Form	9	9	0
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EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Αŀ	or the	e 2021 calendar year, or tax year beginning and	ending	_	
B C	heck if pplicabl	e: C Name of organization		D Employer identifie	cation number
	Addre] chang	I NORTHWEST SARCOMA FOUNDATION		01 19196	0.0
	Name chang			91-17176	
	_return Final	, , , , , , , , , , , , , , , , , , , ,	Room/suite	E Telephone number	
	return∟ termir		443	503-803-	413,510.
	ated TAmen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	
	_lreturn]Applic _tion			H(a) Is this a group re	
	⊥tiòn pendi	IF Name and address of principal officer: COMM ANDERSON		for subordinates H(b) Are all subordinates in	
<u> </u>	· 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	empt status: $X = 501(c)(3) = 501(c) () = (insert no.) = 4947(a)(1)$	or 527	1	list. See instructions
		te: \blacktriangleright WWW • NWSARCOMA • ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Year		State of legal domicile: WA
	rt I	Summary			olato er legar dermone,
	1	Briefly describe the organization's mission or most significant activities: WE P	ROVIDE	HOPE, EDUC	ATION AND
Activities & Governance		SUPPORT TO SARCOMA PATIENTS AND THEIR FA	MILIES	IN THE PAC	IFIC
erna	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	sets.
оvе	3	Number of voting members of the governing body (Part VI, line 1a)			11
8 0	4	Number of independent voting members of the governing body (Part VI, line 1b)			11
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	5
iviti	6	Total number of volunteers (estimate if necessary)	6	104	
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
				Prior Year	Current Year
an	8	Contributions and grants (Part VIII, line 1h)		156,474.	343,310.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		18,502.	29,297.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		251. 175,227.	2,508. 375,115.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		47,250.	102,500.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		47,250.	102,500.
	14 15	Benefits paid to or for members (Part IX, column (A), line 4)		163,288.	169,912.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	91.	••	0.
EX		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		34,441.	36,907.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		244,979.	309,319.
	19	Revenue less expenses. Subtract line 18 from line 12		-69,752.	65,796.
or				ginning of Current Year	End of Year
Assets or d Balances	20	Total assets (Part X, line 16)		571,632.	654,262.
d Ba	21	Total liabilities (Part X, line 26)		55,743.	9,830.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		515,889.	644,432.
Pa	rt II	Signature Block			

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

	Signatura of officer		Data	
Sign Here	Signature of officer JOHN ANDERSON, TREASUR	ER	Date	
Tiere	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check PTIN	
Paid	VICTORIA L. BRYSON	VICTORIA L. BRYSON	self-employed P012	243342
Preparer	Firm's name 🕨 HOFFMAN, STEWART	& SCHMIDT, PC	Firm's EIN ▶ 93-074	13240
Use Only	Firm's address 3 CENTERPOINTE D	RIVE, SUITE 300		
	LAKE OSWEGO, OR	97035-8663	Phone no. 503 - 220 -	-5900
May the II	RS discuss this return with the preparer shown abo	ve? See instructions	Υ Χ	′es 🔄 No
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic			rm 990 (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) NORTHWEST SARCOMA FOUNDATION	91-1717600	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: WE PROVIDE HOPE, EDUCATION AND SUPPORT TO SARCOMA	PATTENTS AND THETE	2
	FAMILIES IN THE PACIFIC NORTHWEST WHILE INVESTING		<u>.</u>
	IMPROVE CURE RATES FOR SARCOMAS.		
2	Did the organization undertake any significant program services during the year which were not liste	d on the	
	prior Form 990 or 990-EZ?	Yes	XNo
-	If "Yes," describe these new services on Schedule O.		v
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	n services? Yes	XNo
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program service accomplishments for each of its	sorvices, as measured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocat		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$67,424 • including grants of \$65,250) (Revenue \$)
	THE FOUNDATION PROVIDES FINANCIAL ASSISTANCE GRANT		
	PATIENTS UNDERGOING TREATMENT. OUR SERVICE AREA IN		
	REGION OF WASHINGTON, OREGON, ALASKA, MONTANA, ANI	DIDAHO. DURING 202	21,
	GRANTS WERE MADE TO 161 PATIENTS.		
4b	(Code:) (Expenses \$ 18,811. including grants of \$ 17,250 THE FOUNDATION ADMINISTERS THE JENNA WESTERHOLM PE). (Revenue \$	(<u>هر</u>)
	FINANCIAL ASSISTANCE PROGRAM FOR PEDIATRIC SARCOM		-
	TREATMENT. OUR SERVICE AREA INCLUDES THE FIVE-STA		
	WASHINGTON, OREGON, ALASKA, MONTANA AND IDAHO. DUF	ING 2021, GRANTS W	VERE
	MADE TO 42 PATIENTS.		
4c	(Code:) (Expenses \$ 21,408 • including grants of \$ 20,000) (Revenue \$)
	THE FOUNDATION SUPPORTS RESEARCH ORGANIZATIONS WIT		
	ADVANCING THE CAPACITY AND PROSPECTS FOR SARCOMA 1		
	BUILD CAPACITY BY INCREASING THE NUMBER OF SARCOMP BANKS, AND ADVANCE TREATMENT PROSPECTS BY SUPPORTI		
	BRINGING SARCOMA TREATMENTS TO TRIAL.	ING LABS SUCCESSFUL	L IN
	BRINGING SARCOMA IREAIMENTS TO IRIAL.		
4d	Other program services (Describe on Schedule O.) (Expenses \$ 19,556 • including grants of \$) (Revenue \$	١	
4e	(Expenses \$ 19,556 • including grants of \$) (Revenue \$ Total program service expenses ► 127,199 •)	
		Form 99	90 (2021)

