Form 990

Т

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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. 2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest inform				nformation.	Inspection					
Α	A For the 2022 calendar year, or tax year beginning and ending									
	Check if applicable	e: C Name o	C Name of organization D Employer identification							
	Addres		HWEST SARCOMA FOUNDATION							
	Name		usiness as		91-17176	00				
	Initial			Room/suite	E Telephone number					
	Final return/	117		443	503-803-6					
	termin ated	-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	388,043.				
	Ameno		TLE, WA 98102		H(a) Is this a group re					
	Applic		nd address of principal officer: JOHN ANDERSON		for subordinates? Yes X No					
	pendin		AS C ABOVE		H(b) Are all subordinates included? Yes No					
1	Tax-exe	empt status:		or 527		list. See instructions				
	Websit		NWSARCOMA.ORG		H(c) Group exemption					
ĸ	Form of	organization:	X Corporation Trust Association Other	L Year		State of legal domicile: WA				
	art I	Summary		•	•	<u>v</u>				
	1	Briefly describ	e the organization's mission or most significant activities: $\begin{array}{cc} {\tt WE} & {\tt PI} \end{array}$	ROVIDE	HOPE, EDUCA	TION AND				
S			TO SARCOMA PATIENTS AND THEIR FAM							
Governance	2	Check this bo	x if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.				
Nel	3	Number of vo	11							
		Number of inc	ependent voting members of the governing body (Part VI, line 1b)			11				
80	5	Total number	of individuals employed in calendar year 2022 (Part V, line 2a)		5	4				
Activities &	6	Total number	of volunteers (estimate if necessary)		6	57				
cti	7 a		d business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.				
					Prior Year	Current Year				
e	8	Contributions	and grants (Part VIII, line 1h)		343,310.	324,581.				
nue	9	Program servi	ce revenue (Part VIII, line 2g)		0.	0.				
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		29,297.	16,895.				
<u> </u>	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,508.	-19,171.				
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		375,115.	322,305.				
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	∟	102,500.	118,500.				
			to or for members (Part IX, column (A), line 4)		0.	0.				
ŝ	15	Salaries, othe	compensation, employee benefits (Part IX, column (A), lines 5-10)		169,912.	191,287.				
sus(16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 42,94		0.	0.				
Expenses	. b	Total fundrais	ng expenses (Part IX, column (D), line 25) 42,94	49.		40.450				
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		36,907.	49,152.				
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		309,319.	358,939.				
		Revenue less	expenses. Subtract line 18 from line 12		65,796.	-36,634.				
Net Assets or				Be	ginning of Current Year	End of Year				
sset	20	Total assets (F			654,262.	546,967.				
it As	21		(Part X, line 26)		9,830.	43,945.				
ER.	22		fund balances. Subtract line 21 from line 20		644,432.	503,022.				
P	art II	Signature	BIOCK							

