total Contributions</th>
<th>Excess Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAVID DORNISFE</td>
<td>2,707,962</td>
<td>2,363,535</td>
</tr>
<tr>
<td>AMGEN</td>
<td>1,390,000</td>
<td>1,045,573</td>
</tr>
<tr>
<td>GILEAD</td>
<td>1,777,955</td>
<td>1,433,528</td>
</tr>
</tbody>
</table>

Total Excess Contributions to Schedule A, Part II, Line 5: 4,842,636
LAZAREX CANCER FOUNDATION

Employer Identification Number: 20-2562494

Name of the Organization

Organization Type (Check one):

Form 990 or 990-EZ

☐ 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

☐ 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), 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.

☐ 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don’t complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year

Caution: An organization that isn’t covered by the General Rule and/or the Special Rules doesn’t file Schedule B (Form 990), 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.
<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>AMGEN FOUNDATION 1 AMGEN CENTER DRIVE THOUSAND OAKS, CA 91320-1799</td>
<td>$390,000.</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>2</td>
<td>DAIICHI SANKYO 211 MT. AIRY RD. BASKING RIDGE, NJ 07920</td>
<td>$100,000.</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>3</td>
<td>DANA AND DAVID DORNSIFE HOUSEHOLD 417 CLIFFSIDE DRIVE DANVILLE, CA 94526-4809</td>
<td>$652,323.</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>4</td>
<td>GILEAD SCIENCES 333 LAKESIDE DRIVE FOSTER CITY, CA 94404-1394</td>
<td>$1,377,955.</td>
<td>Person X Payroll Noncash</td>
</tr>
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</tbody>
</table>
**Part II  Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Purpose of gift</td>
<td>(c) Use of gift</td>
<td>(d) Description of how gift is held</td>
</tr>
<tr>
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</tbody>
</table>

Repeat for additional entries as needed.
## Supplemental Financial Statements

### Part I

**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization’s property, subject to the organization’s exclusive legal control? [ ] Yes [ ] No

6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [ ] Yes [ ] No

### Part II

**Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1. Purpose(s) of conservation easements held by the organization (check all that apply):
   - [ ] Preservation of land for public use (for example, recreation or education)
   - [ ] Preservation of a historically important land area
   - [ ] Protection of natural habitat
   - [ ] Preservation of a certified historic structure
   - [ ] Preservation of open space

2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

   - a. Total number of conservation easements
   - b. Total acreage restricted by conservation easements
   - c. Number of conservation easements on a certified historic structure included in (a)
   - d. Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4. Number of states where property subject to conservation easement is located

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

6. Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No

9. In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements.

### Part III

**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

2. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

   - a. Revenue included on Form 990, Part VIII, line 1
   - b. Assets included in Form 990, Part X

---

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232051 09-01-22
Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization’s acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
   a Public exhibition
   b Scholarly research
   c Preservation for future generations
   d Loan or exchange program
   e Other

4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection? ☐ Yes ☐ No

Part IV  Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V  Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

1a Beginning of year balance

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment %

b Permanent endowment %

c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations ☐ Yes ☐ No

(ii) Related organizations ☐ Yes ☐ No

b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R?

☐ Yes ☐ No

Part VI  Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td></td>
<td>53,252.</td>
<td>34,348.</td>
<td>18,904.</td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 18,904.
**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
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<tr>
<td>(A)</td>
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<td>(H)</td>
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<tr>
<td>Total: (Col. (b) must equal Form 990, Part X, col. (B) line 12.)</td>
<td></td>
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</tr>
</tbody>
</table>

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<tr>
<td>Total: (Col. (b) must equal Form 990, Part X, col. (B) line 13.)</td>
<td></td>
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</tbody>
</table>

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) OTHER ASSETS</td>
<td>4,969</td>
</tr>
<tr>
<td>(2) OPERATING LEASE RIGHT-OF-USE ASSET</td>
<td>698,496</td>
</tr>
<tr>
<td>(3)</td>
<td></td>
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<tr>
<td>(4)</td>
<td></td>
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<td>(9)</td>
<td></td>
</tr>
<tr>
<td>Total: (Column (b) must equal Form 990, Part X, col. (B) line 15.)</td>
<td>703,465</td>
</tr>
</tbody>
</table>

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) OPERATING LEASE LIABILITY</td>
<td>704,950</td>
</tr>
<tr>
<td>(3)</td>
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<tr>
<td>(4)</td>
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<td>(9)</td>
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</tr>
<tr>
<td>Total: (Column (b) must equal Form 990, Part X, col. (B) line 25.)</td>
<td>704,950</td>
</tr>
</tbody>
</table>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII [X]
Schedule D (Form 990) 2022

LAZAREX CANCER FOUNDATION

Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue 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 ........................................... 1 3,326,033.

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:
   a Net unrealized gains (losses) on investments ........................................................................................................... 2a 19,405.
   b Donated services and use of facilities ................................................................................................................................. 2b
   c Recoveries of prior year grants .................................................................................................................................. 2c
   d Other (Describe in Part XIII.) .................................................................................................................................................. 2d 17,263.
   e Add lines 2a through 2d ...................................................................................................................................................... 2e 36,668.

3 Subtract line 2e from line 1 .................................................................................................................................................... 3 3,289,365.

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 0.

5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) ....................................................... 5 3,289,365.

Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements .............................................................................. 1 5,005,596.

2 Amounts included on line 1 but not on Form 990, Part IX, line 25:
   a Donated services and use of facilities ................................................................................................................................. 2a
   b Prior year adjustments ...................................................................................................................................................... 2b
   c Other losses ........................................................................................................................................................................ 2c
   d Other (Describe in Part XIII.) .................................................................................................................................................. 2d 17,263.
   e Add lines 2a through 2d ...................................................................................................................................................... 2e 17,263.

3 Subtract line 2e from line 1 .................................................................................................................................................... 3 4,988,333.