NORTHWEST SARCOMA FOUNDATION Form 990 (2021) NORTHWEST SA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	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	_		x
~	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	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			
5	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	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<u> </u>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	11b		X
С	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	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10		x
b	Schedule D, Parts XI and XII	12a		
a	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-74		<u> </u>
~	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	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	15		х
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	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	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	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
_	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	4 7	

Form **990** (2021)

			Yes	No			
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? If "Yes," complete Schedule I, Parts I and III	22	x				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current						
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		x			
0 4 -	Schedule J	23					
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? If "Yes," answer lines 24b through 24d and complete	24a		x			
	Schedule K. If "No," go to line 25a						
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease						
	any tax-exempt bonds?	24c					
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a					
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? If "Yes," complete	051		x			
~~	Schedule L, Part I	25b					
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%			x			
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26					
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	07		x			
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27					
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):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x			
h	"Yes," complete Schedule L, Part IV	28a 28b		X			
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		- 23			
C	, , , , , , , , , , , , , , , , , , , ,	28c		x			
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X			
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		- 23			
30		30		x			
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete	31					
32	Schedule N, Part II	32		x			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52					
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and						
0-1	Part V, line 1	34		x			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X			
	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)? If "Yes," complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?						
	If "Yes," complete Schedule R, Part V, line 2	36		x			
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? If "Yes," complete Schedule R, Part VI	37		X			
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	38	Х				
Pa							
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>					
			Yes	No			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a						
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c	Х				

Form 990	
Part V	Sta

			Yes	No						
2a	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 2a 5		v							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.									
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>									
48	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)?	4a		x						
h	If "Yes," enter the name of the foreign country	Ha								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	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?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			37						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7b								
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	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?	8								
9	sponsoring organization have excess business holdings at any time during the year?	0								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12 10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders 11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the									
5	organization is licensed to issue qualified health plans 13b									
c	Enter the amount of reserves on hand 13c									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b								
15	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?	15		х						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

Form 990 (2021)
Dout VI	

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 11			
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	Х	
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	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	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright OR$			
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) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request 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, ar	id finar	ncial	
	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			
	JOHN ANDERSON - 503-803-6735			
	117 EAST LOUISA ST, 443, SEATTLE, WA 98102			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a 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 the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 as 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.

(A)	(B)				(C)						(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	ition more	l than	one	Reportable	Reportable	Estimated			
	hours per	box, unless person is b officer and a director/tr				is bot	h an	compensation	compensation	amount of			
	week					1		from	from related	other			
	(list any hours for	lirecto				_		the organization	organizations (W-2/1099-MISC/	compensation from the			
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization			
	organizations	truste	al tru:		yee	nper		1099-NEC)	,	and related			
	below	Individual trustee or director	In stitutional trustee	er	Key employee	Highest compensated employee	ner			organizations			
	line)	Indi	Insti	Officer	Key	High emp	Former						
(1) JO MCNEAL	40.00												
EXECUTIVE DIRECTOR				х				92,575.	0.	0.			
(2) ERNEST "CHAPPIE" CONRAD	4.00									_			
PRESIDENT		Х		Х				0.	0.	0.			
(3) JOHN ANDERSON	7.00									_			
TREASURER		X		Х				0.	0.	0.			
(4) JEFFREY SWEENEY	2.00												
VICE PRESIDENT		Х		Х				0.	0.	0.			
(5) PATRICIA READ-WILLIAMS	1.00												
MEMBER		х						0.	0.	0.			
(6) DONNA ANDERSON	1.00												
MEMBER		Х						0.	0.	0.			
(7) LARA DAVIS	0.50												
MEMBER		Х						0.	0.	0.			
(8) JULIA READ-LABELLE	1.00												
MEMBER		Х						0.	0.	0.			
(9) ROBERT ORTBLAD	0.50									_			
MEMBER		Х						0.	0.	0.			
(10) IAN WALSH	0.50												
SECRETARY		Х		Х				0.	0.	0.			
(11) ASHLEY GLOVER	0.50									_			
MEMBER		X						0.	0.	0.			
(12) KELLY SWEENEY	1.00									_			
MEMBER		X						0.	0.	0.			
		l											
		l											