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

Sign	Signature of officer			Date				
Here	JOHN ANDERSON, TREASURER							
	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 P01243342				
Preparer	Firm's name HOFFMAN, STEWART	& SCHMIDT, PC		Firm's EIN 93-0743240				
Use Only	Firm's address 3 CENTERPOINTE DR	IVE, SUITE 300						
	LAKE OSWEGO, OR 9	Phone no. 503 - 220 - 5900						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-13	2001 12-13-22LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2022)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) NORTHWEST SARCOMA FOUNDATION 91-1717600 Page	2
Pa	t III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III]
1	Briefly describe the organization's mission:	
	WE PROVIDE HOPE, EDUCATION AND SUPPORT TO SARCOMA PATIENTS AND THEIR	
	FAMILIES IN THE PACIFIC NORTHWEST WHILE INVESTING IN RESEARCH TO	_
	IMPROVE CURE RATES FOR SARCOMAS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?Yes X No	כ
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	כ
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 86,891. including grants of \$ 82,000.) (Revenue \$.)
	THE FOUNDATION PROVIDES FINANCIAL ASSISTANCE GRANTS TO ADULT SARCOMA	
	PATIENTS UNDERGOING TREATMENT. OUR SERVICE AREA INCLUDES THE	
	FIVE-STATE REGION OF WASHINGTON, OREGON, ALASKA, MONTANA, AND IDAHO.	
	DURING 2022, GRANTS WERE MADE TO 164 PATIENTS.	
		_
		_
4b	(Code:) (Expenses \$29,791. including grants of \$26,500.) (Revenue \$ THE FOUNDATION ADMINISTERS THE JENNA WESTERHOLM PEDIATRIC HELP\$ FUND, A	.)
	FINANCIAL ASSISTANCE PROGRAM FOR PEDIATRIC SARCOMA PATIENTS UNDERGOING	—
	TREATMENT. OUR SERVICE AREA INCLUDES THE FIVE-STATE REGION OF	—
	WASHINGTON, OREGON, ALASKA, MONTANA, AND IDAHO. DURING 2022, GRANTS	—
	WASHINGTON, OKEGON, ALASKA, MONTANA, AND IDAHO: DOKING 2022, GRANTS WERE MADE TO 33 PATIENTS.	—
	WERE MADE TO 55 FAITENTS.	—
		—
		—
		—
		—
		—
		—
4c	(Code:) (Expenses \$ 27,589. including grants of \$) (Revenue \$)	<u>۱</u>
70	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\$ PROGRAMS, INVITING THEM TO OUR	—
	GROUPS AND OTHER PROGRAMMING. THE FOUNDATION ORGANIZES AND SPONSORS	—
	SARCOMA JOURNAL CLUB MEETINGS ATTENDED BY SARCOMA PHYSICIANS AND	—
	RESEARCHERS IN WHICH LATEST TREATMENTS OR RESEARCH IS DISCUSSED.	—
	SARCOMA PHYSICIANS PROVIDE EDUCATIONAL OPPORTUNITIES TO ANYONE	—
	INTERESTED IN ONGOING RESEARCH AROUND VARIOUS SARCOMAS, THROUGH	—
	RESEARCHER UPDATE NIGHTS.	—
		—
44	Other program services (Describe on Schedule O.)	—
40	(Expenses \$ 31,611. including grants of \$ 10,000.) (Revenue \$)	
40	Total program service expenses 175,882.	—
70	Form 990 (202)	<u> </u>

Form 990 (FOUNDATION
Part IV	Ch	ecklist of Required Sched	ules	

			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	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
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		<u> </u>
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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	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	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			77
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			77
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

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Form 990 (2022) NORTHWEST SARCOMA FOUNDATION Part IV Checklist of Required Schedules (continued) (continued) (continued)

			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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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			
	Schedule K. If "No," go to line 25a	24a		X
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
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			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
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			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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			
	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	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a1			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
-			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 4	01-	Х	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b 3a	л	x
	Did the organization have unrelated business gross income of \$1,000 or more during the year? 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>	3b		
	It "Yes," has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation on Schedule O	30		<u> </u>
Ĩ	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country	14		
-	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	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	X	<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
e	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		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		<u> </u>
8		711		
0				
9	Sponsoring organization have excess business holdings at any time during the year?	8		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	140		x
14a h		14a		
ы 15	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedule O</i>	14b		<u> </u>
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069			

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NORTHWEST SARCOMA FOUNDATION

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI		
Section A. Governing Body and Management		
	Va	

					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 0.					
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 a	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	direc	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?			8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
<u></u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•				
				10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	betor	e filing the form?	11a	^	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10-	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i>			12b		
с		,		12c	х	
12	on Schedule O how this was done Did the organization have a written whistleblower policy?			13	X	<u> </u>
13 14				14	X	
15	Did the organization have a written document retention and destruction policy?					
.5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	. Oy int				
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15b	X	
	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 arrangen	nent w	ith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
	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 filedOR					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, an	nd 990	T (section 501(c)(3)	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					

 Own website
 X
 Upon request
 Other (explain on Schedule O)

 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

statements available to the public during the tax year.