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 ................................................................................. 4a
   b Other (Describe in Part XIII.) .................................................................................................................................................. 4b
   c Add lines 4a and 4b ................................................................................................................................................................. 4c 0.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) ....................................................... 5 4,988,333.

Part XIII | Supplemental Information.

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 X, LINE 2:

THE ORGANIZATION HAS ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD (FASB)

ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740 THAT CLARIFIES THE

ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN

ON A TAX RETURN AND PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX

POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF, BASED ON

ITS MERITS, THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON AUDIT

BY THE TAXING AUTHORITIES. MANAGEMENT BELIEVES THAT ALL TAX POSITIONS

TAKEN TO DATE ARE HIGHLY CERTAIN, AND, ACCORDINGLY, NO ACCOUNTING

ADJUSTMENT HAS BEEN MADE TO THE FINANCIAL STATEMENTS. INTEREST AND

PENALTIES RELATED TO UNCERTAIN TAX POSITIONS ARE RECORDED AS PART OF THE

INCOME TAX EXPENSE, IF APPLICABLE.
PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS-DIRECT EXPENSE

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS-DIRECT EXPENSE
**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

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

---

**LAZAREX CANCER FOUNDATION**

**Part I  Fundraising Activities.** Complete if the organization answered "Yes" on 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.
   - [ ] Mail solicitations
   - [ ] Internet and email solicitations
   - [ ] Phone solicitations
   - [ ] In-person solicitations
   - [ ] Solicitation of non-government grants
   - [ ] Solicitation of government grants
   - [ ] Special fundraising events

2. 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

   If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total**

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

---

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

Schedule G (Form 990) 2022
### Part II Fundraising Events

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>5.44K RUN</th>
<th>FALL GALA</th>
<th>(Total number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross receipts</td>
<td>74,500</td>
<td>250,225</td>
<td>6,518</td>
</tr>
<tr>
<td>2 Less: Contributions</td>
<td>62,436</td>
<td>246,025</td>
<td>6,518</td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>12,064</td>
<td>4,200</td>
<td>16,264</td>
</tr>
<tr>
<td>4 Cash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Food and beverages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Entertainment</td>
<td>1,425</td>
<td></td>
<td>1,425</td>
</tr>
<tr>
<td>9 Other direct expenses</td>
<td>15,838</td>
<td></td>
<td>15,838</td>
</tr>
<tr>
<td>10 Direct expense summary: Add lines 4 through 9 in column (d)</td>
<td>17,263</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income summary: Subtract line 10 from line 3, column (d)</td>
<td>-999</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part III Gaming

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Volunteer labor</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>7 Direct expense summary: Add lines 2 through 5 in column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Net gaming income summary: Subtract line 7 from line 1, column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? | Yes | No |

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? | Yes | No |

b If "Yes," explain:
11 Does the organization conduct gaming activities with nonmembers?  □ Yes □ No

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

13 Indicate the percentage of gaming activity conducted 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?  □ Yes □ No

   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? □ Yes □ No

   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  $

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
## Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

### Name of the organization

**LAZAREX CANCER FOUNDATION**

**Employer identification number**

**20-2562494**

### Part I General Information on Grants and Assistance

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
   - **Yes**  
   - **No**

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

### Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments

**Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.**

<table>
<thead>
<tr>
<th>1 (a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of noncash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>PENN ABRAMSON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PROGRAM</td>
</tr>
<tr>
<td>PO BOX 785541</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHILADELPHIA, PA 19178</td>
<td></td>
<td></td>
<td>172,000</td>
<td>0</td>
<td>ACTUAL AMOUNT</td>
<td></td>
<td>PARTNERSHIP-IMPACT</td>
</tr>
<tr>
<td>US ONCOLOGY RESEARCH LLC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PROGRAM</td>
</tr>
<tr>
<td>2899 PAYSHERE CIRCLE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHICAGO, IL 60674</td>
<td>23-1352685</td>
<td></td>
<td>86,400</td>
<td>0</td>
<td>ACTUAL AMOUNT</td>
<td></td>
<td>PARTNERSHIP-IMPACT</td>
</tr>
</tbody>
</table>

2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3. Enter total number of other organizations listed in the line 1 table

**2**

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

Schedule I (Form 990) 2022
<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATIENT REIMBURSEMENTS</td>
<td>0</td>
<td>2,807,899</td>
<td>0</td>
<td>CASH</td>
<td>PATIENT REIMBURSEMENTS</td>
</tr>
</tbody>
</table>

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

The grants we give to institutions we require quarterly reports from them regarding the expenses they had according to the agreed budget. The funds that we provide our patients they have to submit receipts with for the approved expenses.
LAZAREX CANCER FOUNDATION

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- [ ] First-class or charter travel
- [ ] Travel for companions
- [ ] Tax indemnification and gross-up payments
- [ ] Discretionary spending account
- [ ] Housing allowance or residence for personal use
- [ ] Payments for business use of personal residence
- [ ] Health or social club dues or initiation fees
- [ ] Personal services (such as maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- [ ] Compensation committee
- [ ] Independent compensation consultant
- [ ] Form 990 of other organizations
- [X] Written employment contract
- [ ] Compensation survey or study
- [ ] Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?
- [X]

b Participate in or receive payment from a supplemental nonqualified retirement plan?
- [X]

c Participate in or receive payment from an equity-based compensation arrangement?
- [X]

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?
- [X]

b Any related organization?
- [X]

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?
- [X]

b Any related organization?
- [X]

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2022
### Part II

**Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that aren’t listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) STEPHANIE RIVERA CEO</td>
<td>(i) 162,917. (ii) 0. (iii) 0.</td>
<td>(i) 0. (ii) 0. (iii) 0.</td>
<td>(i) 8,724. (ii) 0. (iii) 0.</td>
<td>(i) 185,141. (ii) 0. (iii) 0.</td>
<td>(i) 4,223. (ii) 0.</td>
</tr>
</tbody>
</table>
PART I, LINE 3:

THE BOARD APPROVALS COMPENSATION OF MANAGEMENT.
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 Form 990-EZ.