Form 990	(2021) NORTHWES	I SARCON	ſΑ	FC	JUI	ND2	AT]	[0]	N	91-171	176	00	Page 8
Part VI	Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more than dox, unless person is bott officer and a director/trus				h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F Estim amou oth	ated nt of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC 1099-NEC)	;/	comper from organiz and re organiz	isation the ation lated
											_		
											_		
											+		
	al from continuation sheets to Part V	II, Section A							92,575. 0. 92,575.	(0.		0.0.
2 Tot	al (add lines 1b and 1c) al number of individuals (including but r npensation from the organization b										<u>.</u>		0.
	the organization list any former officer, 1a? If "Yes," complete Schedule J for s	,		,	•	,	,	Ŭ		5		Ye 3	s No X
4 For and	any individual listed on line 1a, is the su I related organizations greater than \$15	um of reportab 0,000? <i>If "Yes,</i>	le co " <i>co</i>	omp mple	ensa ete S	atior Sche	n and e <i>dule</i>	d otl ə <i>J f</i>	for such individual	the organization		4	X
ren	any person listed on line 1a receive or a dered to the organization? <i>If "Yes," com</i>	-				-			-			5	x
1 Cor	B. Independent Contractors nplete this table for your five highest co organization. Report compensation for										ensat	tion from	1
	(A) Name and business			ONE			0. 11		(B) Description of s		Со	(C) mpensa	tion
								_					
								_					
2 Tot	al number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received n	nore than			
	0.000 of compensation from the organi	e					0		,				

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts its	1 a	a Federated campaigns 1a	a					
ts, Gra Amoui	ł	D Membership dues	b					
		Fundraising events	c	61,269.				
Gift lar		d Related organizations	d					
Contributions, Gifts, Grants and Other Similar Amounts	e	e Government grants (contributions)	е	70,189.				
	f	All other contributions, gifts, grants, and						
ibu		similar amounts not included above 1f	f	211,852.				
d Or	Ģ	g Noncash contributions included in lines 1a-1f	g \$	11,920.				
a C	ł	n Total. Add lines 1a-1f		►	343,310.			
				Business Code				
e	2 a	a						
ervi	ł	o						
Program Service Revenue								
ran ?ev	c	d						
rog	e	<u> </u>						
đ	f	1 5	_					
	ç	g Total. Add lines 2a-2f		🕨				
	3	Investment income (including dividends			~~ ~~ ~			
		other similar amounts)			29,297.			29,297.
	4	Income from investment of tax-exempt		· · ·				
	5	Royalties						
		(i) R	eal	(ii) Personal				
		a Gross rents 6a						
	k	b Less: rental expenses 6b						
		c Rental income or (loss) 6c						
		d Net rental income or (loss)						
	7 8	a Gross amount from sales of (i) Secu	unties	(ii) Other				
		assets other than inventory 7a						
e	1	Less: cost or other basis						
nuə		and sales expenses 7b						
Sev.		C Gain or (loss) 7C						
er		d Net gain or (loss)a Gross income from fundraising events (not						
Other Revenue	0 0	including \$ 61,269. of						
•		contributions reported on line 1c). See						
		Part IV, line 18		40,903.				
		Less: direct expenses		38,395.				
		Net income or (loss) from fundraising e			2,508.			2,508.
		a Gross income from gaming activities. S		F	,			
		Part IV, line 19						
	ł	Less: direct expenses						
		Net income or (loss) from gaming activi		►				
		a Gross sales of inventory, less returns						
		and allowances	10a					
	ł	Less: cost of goods sold						
		Net income or (loss) from sales of inver		►				
s				Business Code				
e son	11 a	а	Ī					
ane		0						
eve	Ċ	>						
Miscellaneous Revenue		d All other revenue						
<		• Total. Add lines 11a-11d	<u> </u>	►				
	12				375,115.	0.	0.	31,805.

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

) NORTHWEST SARCOMA FOUNDATION

Form 990 (2021) NORTHWE
Part VIII Statement of Revenue

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

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	20,000.	20,000.		
~	and domestic governments. See Part IV, line 21	20,000.	20,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	82,500.	82,500.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	92,940.	6,119.	76,152.	10,669
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	56,024.	7,314.	41,373.	7,337
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,901.	706.	4,199.	996
10	Payroll taxes	15,047.	1,179.	12,257.	1,611
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	14,156.	1,765.	11,102.	1,289
12	Advertising and promotion	474.		474.	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	1,786.		1,786.	
17	Travel	2,551.	943.	1,510.	98
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,755.		1,755.	
23	Insurance	4,267.		4,267.	
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 0.)				
а	SUPPLIES	5,709.	3,715.	1,266.	728
b	MISCELLANEOUS	2,350.	1,751.	0.	599
с	POSTAGE	2,158.	1,207.	588.	363
d	BANK CHARGES	1,701.			1,701
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	309,319.	127,199.	156,729.	25,391
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 98-2 (ASC 958-720)				

NORTHWEST SARCOMA FOUNDATIO	NORTHWEST	SARCOMA	FOUNDATION
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91-1717600 Page 11