20	State t	he name,	address, and	telepho	ne numbei	r of the person wh	no posse	sses the organization's books and records
	JOHI	N AND	ERSON -	503	-803-	6735		
	117	EAST	LOUISA	ST,	443,	SEATTLE,	WA	98102

19

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity 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		Position t check more than one			ne	Reportable	Reportable	Estimated
	hours per	box	officer and a director			n is both an		compensation	compensation	amount of
	week		cer ar I	id a d	Irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		66	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	-	1033-1120)		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizatione
(1) JO MCNEAL	40.00				-		4			
EXECUTIVE DIRECTOR				х				95,359.	Ο.	0.
(2) IAN WALSH	1.40									
PRESIDENT		Х		Х				0.	0.	0.
(3) JEFFREY SWEENEY	0.75									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) JOHN ANDERSON	7.00									
TREASURER		Х		Х				0.	0.	0.
(5) KELLY SWEENEY	1.35									
SECRETARY		Х		х				0.	0.	0.
(6) ERNEST "CHAPPIE" CONRAD	0.55									
MEMBER		Х						0.	0.	0.
(7) PATRICIA READ-WILLIAMS	0.65									_
MEMBER		Х						0.	0.	0.
(8) DONNA ANDERSON	0.80									
MEMBER		Х						0.	0.	0.
(9) LARA DAVIS	0.25									
MEMBER		Х						0.	0.	0.
(10) ROBERT ORTBLAD	0.15									
MEMBER	1	Х						0.	0.	0.
(11) ASHLEY GLOVER	1.35								•	
MEMBER		Х						0.	0.	0.
(12) MICHAEL WAGNER	0.55									
MEMBER		Х						0.	0.	0.
					-	-				
	1			I	I	I		1		

Part VIII Section 4. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (columnal) Name and this Name and thas Name and thas		<u>90 (2022) NORTHWES:</u>	Г SARCOM	A	FO	UN	DA	TI	ON		91-1717	<u>/600</u>	P	age 8
(A) Name and title (P) Pour per letter are a decision and built per letter are a decis and built per letter are a decis and buil	Part V	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)			
Name and tille Average Projection week hours for relation organization organization organization (regeneration organization organization organization (V2/1009.NEC) Reportable compensation from the organization (V2/1009.NEC) Reportable compensation from the organization (V2/1009.NEC) Estimate other organization organization organization Image: State Stat											· /		(F)	
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d Total (add lines tb and tc) 95, 359. 0. 0. 0. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization are leated organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X 5 Did any person listed on line 1a receive or accrue compensation from momentated organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) 2 NoNE Description of services Compensation 2	6 ai				•••••							_		0.
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3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	С	ompensation from the organization												0
line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) Compensation (A) (B) (C) Compensation Compensation NONE Description of services Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than 2 Vertical above) who received more than													Yes	No
 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If</i> "Yes," <i>complete Schedule J for such individual</i>	3 D	id the organization list any former officer,	director, truste	ee, k	key e	mpl	oyee	e, or	hig	hest compensated emp	loyee on			
 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	lii	ne 1a? If "Yes " complete Schedule J for s	uch individual									3		Х
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual														
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Section B. Independent Contractors Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 0 None 0 0 0 0 1 Compensation for the calendar year ending with or within the organization's tax year. (C) Compensation 0 Name and business address NONE Description of services Compensation 1 Compensation 1 1 1 1 1 Compensation of services 1 1 1 1 1 Compensation of services 1												-		v
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Name and business address NONE Description of services Compensation Image: Compensation Image: Compensation Image: Compensation Image: Compensation Image: Compensation Image: Compensation Image: Compensation Image: Compens	tł	ne organization. Report compensation for	the calendar ye	ear e	ndin	g w	ith c	or wi	thiņ	the organization's tax y	ear.			
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									\square					
	• •	atal number of independent contractors /	ooluding but -	+ 11-	nitar	l to t	thes		+0~	abovo) who received	are then			
				л III	meo	1.01	_		rea	above, who received mo				

Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response	<u>e or note to any line</u>		(5)	(2)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2a b c d e	Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g \$	Business Code	324,581.			Sections 512 - 514
_	g		-				
	3 4 5	Investment income (including dividends, inter other similar amounts) Income from investment of tax-exempt bond Royalties	rest, and proceeds	16,895.			16,895.
	6a b c	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Ta Less: cost or other basis	(ii) Other				
er Revenue	d	and sales expenses 7b Gain or (loss) 7c Net gain or (loss) 7c Gross income from fundraising events (not 7c					
Othe		including \$ 78,995. of contributions reported on line 1c). See Part IV, line 18	a 46,567.				
			ь 65,738.	-19,171.			-19,171.
	9 a	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19	a	19,171.			19,1710
		Less: direct expenses9 Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances10 Less: cost of goods sold10					
		Net income or (loss) from sales of inventory					
6			Business Code				
eous	11 a						
Miscellaneous Revenue	b						
scel	C L						
Ë		All other revenue					
	12	Total revenue. See instructions		322,305.	0.	0.	-2,276.

NORTHWEST SARCOMA FOUNDATION

Form 990 (2022)

91-1717600

Page **9**

NORTHWEST SARCOMA FOUNDATION Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	e or note to any line in t (A)	his Part IX (B)	(C)	(D)
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	ants and other assistance to domestic organizations	10,000.	10,000.		
	d domestic governments. See Part IV, line 21	10,000.	10,000.		
	rants and other assistance to domestic	108,500.	108,500.		
	dividuals. See Part IV, line 22	100,500.	100,000		
	rants and other assistance to foreign				
	ganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16				
	ompensation of current officers, directors,				
	ustees, and key employees	95,367.	16,373.	59,113.	19,881
	ompensation not included above to disqualified	5575071	10,0,00		10,001
	rsons (as defined under section 4958(f)(1)) and				
-	rsons described in section 4958(c)(3)(B)				
	ther salaries and wages	71,463.	17,256.	38,870.	15,337
	nsion plan accruals and contributions (include	, _ , = 0.0 •			10,007
	ction 401(k) and 403(b) employer contributions				
	ther employee benefits	7,398.	1,561.	4,313.	1.524
	ayroll taxes	17,059.	3,212.	10,429.	<u>1,524</u> 3,418
	ees for services (nonemployees):	1,10001	5,2120	10,1250	5,110
	anagement				
	egal				
	bbying				
	ofessional fundraising services. See Part IV, line 17				
	vestment management fees				
	ther. (If line 11g amount exceeds 10% of line 25,				
-	lumn (A), amount, list line 11g expenses on Sch O.)	10,722.	542.	9,050.	1,130
	dvertising and promotion	/ · ·			
	ffice expenses				
	formation technology				
	byalties				
		1,867.		1,867.	
	avel	10,844.	1,761.	9,083.	
	ayments of travel or entertainment expenses		,	,	
	r any federal, state, or local public officials				
	onferences, conventions, and meetings				
	terest				
	ayments to affiliates				
	epreciation, depletion, and amortization	1,238.		1,238.	
	surance	4,241.		4,241.	
Otl	her expenses. Itemize expenses not covered				
lin	ove. (List miscellaneous expenses on line 24e. If e 24e amount exceeds 10% of line 25, column (A),				
	nount, list line 24e expenses on Schedule O.)	14.000	14 662		000
	ISCELLANEOUS	14,962.	14,663.	1 700	299
	UPPLIES	1,999.	203.	1,796.	1 210
	ANK CHARGES	1,764.	452.	100	1,312
	OSTAGE	1,515.	1,359.	108.	48
	l other expenses	250 020	175 000	140 100	10 040
	tal functional expenses. Add lines 1 through 24e	358,939.	175,882.	140,108.	42,949
	int costs. Complete this line only if the organization				
	ported in column (B) joint costs from a combined				
ed	ucational campaign and fundraising solicitation.				