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

Name of the organization

LAZAREX CANCER FOUNDATION

Employer identification number

20-2562494

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WITH AT-RISK COMMUNITIES TO MOBILIZE RESOURCES.

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

LINE 2 EXPLANATION - THE FOUNDER AND CHAIRMAN OF LAZAREX IS RELATED TO A TRUSTEE OF THE DORNSIFE FAMILY FOUNDATION WHERE THEY ARE BOTH DIRECTORS. ANOTHER BOARD DIRECTOR IS THE CHAIRMAN'S COUSIN. THE RELATED INDIVIDUALS CONTRIBUTED $571,000 TO LAZAREX DURING THE YEAR ENDED DECEMBER 31, 2019.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES AUTHORIZED TO ACT ON BEHALF OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:


FORM 990, PART VI, SECTION B, LINE 12C:

MEMBERS OF THE BOARD OF DIRECTORS REVIEW ALL POTENTIAL CONFLICTS OF INTEREST AT LEAST ANNUALLY. THE CHAIRMAN AND ALL BOARD MEMBERS ARE REQUIRED...
LAZAREX CANCER FOUNDATION

TO DISCLOSE (IN WRITING) POTENTIAL CONFLICTS AND ANY RELATED PARTY AFFILIATIONS. LOANS BETWEEN THE ORGANIZATION AND MEMBERS OF MANAGEMENT AND THE BOARD ARE STRICTLY PROHIBITED. THE ORGANIZATION SEEKS FULL TRANSPARENCY ON ALL RELATIONSHIPS. ANY POTENTIAL CONFLICTS (IN FACT OR APPEARANCE) ARE DISCUSSED OPENLY AND RESOLVED IN ACCORDANCE WITH THE ORGANIZATION'S POLICIES AND PROCEDURES.

FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION OF OTHER HIGH-LEVEL PERSONNEL AND KEY EMPLOYEES IS REVIEWED PERIODICALLY BY MEMBERS OF MANAGEMENT. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES AND ALL RELATED BENEFITS. ALL DECISIONS ARE THEN DOCUMENTED IN PERSONNEL FILES. MEMBERS OF THE BOARD OF DIRECTORS REVIEW THE COMPENSATION OF ALL HIGH-LEVEL PERSONNEL PERIODICALLY IN ACCORDANCE WITH IRS RULES AND REGULATIONS. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES. EVERY EFFORT IS MADE TO ENSURE THAT THE PROCESS IS THOROUGH AND TRANSPARENT IN ACCORDANCE WITH IRS GUIDELINES AND THE ORGANIZATION'S POLICIES AND PROCEDURES.

FORM 990, PART VI, SECTION C, LINE 19:
ALL OF THE ORGANIZATION'S ORGANIZING DOCUMENTS, FINANCIAL STATEMENTS AND OTHER LEGAL FILINGS ARE MAINTAINED IN A SECURE ENVIRONMENT AND HELD AVAILABLE FOR INSPECTION BY TAX AUTHORITIES AND THE GENERAL PUBLIC. TAX RETURNS ARE POSTED ANNUALLY TO WWW.GUIDESTAR.ORG AND THE ORGANIZATION'S WEBSITE (WHERE THEY ARE AVAILABLE FOR VIEWING AS ELECTRONIC COPIES) AND ARE ALSO AVAILABLE FOR A PHYSICAL INSPECTION AT THE ORGANIZATION'S OFFICE IN DANVILLE, CA.
### 2022 Depreciation and Amortization Report

<table>
<thead>
<tr>
<th>Asset No.</th>
<th>Description</th>
<th>Date Acquired</th>
<th>Method</th>
<th>Life</th>
<th>Cost</th>
<th>Unadjusted Cost Or Basis</th>
<th>Bus % Excl</th>
<th>Section 179 Expense</th>
<th>Reduction In Basis</th>
<th>Basis For Depreciation</th>
<th>Beginning Accumulated Depreciation</th>
<th>Current Sec 179 Expense</th>
<th>Current Year Deduction</th>
<th>Ending Accumulated Depreciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Furniture and Equipment</td>
<td></td>
<td>SL</td>
<td>7.00</td>
<td>16</td>
<td>18,095</td>
<td></td>
<td></td>
<td>18,095.</td>
<td>18,095.</td>
<td>0.</td>
<td>18,095.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* TOTAL 990 PAGE 10 DEPR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>18,095.</td>
<td>18,095.</td>
<td>0.</td>
<td>18,095.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(D) - Asset disposed  

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone
TAX RETURN FILING INSTRUCTIONS
CALIFORNIA FORM 199
FOR THE YEAR ENDING
December 31, 2022

Prepared For:

Lazarex Cancer Foundation
50 Oak Court, Suite 200
Danville, CA 94526

Prepared By:

Eide Bailly LLP
10681 Foothill Blvd., Ste. 300
Rancho Cucamonga, CA 91730-3831

To be Signed and Dated By:

Not applicable

Amount of Tax:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Tax</td>
<td>$0.00</td>
</tr>
<tr>
<td>Less: payments and credits</td>
<td>$0.00</td>
</tr>
<tr>
<td>Plus: other amount</td>
<td>$0.00</td>
</tr>
<tr>
<td>Plus: interest and penalties</td>
<td>$0.00</td>
</tr>
<tr>
<td>No payment is required</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Overpayment:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credited to your estimated tax</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other amount</td>
<td>$0.00</td>
</tr>
<tr>
<td>Refunded to you</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Make Check Payable To:

Not applicable

Mai! Tax Return and Check (if applicable) To:

This return has qualified for electronic filing. Please review the return for completeness and accuracy. We will then transmit your return electronically to the FTB. Do not mail the paper copy of the return to the FTB.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:
TAX RETURN FILING INSTRUCTIONS
CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING
December 31, 2022

Prepared For:

Lazarex Cancer Foundation
50 Oak Court, Suite 200
Danville, CA 94526

Prepared By:

Eide Bailly LLP
10681 Foothill Blvd., Ste. 300
Rancho Cucamonga, CA 91730-3831

Amount of Tax:

Balance due of $200

Make Check Payable To:

Department of Justice

Mail Tax Return To:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

Return Must Be Mailed On Or Before:

Please mail as soon as possible.