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	360.	1	654.		
	2	Savings and temporary cash investments	98,821.	2	71,002.		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			1,359.	4	146.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	ed in se	ction 4958(c)(3)(B)		6	
ţs	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			3,237.	9	15,874.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	7,428.			
	b	Less: accumulated depreciation		4,294.	1,284.	10c	3,134. 553,969.
	11	Investments - publicly traded securities			465,071.	11	553,969.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		1,500.	15	9,483.	
	16	Total assets. Add lines 1 through 15 (must equ		571,632.	16	654,262.	
	17	Accounts payable and accrued expenses	20,649.	17	9,830.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ŝŝ	22	Loans and other payables to any current or for	mer offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, subs	stantial	contributor, or 35%			
iabi		controlled entity or family member of any of the		22			
	23	Secured mortgages and notes payable to unre	lated th	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third	parties		24	
	25	Other liabilities (including federal income tax, page	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24	. Complete Part X			
		of Schedule D			35,094.	25	0.
	26	Total liabilities. Add lines 17 through 25			55,743.	26	9,830.
(0		Organizations that follow FASB ASC 958, ch	eck hei	e 🕨 🗴			
Cee		and complete lines 27, 28, 32, and 33.					
alan	27	Net assets without donor restrictions			470,964.	27	610,423.
IB	28	Net assets with donor restrictions			44,925.	28	34,009.
nnc		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 🗌			
Ē		and complete lines 29 through 33.					
o s	29	Capital stock or trust principal, or current funds	s			29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or e				30	
: As	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances			515,889.	32	644,432.
_	33	Total liabilities and net assets/fund balances			571,632.	33	654,262.

Form **990** (2021)

Part X | Balance Sheet

Form	990	(2021)

Form	1 990 (2021) NORTHWEST SARCOMA FOUNDATION	91-171	7600	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	375	5,115.
2	Total expenses (must equal Part IX, column (A), line 25)	2	305	9,319.
3	Revenue less expenses. Subtract line 2 from line 1	3		5,796.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		5,889.
5	Net unrealized gains (losses) on investments	5	62	2,855.
6	Donated services and use of facilities	6		
7	Investment expenses	7		100
8	Prior period adjustments	8		-108.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		C A A	
D	column (B))	10	644	432.
Ра	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul			37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			v
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		x
	Act and OMB Circular A-133?		3a	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u>3b</u>	
			⊦orm •	990 (2021)

Department of the Treasury

Internal Revenue Service

(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 to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

1	2021
	Open to Public Inspection
Employer	identification number

OMB No. 1545-0047

I

Name of the	organization
-------------	--------------

		NORT	HWEST S	SARCOMA	FOUNDATI	ON			. 9	1-1717600
Ра	rt I	Reason for Public (Charity Sta	atus. (All org	ganizations must c	complete t	nis part.) S	See instructior	ıs.	
The	organ	ization is not a private found	lation becaus	se it is: (For lin	es 1 through 12, o	check only	one box.)			
1		A church, convention of ch	urches, or as	sociation of c	hurches describe	d in sectio	n 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 organiz	ation operate	ed in conjunct	ion with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:								
5		An organization operated for	or the benefit	of a college of	or university owne	d or opera	ted by a g	overnmental	unit descrik	bed 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		An organization that norma	lly receives a	substantial p	art of its support	from a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part	II.)						
8		A community trust describe	ed in section	170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization des	scribed in sec	tion 170(b)(1)(A)	(ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	grant college	of agriculture	(see instructions)	. Enter the	name, city	y, and state o	f the colleg	e or
		university:								
10	Х	An organization that norma	lly receives (1	I) more than 3	33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd gross receipts from
		activities related to its exem	npt functions	, subject to c	ertain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment
		income and unrelated busir	ness taxable i	income (less	section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part II	l.)						
11		An organization organized a	and operated	exclusively t	o test for public sa	afety. See	section 50)9(a)(4) .		
12		An organization organized a	and operated	exclusively for	or the benefit of, t	o perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations d	lescribed in s	ection 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on
		lines 12a through 12d that	describes the	e type of supp	porting organization	n and con	nplete lines	s 12e, 12f, an	d 12g.	
а		Type I. A supporting orga	-			•				
		the supported organization	on(s) the pow	er to regularly	appoint or elect	a majority	of the dire	ctors or truste	ees of the s	supporting
		organization. You must c	-							
b		Type II. A supporting orga								
		control or management o				ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus	-							
С		☐ Type III functionally inte	-		-				Illy integrate	ed with,
		its supported organization		-	-					
d		☐ Type III non-functionally	-		-				-	
		that is not functionally int	0	0	• •	•		•	d an attent	iveness
		requirement (see instruct		-	-					
е		☐ Check this box if the orga						a Type I, Type	II, Type III	
,	E.t.	functionally integrated, or			ntegrated support	ing organi	zation.			
T		er the number of supported o	•		·····					
g		vide the following informatior i) Name of supported	(ii) EIN		/pe of organization	(iv) Is the orga	nization listed	(v) Amount o	fmonetary	(vi) Amount of other
		organization	(-)	(desc	ribed on lines 1-10	Yes	ng document? No	support (see ir		support (see instructions)
				above	e (see instructions))					
Tota	ı									

	A (Form 990) 202 ⁻
Part II	Support Sc

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)
(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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,						
	1 (0)						
6	Public support. Subtract line 5 from line 4.						
-	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(a) 2017	(b) 2010	(0) 2019	(u) 2020	(e) 2021	(I) TOLAI
-							
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2021 (line 6, column (f), c	divided by line 11,	column (f))		14	%
15	11 1 5					15	%
16 a	33 1/3% support test - 2021. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	more, check this be	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	า			▶∟
b	33 1/3% support test - 2020. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	nis box
	and stop here. The organization qual	lifies as a publicly :	supported organiz	ation			
17a	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not	check a box on lin	ie 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	is-and-circumstand	ces test, check thi	s box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizati	on qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	-					
	organization meets the facts-and-circ						>
18	Private foundation. If the organization						IS ►
							(Earm 000) 2021

