

**Short Form
Return of Organization Exempt From Income Tax**

2006

Open to Public Inspection

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

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2006 calendar year, or tax year beginning , **2006**, and ending

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C CANCER RESEARCH FOUNDATION, INC. PO BOX 50226 HENDERSON, NV 89016</p>	<p>D Employer identification number 16-1726937</p> <p>E Telephone number (800) 968-2873</p> <p>F Group Exemption Number</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ WWW.CANCERRESEARCHFOUNDATION.COM

J Organization type (check only one) — 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 19,247.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

	1 Contributions, gifts, grants, and similar amounts received		19,247.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
REVENUE	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (line 6a less line 6b)	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
	8 Other revenue (describe ▶)	8	
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	19,247.
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	17,324.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ SEE STATEMENT 2)	16	1,923.
	17 Total expenses (add lines 10 through 16)	17	19,247.
	18 Excess or (deficit) for the year (line 9 less line 17)	18	0.
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	0.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year (combine lines 18 through 20)	21	0.

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

(See Instructions)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	22	
23	Land and buildings	23	
24	Other assets (describe ▶)	24	
25	Total assets	0.	0.
26	Total liabilities (describe ▶)	0.	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	0.	0.

Part III Statement of Program Service Accomplishments (See the instructions.)

Expenses

What is the organization's primary exempt purpose? **RAISE FUNDS FOR CANCER RESEARCH**
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 _____

 (Grants \$ _____) If this amount includes foreign grants, check here. **28a**

29 _____

 (Grants \$ _____) If this amount includes foreign grants, check here. **29a**

30 _____

 (Grants \$ _____) If this amount includes foreign grants, check here. **30a**

31 Other program services (attach schedule) _____
 (Grants \$ _____) If this amount includes foreign grants, check here. **31a**

32 **Total program service expenses** (add lines 28a through 31a) _____ **32**

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 3		0.	0.	0.

Part V Other Information (Note the statement requirement in the instructions) **SEE STATEMENT 4**

	4	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.	33		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.	34		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' attach a statement.)	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0	
b Did the organization file Form 1120-POL for this year?	37b		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b If 'Yes,' attach the sch specified in the line 38 instructions and enter the amount involved.	38b	N/A	
39 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on line 9.	39a	N/A	
b Gross receipts, included on line 9, for public use of club facilities.	39b	N/A	

Part V Other Information (Note the statement requirement in the instructions) (Continued)

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation.

	Yes	No
40b		X
40c		
40e		X

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.

d Enter amount of tax on line 40c reimbursed by the organization. ▶ 0.

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

41 List the states with which a copy of this return is filed ▶ **NONE**

42 a The books are in care of ▶ **KIMBERLY FERRARA** Telephone no. ▶ (800) 968-2873
 Located at ▶ **PO BOX 50226, HENDERSON NV** ZIP + 4 ▶ **89016**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
 If 'Yes,' enter the name of the foreign country: ▶

	Yes	No
42b		X
42c		X

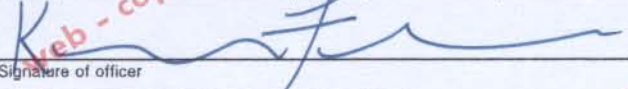
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
 If 'Yes,' enter the name of the foreign country: ▶


43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **43** N/A

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.

Please Sign Here

Signature of officer:  Date: **10/3/07**
 Type or print name and title: **KIMBERLY FERRARA, TREASURER**

Paid Preparer's Use Only

Preparer's signature:  Date: _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: **MONTECITO FINANCIAL SERVICES, INC**
300 W GLENOAKS BLVD STE 200
GLENDAL, CA 91202-2987
 Check if self-employed Preparer's SSN or PTIN (See General Instruction X) **P00070703**
 EIN ▶ **95-3981046**
 Phone no. ▶ **(818) 242-4888**

Please do not accept this document as valid identification

web - copy

CLIENT 257744

CANCER RESEARCH FOUNDATION, INC

16-1726937

3/08/07

11:22PM

STATEMENT 3 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KIMBERLY FERRARA PO BOX 50226 HENDERSON, NV 89016	PRESIDENT 0	\$ 0.	\$ 0.	\$ 0.
KIMBERLY FERRARA PO BOX 50226 HENDERSON, NV 89016	TREASURER 0	0.	0.	0.
JAMES CLARK PO BOX 50226 HENDERSON, NV 89016	DIRECTOR 0	0.	0.	0.
ROBERT RUSSELL PO BOX 50226 HENDERSON, NV 89016	DIRECTOR 0	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.

STATEMENT 4
FORM 990-EZ, PART V
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

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

CLIENT 257744

CANCER RESEARCH FOUNDATION, INC

16-1726937

3/08/07

11:22PM

STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY:	MEDICAL RESEARCH		
DONEE'S NAME:	UCSF COMPREHENSIVE CANCER CTR		
AMOUNT GIVEN:		\$	4,331.
CLASS OF ACTIVITY:	MEDICAL RESEARCH		
DONEE'S NAME:	MD ANDERSON CANCER CTR		
AMOUNT GIVEN:		\$	4,331.
CLASS OF ACTIVITY:	MEDICAL RESEARCH		
DONEE'S NAME:	MAYO CLINIC CANCER CTR		
AMOUNT GIVEN:		\$	4,331.
CLASS OF ACTIVITY:	MEDICAL RESEARCH		
DONEE'S NAME:	MEMORIAL SLOAN-KETTERING CANCER		
AMOUNT GIVEN:		\$	4,331.
		TOTAL CASH GRANTS AND ALLOCATIONS	\$ 17,324.
		TOTAL GRANTS AND SIMILAR AMOUNTS PAID	\$ 17,324.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING.....	\$	902.
CONTRACT LABOR.....		414.
SUPPLIES.....		119.
TELEPHONE.....		488.
	TOTAL	\$ 1,923.

STATEMENT 3
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
RONALD MOSES PO BOX 50226 HENDERSON, NV 89016	SECRETARY 0	\$ 0.	\$ 0.	\$ 0.
JEFF MILANOWSKI PO BOX 50226 HENDERSON, NV 89016	DIRECTOR 0	0.	0.	0.