Special Instructions:

The report should be signed and dated by an authorized individual(s).
**California Exempt Organization**

**Annual Information Return**

**TAXABLE YEAR 2022**

**LAZAREX CANCER FOUNDATION**

**Address:**

50 OAK COURT, SUITE 200

DANVILLE, CA 94526

**Additional Information:** See instructions.

**Federal Tax ID (EIN):** 2535683

**Corporation/Organization name:** LAZAREX CANCER FOUNDATION

**California corporation number:** 20-2562494

**City:** DANVILLE

**State:** CA

**ZIP code:** 94526

---

**Part I**

Complete Part I unless not required to file this form. See General Information B and C.

### Receipts and Revenues

<table>
<thead>
<tr>
<th>Description</th>
<th>STMT 1</th>
<th>STMT 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross sales or receipts from other sources. From Side 2, Part II, line 8</td>
<td>62,744</td>
<td>00</td>
</tr>
<tr>
<td>Gross dues and assessments from members and affiliates</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>Gross contributions, gifts, grants, and similar amounts received</td>
<td>3,243,884</td>
<td>00</td>
</tr>
<tr>
<td>Total gross receipts for filing requirement test. Add line 1 through line 3.</td>
<td></td>
<td>00</td>
</tr>
</tbody>
</table>

This line must be completed. If the result is less than $50,000, see General Information B.

### Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>STMT 1</th>
<th>STMT 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total costs. Add line 5 and line 6</td>
<td></td>
<td>00</td>
</tr>
<tr>
<td>Total gross income. Subtract line 7 from line 4</td>
<td>3,306,628</td>
<td>00</td>
</tr>
<tr>
<td>Total expenses and disbursements. From Side 2, Part II, line 18</td>
<td></td>
<td>00</td>
</tr>
<tr>
<td>Excess of receipts over expenses and disbursements. Subtract line 9 from line 8</td>
<td>5,005,596</td>
<td>00</td>
</tr>
<tr>
<td>Excess of receipts over expenses and disbursements. Subtract line 9 from line 8</td>
<td>-1,698,968</td>
<td>00</td>
</tr>
</tbody>
</table>

### Filing Fee

<table>
<thead>
<tr>
<th>Description</th>
<th>STMT 1</th>
<th>STMT 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total payments</td>
<td>11</td>
<td>00</td>
</tr>
<tr>
<td>Use tax. See General Information K</td>
<td>12</td>
<td>00</td>
</tr>
<tr>
<td>Payments balance, line 11 is more than line 12, subtract line 12 from line 11</td>
<td>13</td>
<td>00</td>
</tr>
<tr>
<td>Use tax balance, line 12 is more than line 11, subtract line 11 from line 12</td>
<td>14</td>
<td>00</td>
</tr>
<tr>
<td>Penalties and interest. See General Information J</td>
<td>15</td>
<td>00</td>
</tr>
<tr>
<td>Balance due. Add line 12 and line 15. Then subtract line 11 from the result</td>
<td>16</td>
<td>00</td>
</tr>
</tbody>
</table>

---

**Sign Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

**Preparer's signature:** CATHARINE L. GRAY, CPA

**Date:** 08/30/23

**Telephone:** 925-820-4517

**Phone number:** 01294460

**Paid Preparer's Use Only:**

**EIDE BAILLY LLP**

10681 FOOTHILL BLVD., STE. 300

RANCHO CUCAMONGA, CA 91730-3831

**Telephone:** 909-466-4410

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

**Yes** [x] **No** [ ]
LAZAREX CANCER FOUNDATION

Part II
Organizations with gross receipts of more than $50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross sales or receipts from all business activities</td>
<td>16,264</td>
<td>00</td>
</tr>
<tr>
<td>Interest</td>
<td>14,480</td>
<td>00</td>
</tr>
<tr>
<td>Dividends</td>
<td>00</td>
<td></td>
</tr>
<tr>
<td>Gross rents</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Gross royalties</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Gross amount received from sale of assets</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Other income</td>
<td>32,000</td>
<td>00</td>
</tr>
<tr>
<td>Total gross sales or receipts from other sources</td>
<td>62,744</td>
<td>00</td>
</tr>
<tr>
<td>Contributions, gifts, grants, and similar amounts paid</td>
<td>3,066,299</td>
<td>00</td>
</tr>
<tr>
<td>Disbursements to or for members</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Compensation of officers, directors, and trustees</td>
<td>189,364</td>
<td>00</td>
</tr>
<tr>
<td>Other salaries and wages</td>
<td>803,827</td>
<td>00</td>
</tr>
<tr>
<td>Interest</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Taxes</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Rents</td>
<td>81,533</td>
<td>00</td>
</tr>
<tr>
<td>Depreciation and depletion</td>
<td>7,094</td>
<td>00</td>
</tr>
<tr>
<td>Total expenses and disbursements</td>
<td>857,479</td>
<td>00</td>
</tr>
</tbody>
</table>

Schedule L - Balance Sheet

<table>
<thead>
<tr>
<th>Assets</th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>7,597,113</td>
<td></td>
<td>5,992,121</td>
<td>9</td>
</tr>
<tr>
<td>Net accounts receivable</td>
<td>1,349</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net notes receivable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventories</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal and state government obligations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investments in other bonds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investments in stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mortgage loans</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other investments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciable assets</td>
<td>53,252</td>
<td>25,998</td>
<td>18,904</td>
<td></td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(27,254)</td>
<td>(34,348)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other assets</td>
<td></td>
<td>51,841</td>
<td></td>
<td>891,403</td>
</tr>
<tr>
<td>Total assets</td>
<td>7,676,301</td>
<td></td>
<td>6,902,437</td>
<td></td>
</tr>
</tbody>
</table>