Schedule A (Form 990) 2021

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	301,133.	270,245.	305,702.	156,775.	343,310.	1377165.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	301,133.	270,245.	305,702.	156,775.	343,310.	1377165.
	Amounts included on lines 1, 2, and	501,155.	270,245.	505,702.	130,773.	545,510.	1377103.
1 d	3 received from disqualified persons	38,360.	45,637.	30,738.	34,837.	22,312.	171,884.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	30,300.	43,037.	50,750.	51,057.	22,312.	0.
	amount on line 13 for the year	38,360.	45,637.	30,738.	34,837.	22,312.	171,884.
	Add lines 7a and 7b	50,500.	45,057.	50,750.	54,057.	22,J12.	1205281.
	Public support. (Subtract line 7c from line 6.)						1203201.
		(-) 0017	(1-) 0010	(-) 0010	(-1) 0000	(-) 0001	(6) T = + = 1
	ndar year (or fiscal year beginning in) 🕨	(a)2017 301,133.	(b) 2018 270,245.	(c) 2019 305,702.	(d) 2020 156,775.	(e) 2021 343,310.	(f) Total 1377165.
	Amounts from line 6 Gross income from interest,	501,155.	270,243.	505,702.	130,773.	J4J, J10.	13//103.
10a	dividends, payments received on securities loans, rents, royalties, and income from similar sources	23,275.	26,300.	20,924.	16,674.	29,215.	116,388.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b	23,275.	26,300.	20,924.	16,674.	29,215.	116,388.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	52,490.	24,852.	1,090.	251.	2,507.	81,190.
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)	376,898.	321,397.	327,716.	173,700.	375,032.	1574743.
	First 5 years. If the Form 990 is for th	e organization's fi	rst. second. third.	fourth. or fifth tax	vear as a section 5	01(c)(3) organizati	on.
	check this box and stop here						
Sec	tion C. Computation of Publ	ic Support Pe					
	Public support percentage for 2021 (I			column (f))		15	76.54 %
	Public support percentage from 2020					16	72.34 %
	tion D. Computation of Invest						
	Investment income percentage for 20		•	ne 13. column (f))		17	7.39 %
	Investment income percentage from 2					18	6.97 %
	33 1/3% support tests - 2021. If the						,-
	more than 33 1/3%, check this box at 33 1/3% support tests - 2020. If the	nd stop here. The	organization qualif	fies as a publicly s	upported organiza	tion	► X
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organizatio						
	3 01-04-22		,				(Form 990) 2021

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

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Schedule A (Form 990) 2021 NORTHWEST SARCOMA FOUNDATION

1

2

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described on line 11a above?	11b		
с	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.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
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			

	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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.

organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the

Section C	. Type II	Supporting	Organizations	

			Yes	No
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).	1		
Sec	tion D. All Type III Supporting Organizations			

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

Schedule A (Form 990) 2021 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
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)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2021

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					. age .
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	led)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	าร	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	• From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021			FOUNDATION		91-1717600 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1	, 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3; Part IV,	, 6, 9a, 9b, 9c, 1 Section E, lines	1a, 11b, and 11c; Part 1c, 2a, 2b, 3a, and 3b	IV, Section B, lines 1 ; Part V, line 1; Part V	and 2; Part IV, Section C, , Section B, line 1e; Part V,

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 9	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No. 1545-0047 ł **Open to Public** Inspection

Employer identification number

Name of the organization

NORTHWEST SARCOMA FOUNDATION

	NORTHWEST SARCOMA FOUNDATION	91-1717600								
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.Complete if the								
	organization answered "Yes" on Form 990, Part IV, line 6.									
	(a) Donor advised funds	(b) Funds and other accounts								
1	Total number at end of year									
2	Aggregate value of contributions to (during year)									
3	Aggregate value of grants from (during year)									
4	Aggregate value at end of year									
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds								
	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									
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe									
	impermissible private benefit? Yes No									
Pa	t 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).									
		orically important land area								
		ified 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 co	onservation easement on the last								
	day of the tax year.	Held at the End of the Tax Year								
а	Total number of conservation easements	2a								
b	Total acreage restricted by conservation easements	2b								
с	Number of conservation easements on a certified historic structure included in (a)	2c								
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure									
	listed in the National Register	2d								
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization 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 conservat									
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation early a second	asements during the year								
	▶\$									
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(l	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 state									
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	hat describes the								
	organization's accounting for conservation easements.									
Pa	t 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.									
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	alance sheet works								
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	ance of public								
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.									
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	ce sheet works of								
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherand	ce of public service,								
	provide the following amounts relating to these items:									
	(i) Revenue included on Form 990, Part VIII, line 1	🕨 \$								
	(ii) Assets included in Form 990, Part X	🕨 \$								
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:									
а	Revenue included on Form 990, Part VIII, line 1	🕨 \$								
b	Assets included in Form 990. Part X	► \$								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