Liabilities and net worth

<table>
<thead>
<tr>
<th>Liabilities and net worth</th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable</td>
<td>473,757</td>
<td></td>
<td>640,325</td>
<td></td>
</tr>
<tr>
<td>Contributions, gifts, or grants payable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bonds and notes payable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mortgages payable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other liabilities</td>
<td>453,746</td>
<td></td>
<td>1,192,877</td>
<td></td>
</tr>
<tr>
<td>Capital stock or principal fund</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid-in or capital surplus, Attach reconciliation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained earnings or income fund</td>
<td>6,748,798</td>
<td></td>
<td>5,069,235</td>
<td></td>
</tr>
<tr>
<td>Total liabilities and net worth</td>
<td>7,676,301</td>
<td></td>
<td>6,902,437</td>
<td></td>
</tr>
</tbody>
</table>

Schedule M-1 - Reconciliation of income per books with income per return

<table>
<thead>
<tr>
<th>Income per books</th>
<th>(a)</th>
<th>Income recorded on books this year</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net income per books</td>
<td>-1,718,373</td>
<td>not included in this return. Attach schedule</td>
<td></td>
</tr>
<tr>
<td>Federal income tax</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excess of capital losses over capital gains</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income not recorded on books this year, Attach schedule</td>
<td>19,405</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expenses recorded on books this year not deducted in this return, Attach schedule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total, Add line 7 and line 8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net income per return</td>
<td>-1,698,968</td>
<td>Subtract line 9 from line 6</td>
<td></td>
</tr>
</tbody>
</table>

* SEE STATEMENT
<table>
<thead>
<tr>
<th>CONTRIBUTOR'S NAME</th>
<th>CONTRIBUTOR'S ADDRESS</th>
<th>DATE OF GIFT</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACE HARDWARE</td>
<td>3211 DANVILLE BOULEVARD ALAMO, CA 94507-1913</td>
<td></td>
<td>17,423.</td>
</tr>
<tr>
<td>AMGEN FOUNDATION</td>
<td>1 AMGEN CENTER DRIVE THOUSAND OAKS, CA 91320-1799</td>
<td></td>
<td>390,000.</td>
</tr>
<tr>
<td>ANGELA STEPHENS HOUSEHOLD</td>
<td>437 FIELD GLOW LANE APEX, NC 27539</td>
<td></td>
<td>5,550.</td>
</tr>
<tr>
<td>BE THE DIFFERENCE FOUNDATION</td>
<td>PO BOX 540954 DALLAS, TX 75354-0954</td>
<td></td>
<td>15,000.</td>
</tr>
<tr>
<td>BETH AND ROBERT BORCHERS HOUSEHOLD</td>
<td>2207 MARTIN AVENUE PLEASANTON, CA 94588-2690</td>
<td></td>
<td>10,000.</td>
</tr>
<tr>
<td>BRENDAN AND AMANDA NOONAN HOUSEHOLD</td>
<td>778 TUNBRIDGE DRIVE DANVILLE, CA 94526-4338</td>
<td></td>
<td>29,734.</td>
</tr>
<tr>
<td>BYER FOUNDATION</td>
<td>66 POTRERO AVENUE SAN FRANCISCO, CA 94103</td>
<td></td>
<td>10,000.</td>
</tr>
<tr>
<td>CLAY AND JANICE JACKSON HOUSEHOLD</td>
<td>158 SUNHAVEN DANVILLE, CA 94506-1901</td>
<td></td>
<td>6,150.</td>
</tr>
<tr>
<td>CLIF BAR &amp; COMPANY</td>
<td>1451 66TH STREET EMERYVILLE, CA 94608-1004</td>
<td></td>
<td>10,000.</td>
</tr>
<tr>
<td>COSTCO</td>
<td>PO BOX 34844 SEATTLE, WA 98124-1844</td>
<td></td>
<td>10,012.</td>
</tr>
<tr>
<td>DAIICHI SANKYO</td>
<td>211 MT. AIRY RD. BASKING RIDGE, NJ 07920</td>
<td></td>
<td>100,000.</td>
</tr>
<tr>
<td>DANA AND DAVID DORNSIFE HOUSEHOLD</td>
<td>417 CLIFFSIDE DRIVE DANVILLE, CA 94526-4809</td>
<td></td>
<td>652,323.</td>
</tr>
<tr>
<td>DORIS LUSTER HOUSEHOLD</td>
<td>363 NORTH HIGHLAND AVENUE LOS ANGELES, CA 90036-2629</td>
<td></td>
<td>5,000.</td>
</tr>
<tr>
<td>DREXEL UNIVERSITY</td>
<td>3201 ARCH STREET, SUITE 400 PHILADELPHIA, PA 19104-2755</td>
<td></td>
<td>25,000.</td>
</tr>
<tr>
<td>Name/Company</td>
<td>Address/PO Box</td>
<td>City/State</td>
<td>Zip/Phone</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>----------------</td>
<td>------------</td>
<td>----------</td>
</tr>
<tr>
<td>FRANK AND PATRICIA</td>
<td>2441 W JAMISON WAY LITTLETON, CO</td>
<td>80120-3945</td>
<td>5,103</td>
</tr>
<tr>
<td>CRNKOVICH HOUSEHOLD</td>
<td>475 HUNTINGTON DRIVE SAN MARINO, CA</td>
<td>91108-2358</td>
<td>10,000</td>
</tr>
<tr>
<td>GENVIVO, INC.</td>
<td>333 LAKESIDE DRIVE FOSTER CITY, CA</td>
<td>94404-1394</td>
<td>1,377,955</td>
</tr>
<tr>
<td>GILLIG LLC</td>
<td>451 DISCOVERY DRIVE LIVERMORE, CA</td>
<td>94551-9534</td>
<td>10,000</td>
</tr>
<tr>
<td>GREGG AND DONNA SCHMIDT HOUSEHOLD</td>
<td>PO BOX 2086 SURF CITY, NC</td>
<td>5,103</td>
<td></td>
</tr>
<tr>
<td>HEDCO FOUNDATION</td>
<td>28445-0017</td>
<td>10,000</td>
<td></td>
</tr>
<tr>
<td>HERRICK CORPORATION</td>
<td>2010 CROW CANYON PLACE, SUITE 120 SAN RAMON, CA</td>
<td>94583-1314</td>
<td>25,000</td>
</tr>
<tr>
<td>INSPERITY</td>
<td>19001 CRESCENT SPRINGS DRIVE KINGWOOD, TX</td>
<td>77339-3802</td>
<td>5,000</td>
</tr>
<tr>
<td>JOHN MUIR HEALTH FOUNDATION</td>
<td>1400 TREAT BOULEVARD WALNUT CREEK, CA</td>
<td>94597-2142</td>
<td>15,000</td>
</tr>
<tr>
<td>JOHN MUIR MEDICAL GROUP</td>
<td>1400 TREAT BOULEVARD WALNUT CREEK, CA</td>
<td>94597-2142</td>
<td>25,000</td>
</tr>
<tr>
<td>JOHN WOERNER AND COLLEEN FINNEGAN HOUSEHOLD</td>
<td>885 WINSLOW STREET REDWOOD CITY, CA</td>
<td>94063-1607</td>
<td>12,000</td>
</tr>
<tr>
<td>KOKUA NA LANI</td>
<td>2665 TRAILSIDE CIRCLE PLEASANTON, CA</td>
<td>94588-4758</td>
<td>5,103</td>
</tr>
<tr>
<td>LAMBERT BASSLER HOUSEHOLD</td>
<td>101 INDUSTRIAL DRIVE PO BOX 123 HORIZON, WI</td>
<td>53032</td>
<td>25,000</td>
</tr>
<tr>
<td>MARLIN TECHNOLOGIES</td>
<td>350 HUDSON STREET, 9TH FLOOR NEW YORK, NY</td>
<td>10014-4535</td>
<td>10,000</td>
</tr>
<tr>
<td>MEDIDATA SOLUTIONS</td>
<td>1382 OLD MILLPOND ROAD MELBOURNE, FL</td>
<td>32940</td>
<td>10,000</td>
</tr>
<tr>
<td>METAPLASTIC BREAST CANCER GLOBAL ALLIANCE</td>
<td>3545 CRAY COURT SAN DIEGO, CA</td>
<td>92121-1169</td>
<td>10,000</td>
</tr>
<tr>
<td>MIRATI THERAPEUTICS, INC.</td>
<td>670 WESTBRIDGE PLACE PASADENA, HOUSEHOLD CA</td>
<td>91105-1511</td>
<td>10,000</td>
</tr>
<tr>
<td>NORMAN AND ANNA ARNHEIM</td>
<td>48 DONALD DRIVE ORINDA, CA</td>
<td>94563-3653</td>
<td>10,000</td>
</tr>
<tr>
<td>NORMAN AND JANET PEASE HOUSEHOLD</td>
<td>2821 CROW CANYON ROAD, SUITE 210 SAN RAMON, CA</td>
<td>94583-1659</td>
<td>7,500</td>
</tr>
<tr>
<td>OAK COURT PROPERTIES, LLC</td>
<td>8000 JARVIS AVENUE, SUITE 204 NEWARK, CA</td>
<td>94560</td>
<td>10,000</td>
</tr>
<tr>
<td>RAIN THERAPEUTICS, INC.</td>
<td>3647 HAPPY VALLEY ROAD LAFAYETTE, CA</td>
<td>94549-3048</td>
<td>20,098</td>
</tr>
<tr>
<td>ROBERT AND JOANNE</td>
<td>3647 HAPPY VALLEY ROAD LAFAYETTE, CA</td>
<td>94549-3048</td>
<td>20,098</td>
</tr>
<tr>
<td>ROBERT JOHNSON AND MARGARET LIU HOUSEHOLD</td>
<td>3486 INVESTMENT BOULEVARD, SUITE B HAYWARD, CA</td>
<td>94545-3811</td>
<td>35,281</td>
</tr>
<tr>
<td>RODAN BUILDERS, INC.</td>
<td>17770 TOURNEY ROAD LOS GATOS, CA</td>
<td>95030-7164</td>
<td>10,000</td>
</tr>
<tr>
<td>RYAN KEANE HOUSEHOLD</td>
<td>1115 RIDGE ROAD WAUKESHA, WI</td>
<td>53186</td>
<td>13,454</td>
</tr>
<tr>
<td>THE CANCER LEAGUE, INC.</td>
<td>6114 LA SALLE AVENUE OAKLAND, CA</td>
<td>94611-2802</td>
<td>10,000</td>
</tr>
<tr>
<td>THOMAS TEVES HOUSEHOLD</td>
<td>14015 S 10TH ST PHOENIX, AZ</td>
<td>85048</td>
<td>5,000</td>
</tr>
<tr>
<td>DESCRIPTION</td>
<td>AMOUNT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------</td>
<td>------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER REVENUE</td>
<td>32,000.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL TO FORM 199, PART II, LINE 7</td>
<td>32,000.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CA 199  CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID  STATEMENT 3

ACTIVITY CLASSIFICATION: GRANTS

<table>
<thead>
<tr>
<th>DONEES NAME</th>
<th>DONEES ADDRESS</th>
<th>RELATIONSHIP</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PENN ABRAMSON</td>
<td>PO BOX 785541 - PHILADELPHIA, PA 19104</td>
<td>NONE</td>
<td>172,000.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DONEES NAME</th>
<th>DONEES ADDRESS</th>
<th>RELATIONSHIP</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>US ONCOLOGY RESEARCH LLC</td>
<td>2899 PAYSHERE CIRCLE - CHICAGO, IL 60674</td>
<td>NONE</td>
<td>86,400.</td>
</tr>
</tbody>
</table>

TOTAL FOR THIS ACTIVITY  258,400.