		ST SARCOMA								0 Page 2
	t III Organizations Maintaining C								τs (contii	nued)
3	Using the organization's acquisition, access collection items (check all that apply):	on, and other record	ds, checł	c any of the	following that	t make sig	gnificant	use of its		
а	Public exhibition	c	ı 🗆 I	Loan or exc	hange progra	m				
b	Scholarly research	e								
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	in how th	ey further t	he organizatio	on's exem	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	sures, or othe	er similar i	assets			
	to be sold to raise funds rather than to be m	aintained as part of	the orgai	nization's co	ollection?				Yes	No No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered "	Yes" on F	Form 990	, Part IV,	line 9, oi	r
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributior	s or other as	sets not i	ncluded		_	
	on Form 990, Part X?							L	Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:						
									Amoun	t
с	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance								-	
	Did the organization include an amount on F						ty?	L	Yes	No No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	÷						aara baak	(-) [011	r vooro book
		(a) Current year	(b) P	rior year	(c) Two years	S DACK (a) Three y	ears Dack	(e) Fou	r years back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
-	End of year balance	rent veer and belong		a. oolump (r						
2	Provide the estimated percentage of the cur Board designated or quasi-endowment	rent year end baland		g, column (a	a)) neiù as.					
	Permanent endowment	%	_%							
		%								
C	The percentages on lines 2a, 2b, and 2c sho									
32	Are there endowment funds not in the posse	•	ation the	nt are held a	nd administer	red for th	o organiz	ation		
ou	by:			are note a			e organiz	ation	1	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	/, line 11a. S	See Form 990	, Part X, I	ine 10.			
	Description of property	(a) Cost or o basis (investr		• •	or other (other)	• •	cumulate reciation	d	(d) Boo	k value
1a	Land									
	Buildings									
	Leasehold improvements									
d	Equipment				5,962.		2,82			3,134.
	Other				1,466.		1,40	56.		0.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	0c.)					3,134.

Schedule D (Form 990) 2021

Schedule D	(Form 990) 2021	NORTHWEST	SARCOMA	FOUNDA	TION	91-1717600 Page 3
Part VII		Other Securities.				
		-			11b. See Form 990, Part X, line	
(a) Descrip	tion of security or cate	GOTY (including name of security	(b) Boo	ok value	(c) Method of valuation: C	ost or end-of-year market value
(1) Financia	al derivatives					
(2) Closely	held equity interests	s				
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
		0, Part X, col. (B) line 12.)				
Part VIII		Program Related.				
					11c. See Form 990, Part X, line	
	(a) Description o	finvestment	(b) Boo	ok value	(c) Method of valuation: C	cost or end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Part IX	0) must equal Form 99 Other Assets.	0, Part X, col. (B) line 13.)				
Partix			o" on Form 000	Dort IV/ line	11d. See Form 990, Part X, line	15
	Complete il trie org		a) Description	, Part IV, line	110. See Form 990, Part X, Inte	(b) Book value
(4)		l	a) Description			
(1)						
(2)						
(3)						
(4)						
(5)						
<u>(6)</u> (7)						
(7)						
(9)						
	mn (b) must equal F	Form 990, Part X, col. (B)	line 15)			►
Part X	Other Liabiliti		/			
			s" on Form 990), Part IV, line	11e or 11f. See Form 990, Part	t X, line 25.
1.		escription of liability		<u> </u>		(b) Book value
	leral income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must eaual F	Form 990, Part X. col. (B)	line 25.)			
					o the organization's financial sta	atements that reports the

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...

91-1717600 Page 3

00110				-
Par	t XI Reconciliation of Revenue per Audited Financial St	atements With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			
Pa	t XII Reconciliation of Expenses per Audited Financial S	tatements With Expe	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ne 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	

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.

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

5

ST SARCOMA FOUNDATION

hedule D (Form 990) 2021	NORTHWES

Part XIII Supplemental Information.

	(Form 990) 2021			FOUNDATION	
Part XI	Reconciliatio	on of Revenue per A	Audited Fina	ncial Statements	With Revenue pe
	0 1 1 10 10		" F 000		

SCHEDULE G	Suppleme	ntal Information Regardi	ing Fun	drais	ing or Gaming	Activ	/ities	OMB No. 1545-0047		
(Form 990)	Complete if the	2021								
Department of the Treasury Internal Revenue Service	E Go	► Attach to Form to www.irs.gov/Form990 for in				ion		Open to Public Inspection		
Name of the organization	e organization Employer									
Dort L Eurodroid	NORTHWEST SARCOMA FOUNDATION 91-1717600 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not									
	complete this par		swered "1	'es" oi	n Form 990, Part IV,	line 1	7. Form 990	-EZ filers are not		
 Indicate whether the a Mail solicitate b Internet and c Phone solicitate d In-person social 2 a Did the organization key employees list 	e organization rais tions email solicitations tations dicitations on have a written o red in Form 990, P d highest paid indiv	sed funds through any of the follo e Solio f Solio g Spector or oral agreement with any individ art VII) or entity in connection with viduals or entities (fundraisers) put	citation of citation of cial fundra dual (inclu th profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru: fundraising services?	stees,	<u> </u>	Yes No No be		
.,	ame and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activity from activity			Amount paid r retained b undraiser ed in col. (i)	y) to (or retained by)					
			Yes	No						
Total										
	ich the organizatio	on is registered or licensed to soli	icit contrik	outions	I s or has been notified	d it is	exempt fror	n registration		