ACTIVITY CLASSIFICATION: PATIENT REIMBURSEMENTS

<table>
<thead>
<tr>
<th>DONEES NAME</th>
<th>DONEES ADDRESS</th>
<th>RELATIONSHIP</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATIENT REIMBURSEMENTS</td>
<td>P.O. BOX 741 - DANVILLE, CA 94526</td>
<td>NONE</td>
<td>2,807,899.</td>
</tr>
</tbody>
</table>

TOTAL FOR THIS ACTIVITY  2,807,899.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9  3,066,299.
<table>
<thead>
<tr>
<th>NAME AND ADDRESS</th>
<th>TITLE AND AVERAGE HRS WORKED/WK</th>
<th>COMPENSATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEPHANIE RIVERA 50 OAK COURT, SUITE 200 DANVILLE, CA 94526</td>
<td>CEO 40.00</td>
<td>189,364.</td>
</tr>
<tr>
<td>DR. FRANK CRNKOVIĆ 50 OAK COURT, SUITE 200 DANVILLE, CA 94526</td>
<td>DIRECTOR 12.00</td>
<td>0</td>
</tr>
<tr>
<td>GREG FRANCISCO 50 OAK COURT, SUITE 200 DANVILLE, CA 94526</td>
<td>DIRECTOR 12.00</td>
<td>0</td>
</tr>
<tr>
<td>DARLENE CHIANG 50 OAK COURT, SUITE 200 DANVILLE, CA 94526</td>
<td>SECRETARY 12.00</td>
<td>0</td>
</tr>
<tr>
<td>CLAY JACKSON 50 OAK COURT, SUITE 200 DANVILLE, CA 94526</td>
<td>CHAIRMAN OF THE BOARD 12.00</td>
<td>0</td>
</tr>
<tr>
<td>KAREN SESSIONS 50 OAK COURT, SUITE 200 DANVILLE, CA 94526</td>
<td>DIRECTOR 12.00</td>
<td>0</td>
</tr>
<tr>
<td>KENNY J. SIMANSKY 50 OAK COURT, SUITE 200 DANVILLE, CA 94526</td>
<td>VICE CHAIR 12.00</td>
<td>0</td>
</tr>
<tr>
<td>TAMARA LOBBAN-JONES 50 OAK COURT, SUITE 200 DANVILLE, CA 94526</td>
<td>DIRECTOR 12.00</td>
<td>0</td>
</tr>
<tr>
<td>ELAINE MACNEILLY 50 OAK COURT, SUITE 200 DANVILLE, CA 94526</td>
<td>DIRECTOR 12.00</td>
<td>0</td>
</tr>
<tr>
<td>KWANE BOATENG 50 OAK COURT, SUITE 200 DANVILLE, CA 94526</td>
<td>CFO OCT-DEC 8.00</td>
<td>0</td>
</tr>
<tr>
<td>JACKIE KENT 50 OAK COURT, SUITE 200 DANVILLE, CA 94526</td>
<td>DIRECTOR OCT-DEC 4.00</td>
<td>0</td>
</tr>
</tbody>
</table>
### CA 199 OTHER EXPENSES STATEMENT 5

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMUNITY SERVICE</td>
<td>2,038.</td>
</tr>
<tr>
<td>CANCER WELLNESS HUB</td>
<td>430,172.</td>
</tr>
<tr>
<td>SOFTWARE</td>
<td>72,960.</td>
</tr>
<tr>
<td>TELEPHONE AND INTERNET</td>
<td>17,674.</td>
</tr>
<tr>
<td>PRINTING</td>
<td>13,723.</td>
</tr>
<tr>
<td>DIRECT EXPENSES OF FUNDRAISING EVENTS</td>
<td>17,263.</td>
</tr>
<tr>
<td>ACCOUNTING FEES</td>
<td>69,934.</td>
</tr>
<tr>
<td>OTHER PROFESSIONAL FEES</td>
<td>145,860.</td>
</tr>
<tr>
<td>ADVERTISING AND PROMOTION</td>
<td>27,941.</td>
</tr>
<tr>
<td>OFFICE EXPENSES</td>
<td>29,455.</td>
</tr>
<tr>
<td>INSURANCE</td>
<td>839.</td>
</tr>
<tr>
<td>ALL OTHER EXPENSES</td>
<td>29,620.</td>
</tr>
</tbody>
</table>

TOTAL TO FORM 199, PART II, LINE 17 857,479.

### CA 199 OTHER ASSETS STATEMENT 6

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>BEG. OF YEAR</th>
<th>END OF YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLEDGES AND GRANTS RECEIVABLE</td>
<td>45,066.</td>
<td>186,727.</td>
</tr>
<tr>
<td>PREPAID EXPENSES AND DEFERRED CHARGES</td>
<td>6,400.</td>
<td>1,211.</td>
</tr>
<tr>
<td>OTHER ASSETS</td>
<td>375.</td>
<td>4,969.</td>
</tr>
<tr>
<td>OPERATING LEASE RIGHT-OF-USE ASSET</td>
<td>0.</td>
<td>698,496.</td>
</tr>
</tbody>
</table>

TOTAL TO FORM 199, SCHEDULE L, LINE 12 51,841. 891,403.

### CA 199 OTHER LIABILITIES STATEMENT 7

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>BEG. OF YEAR</th>
<th>END OF YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATING LEASE LIABILITY</td>
<td>0.</td>
<td>704,950.</td>
</tr>
<tr>
<td>DEFERRED REVENUE</td>
<td>453,746.</td>
<td>487,927.</td>
</tr>
</tbody>
</table>

TOTAL TO FORM 199, SCHEDULE L, LINE 18 453,746. 1,192,877.
<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNREALIZED GAIN ON INVESTMENTS</td>
<td>19,405.</td>
</tr>
<tr>
<td>TOTAL TO FORM 199, SCHEDULE M-1, LINE 4</td>
<td>19,405.</td>
</tr>
</tbody>
</table>
**Lazarex Cancer Foundation**

### Part I: Election To Expense Certain Property Under IRC Section 179

- **1. Maximum deduction under IRC Section 179 for California**: $25,000
- **2. Total cost of IRC Section 179 property placed in service**: $200,000
- **3. Threshold cost of IRC Section 179 property before reduction in limitation**: $200,000
- **4. Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-**
- **5. Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-**

<table>
<thead>
<tr>
<th>(a) Description of property</th>
<th>(b) Cost (business use only)</th>
<th>(c) Elected cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Listed property (elected IRC Section 179 cost)</th>
<th>8. Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7</th>
<th>9. Tentative deduction. Enter the smaller of line 5 or line 8</th>
<th>10. Carryover of disallowed deduction from prior taxable years</th>
<th>11. Business income limitation. Enter the smaller of business income (not less than zero) or line 5</th>
<th>12. IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11</th>
<th>13. Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part II: Depreciation and Election of Additional First Year Depreciation Deduction Under R&T Section 24356

<table>
<thead>
<tr>
<th>Description of property</th>
<th>Date acquired (mm/dd/yyyy)</th>
<th>Cost or other basis</th>
<th>Depreciation allowed or allowable in earlier years</th>
<th>Depreciation method</th>
<th>Life or rate</th>
<th>Depreciation for this year</th>
<th>Additional first year depreciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>FURNITURE AND EQUIPMENT</td>
<td>18,095</td>
<td>18,095 SL</td>
<td>7.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000.

### Part III: Summary

<table>
<thead>
<tr>
<th>16. Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&amp;T Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)</th>
</tr>
</thead>
</table>

17. Total depreciation claimed for federal purposes from federal Form 4562, line 22

18. Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)

### Part IV: Amortization

<table>
<thead>
<tr>
<th>Description of property</th>
<th>Date acquired (mm/dd/yyyy)</th>
<th>Cost or other basis</th>
<th>Amortization allowed or allowable in earlier years</th>
<th>R&amp;T Section (see instructions)</th>
<th>Period or percentage</th>
<th>Amortization for this year</th>
</tr>
</thead>
</table>

20. Total. Add the amounts in column (g)

21. Total amortization claimed for federal purposes from federal Form 4562, line 44

22. Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.
TAXABLE YEAR
2022
California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

LAZAREX CANCER FOUNDATION
20-2562494

Part I  Electronic Return Information (whole dollars only)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total gross receipts (Form 199, line 4)</td>
</tr>
<tr>
<td>2</td>
<td>Total gross income (Form 199, line 8)</td>
</tr>
<tr>
<td>3</td>
<td>Total expenses and disbursements (Form 199, line 9)</td>
</tr>
</tbody>
</table>

Part II  Settle Your Account Electronically for Taxable Year 2022

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Electronic funds withdrawal</td>
<td>4a Amount</td>
</tr>
<tr>
<td>5</td>
<td>Routing number</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Account number</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Type of account: Checking, Savings</td>
<td></td>
</tr>
</tbody>
</table>

Part IV  Declaration of Officer

I authorize the exempt organization’s account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization’s 2022 California electronic return. To the best of my knowledge and belief, the exempt organization’s return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization’s fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization’s return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

Signature of officer

Date

Title

CEO

Part V  Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization’s return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization’s return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer’s signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub, 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization’s return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO’s signature

Date

Check if also paid preparer

Check if self-employed

ERO’s PTIN

Catherine L. Gray, CPA

Eide Bailly LLP

10681 Foothill Blvd., Ste. 300

Rancho Cucamonga, CA

FTB 8453-EO 2022

Sign

Paid Preparer’s signature

Date

Check if self-employed

Paid Preparer’s PTIN

Firm’s FEIN

01294460

Firm’s FEIN

45-0250958

ZIP code 91730-3831

Under penalties of perjury, I declare that I have examined the above organization’s return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Firm’s FEIN

22921 11-10-22
ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization’s accounting period may result in the loss of tax exemption and the assessment of a minimum tax of $800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1, IRS extensions will be honored.

LAZAREX CANCER FOUNDATION
Name of Organization

List all DBAs and names the organization uses or has used:

50 OAK COURT, SUITE 200
Address (Number and Street)
DANVILLE, CA 94526
City or Town, State, and Zip Code
925-820-4517
Telephone Number

State Charity Registration Number CT0155382
Corporation or Organization No. 2535683
Federal Employer ID No. 20-2562494

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)

<table>
<thead>
<tr>
<th>Total Revenue</th>
<th>Fee</th>
<th>Total Revenue</th>
<th>Fee</th>
<th>Total Revenue</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $50,000</td>
<td>$25</td>
<td>Between $250,001 and $1 million</td>
<td>$100</td>
<td>Between $20,000,001 and $100 million</td>
<td>$800</td>
</tr>
<tr>
<td>Between $50,000 and $100,000</td>
<td>$50</td>
<td>Between $1,000,001 and $5 million</td>
<td>$200</td>
<td>Between $100,000,001 and $500 million</td>
<td>$1,000</td>
</tr>
<tr>
<td>Between $100,001 and $250,000</td>
<td>$75</td>
<td>Between $5,000,001 and $20 million</td>
<td>$400</td>
<td>Greater than $500 million</td>
<td>$1,200</td>
</tr>
</tbody>
</table>

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2022 ending 12/31/2022) list:

Total Revenue (including noncash contributions) $3,289,365
Noncash Contributions $14,614
Total Assets $6,902,437
Program Expenses $4,587,088
Total Expenses $4,988,333

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? Yes X

2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization’s charitable property or funds? Yes X

3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? Yes X

4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial correspondent used? Yes X

5. During this reporting period, did the organization receive any governmental funding? Yes X

6. During this reporting period, did the organization hold a raffle for charitable purposes? Yes X

7. Does the organization conduct a vehicle donation program? Yes X

8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period? Yes X

9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets? Yes X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

STEPHANIE RIVERA CEO

Signature of Authorized Agent Printed Name Title Date

3/29/21 04-01-22