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

Schedule G (Form 990) 2021

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-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. List e	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				PORTLAND		(add col. (a) through
			DRAGONSLAYER	DRAGONSLAYER	3	col. (c)
e			(event type)	(event type)	(total number)	
Revenue						
Rev	1	Gross receipts	58,146.	24,400.	19,626.	102,172.
	2	Less: Contributions	41,270.	14,359.	5,640.	61,269.
	-		,	,	•	
\square	3	Gross income (line 1 minus line 2)	16,876.	10,041.	13,986.	40,903.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Expe	U					
Direct Expenses	7	Food and beverages				
	8	Entertainment			4 - 4	
	9	Other direct expenses			15,027.	
	10	Direct expense summary. Add lines 4 throug	(/		►	38,395.
_		Net income summary. Subtract line 10 from I				2,508.
Pa	πι	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or i	reported more than	
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(u) Dillige	bingo/progressive bingo		col. (a) through col. (c))
ě						
_	1	Gross revenue				
	~					
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
ectE	4	Rent/facility costs				
ä	4					
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	└── No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		•	
	'	Direct expense summary. Add lines 2 tilloug				
	8	Net gaming income summary. Subtract line 7	r from line 1, column (d)	<u></u>		
		ter the state(s) in which the organization cond				
		he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	lf "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked suspended or to	erminated during the tax	vear?	Yes No
		Yes," explain:		-	, ·	
	_	· · ·				
	_					
						dule G (Earm 990) 2021

132082 10-21-21

Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021	NORTHWEST	SARCOMA	FOUNDATION	91-1	171760	0 Page 3
11	Does the organization conduc	t gaming activities with r	nonmembers?			Yes	No
	Is the organization a grantor, I						
	to administer charitable gamir	ıg?				Yes	No No
13	Indicate the percentage of ga						
á	The organization's facility					13a	%
	An outside facility					13b	%
14	Enter the name and address of	of the person who prepa	res the organiza	tion's gaming/special eve	ents books and records:		
	Name 🕨						
	Address ►						
15a	Does the organization have a	contract with a third part	ty from whom th	e organization receives g	jaming revenue?	🗌 Yes	🗌 No
k	If "Yes," enter the amount of g	aming revenue received	I by the organiza	ation 🕨 \$	and the amount		
	of gaming revenue retained by						
C	If "Yes," enter name and addr	ess of the third party:		_			
	Name 🕨						
	Address ►						
16	Gaming manager information:						
	Name 🕨						
	Gaming manager compensati	on 🕨 \$					
	Description of services provid	ed 🕨					
	Director/officer	Employee		dependent contractor			
17	Mandatory distributions:						
a	Is the organization required u	nder state law to make c	haritable distrib	utions from the gaming p	roceeds to		
	retain the state gaming licens	ə?				📖 Yes	No No
k	Enter the amount of distribution	ons required under state	law to be distric	outed to other exempt or	ganizations or spent in the		
	organization's own exempt ac						
Pa			-	required by Part I, line 2b mal information. See inst	o, columns (iii) and (v); and Pa	art III, lines s	9, 90, 100,
	100, 100, 10, 10, and 170						

Part IV	Supplemental Information (continued)	

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	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		, .					Employer identification number			
		FOUNDATION					91-1717600			
Part I General Information on Grants 1 Does the organization maintain record criteria used to award the grants or as 2 Describe in Part IV the organization's part IV the or	s to substantiate th sistance?	-								
Part II Grants and Other Assistance t recipient that received more that	-				anization answered "ץ	es" on Form 990, Par	t IV, line 21, for any			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
PORTLAND VA RESEARCH FOUNDATION PO BOX 19832 PORTLAND, OR 97280	94-3090170	501(C)(3)	10,000.	0.			RESEARCH			
UNIVERSITY OF WASHINGTON FOUNDATION - 407 GERBERDING HALL SEATTLE, WA 98195	- 94-3079432	501(C)(3)	10,000.	0.			RESEARCH			
 2 Enter total number of section 501(c)(3) 3 Enter total number of other organization LHA For Paperwork Reduction Act Notice 	ns listed in the line	1 table	he line 1 table				Schedule I (Form 990) 2021			

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ADULT HELP\$ FUND	161	65,250.	0.		
JENNA PEDIATRIC HELP\$ FUND	42	17,250.	0.		

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:

RESEARCH GRANTS ARE MADE FOLLOWING BOARD OF DIRECTOR REVIEW AND DISCUSSION

OF RESEARCH GRANT REQUESTS. ORGANIZATIONS RECEIVING RESEARCH GRANTS

PROVIDE SUMMARIES DETAILING HOW FUNDS WERE UTILIZED IN SARCOMA RESEARCH.

FOR INDIVIDUALS, ADULT HELP\$ GRANTS OF UP TO \$500 AND PEDIATRIC HELP\$

GRANTS OF UP TO \$1,000 PER PATIENT ASSIST PATIENTS WITH THE COST OF MEDICAL

BILLINGS, MEDICATION AND COST OF TRAVEL TO TREATMENT, AMONG OTHER COSTS.

THE ORGANIZATION MONITORS ASSISTANCE PROVIDED BY COORDINATING ASSISTANCE

Schedule	(Form	990

Part IV	Part IV Supplemental Information								
HTIN	SOCIAL	WORKERS.	PATIENTS	COMPLETE	SURVEYS	DETAILING	HOW	GRANTS	WERE
UTILI	ZED.								

SCHEDULE O (Form 990) 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.



NORTHWEST SARCOMA FOUNDATION

91-1717600

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

NORTHWEST WHILE INVESTING IN RESEARCH TO IMPROVE CURE RATES FOR

SARCOMAS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OUTREACH PROGRAMS ARE PATIENT ACTIVITIES INTENDED TO PROVIDE SUPPORT,

SOCIAL, AND/OR EDUCATIONAL OPPORTUNITIES. ACTIVITIES INCLUDE CASUAL

CHATS FOR PATIENTS AND SURVIVORS, CAREGIVERS, AND FOR THOSE WHO HAVE

LOST SOMEONE TO SARCOMA. THE FOUNDATION MAKES REGULAR CONTACT WITH

SARCOMA PATIENTS THROUGH THE HELP\$ PROGRAM, INVITING THEM TO OUR GROUPS

AND OTHER PROGRAMMING. THE FOUNDATION ORGANIZES AND SPONSORS MEETINGS

ATTENDED BY SARCOMA PHYSICIANS IN WHICH LATEST TREATMENTS OR RESEARCH

IS DISCUSSED. IN 2021, THE FOUNDATION BEGAN RESEARCHER UPDATE NIGHTS,

WHICH PROVIDE AN OPPORTUNITY FOR ANYONE AFFECTED BY SARCOMA TO LEARN

FROM LOCAL RESEARCHERS ABOUT PROGRESS BEING MADE IN SPECIFIC AREAS OF

SARCOMA.

EXPENSES \$ 8,195. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CARE PACKAGES ARE PROVIDED TO ANY SARCOMA PATIENT OR ANYONE WHO HAS LOST SOMEONE TO SARCOMA IN OUR REGION. PACKAGES PROVIDE A SENSE OF HOPE AND UNDERSTANDING THAT THE PATIENT AND/OR LOVED ONE OF A SARCOMA ANGEL HAS A COMMUNITY THAT CARES. EACH PACKAGE INCLUDES VARIOUS ITEMS THAT ASSIST A PATIENT DURING TREATMENT ALONG WITH INTRODUCTIONS ABOUT OUR ORGANIZATION AND PROGRAMS WE HOST. EXPENSES \$ 11,361. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. Name of the organization

NORTHWEST SARCOMA FOUNDATION

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

FAMILY RELATIONSHIP

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

A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW.

ANY AGREED UPON CHANGES ARE MADE PRIOR TO FILING.

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

ANNUALLY, ALL BOARD MEMBERS AND EMPLOYEES COMPLETE AND SIGN A DISCLOSURE

STATEMENT WHICH DETAILS ANY POTENTIAL CONFLICTS BETWEEN THE ORGANIZATION

AND THE BOARD MEMBER OR EMPLOYEE.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD APPROVES ANY POTENTIAL ADJUSTMENT TO BASE SALARY AND ANY

POTENTIAL BONUS. THE EFFECTIVE DATE AND FINAL AMOUNT OF ANY CHANGE IN

SALARY OR BONUS IS DETERMINED BY THE ANNUAL BUDGET, AVAILABLE FUNDS,

PERFORMANCE AND BENCHMARKED AGAINST COMPARABLE ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND POLICIES ARE AVAILABLE UPON REQUEST. (Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

Filo a	sonarato	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.

Туре о	Name of exempt organization or other filer, see instru	ctions.		Taxpayer identification number (TIN)					
print	NORTHWEST SARCOMA FOUNDATIO		91-1717600						
File by the due date f filing your return. See	or Number, street, and room or suite no. If a P.O. box, since 117 EAST LOUISA ST. 443	Number, street, and room or suite no. If a P.O. box, see instructions. 117 EAST LOUISA ST, 443							
instruction	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SEATTLE, WA 98102								
Enter th	e Return Code for the return that this application is for (file	e a separa	te application for each return)			01			
Applica	ition	Return	Application	Return					
ls For		Code	Is For		Code				
Form 99	90 or Form 990-EZ	01	Form 1041-A						
Form 4	720 (individual)	03	Form 4720 (other than individual)			09			
Form 99	90-PF	04	Form 5227			10			
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 99	90-T (trust other than above)	06	Form 8870			12			
Form 99	90-T (corporation)	07							
Telej ● If the ● If thi box ▶ 1 I I th	request an automatic 6-month extension of time until ne organization named above. The extension is for the organization $\sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{j=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{i=1}^{n$	s in the Ur Group Exe and atta NOVEI anization's	Fax No. ►	f this is fo i all memb	r the whole group, pers the extension npt organization re	is for.			
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	e tentative tax, less	3a	\$	0.			
b 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					Ο.				
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by									
u	using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c					0.			
Caution instruct	 If you are going to make an electronic funds withdrawal ions. 	(direct de	bit) with this Form 8868, see Form 8	453-TE ar	nd Form 8879-TE f	or payment			

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

Form 8868 (Rev. 1-2022)