NORTHWEST S	SARCOMA	FOUNDATION
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91-1717600 Page 11

		Check if Schedule O contains a response or no	te to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			654.	1	16,527.
	2	Savings and temporary cash investments			71,002.	2	55,702.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			146.	4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	11,328.
As	9				15,874.	9	5,457.
		Land, buildings, and equipment: cost or other				-	- , -
		basis. Complete Part VI of Schedule D	10a	5,179.			
	Ь	Less: accumulated depreciation	10b	5,179. 3,283.	3,134.	10c	1,896.
	11	Investments - publicly traded securities			553,969.	11	415,266.
	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			9,483.	15	40,791.
	16	Total assets. Add lines 1 through 15 (must equ			654,262.	16	546,967.
	17	Accounts payable and accrued expenses			9,830.	17	13,838.
	18	Grants payable	.,	18			
	19	Deferred revenue		19	30,107.		
	20					20	
	21	Escrow or custodial account liability. Complete		Г		21	
	22	Loans and other payables to any current or forr					
Liabilities		trustee, key employee, creator or founder, subs					
bili		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	•				
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			9,830.	26	43,945.
		Organizations that follow FASB ASC 958, che	eck here		.,		
es		and complete lines 27, 28, 32, and 33.		, []			
ů.	27	Net assets without donor restrictions	610,423.	27	477,961.		
3ala	28	Net assets with donor restrictions	34,009.	28	25,061.		
μ		Organizations that do not follow FASB ASC 9					
Τu		and complete lines 29 through 33.					
ŗ	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or en				30	
Ass	31	Retained earnings, endowment, accumulated ir				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			644,432.	32	503,022.
z	33	Total liabilities and net assets/fund balances			654,262.	33	546,967.

Form **990** (2022)

Form 990 (NORTHV
Part X	Balance Sheet	

	1 990 (2022) NORTHWEST SARCOMA FOUNDATION	91-17	17600	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	322		
2	Total expenses (must equal Part IX, column (A), line 25)	2	358		
3	Revenue less expenses. Subtract line 2 from line 1	3	-36		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	644		
5	Net unrealized gains (losses) on investments	5	-104	, 80	<u>)1.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			25.
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,				
	column (B))	10	503	, 02	22.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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 Schedule	0.			
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 reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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 separate	e 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	e audit,			1
	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 Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2022)

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.

OMB No. 1545-0047
2022
Open to Public Inspection

1

Name of th	e organization
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Nan	ne o	r th	ie organization							
De					OMA FOUNDATIO					1-1717600
	rt I		Reason for Public (ee instruction	S.	
The	orga	niz	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1		, I	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).		
2],	A school described in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3],	A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4],	A medical research organization	ation operated in cor	njunction with a hospital	described	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 col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
			section 170(b)(1)(A)(iv). (C		· ·	•	, ,			
6		٦	A federal, state, or local gov		ental unit described in	section 17	70(b)(1)(A)	(v)		
7		-	An organization that norma	•				.,	ne deneral r	ublic described in
'	L					on a gove	minenta		ie general p	
•		_	section 170(b)(1)(A)(vi). (C							
8		-	A community trust describe						1	
9			An agricultural research org							
			or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
		_	university:							
10	X		An organization that norma	, ()				,	• •	0
		i	activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	om gross investment
		i	income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
		_ :	See section 509(a)(2). (Cor	mplete Part III.)						
11],	An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50)9(a)(4).		
12],	An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he function	ns of, or to ca	rry out the	purposes of one or
		I	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See section &	509(a)(3). 🤇	Check the box on
		I	lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
а			Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
			the supported organization		-	• • • •	-			
			organization. You must c			, ,				
b	Г		Type II. A supporting org	-		ion with its	s supporte	d organizatio	n(s), by hay	ina
			control or management o	-				•		-
			organization(s). You mus							
	Г					in connoct	ion with a	and functional	ly intograta	d with
С			Type III functionally inte						ly integrate	u witti,
		its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)								
d				•					° °	
			that is not functionally int			•		-	an attentiv	reness
	_		requirement (see instructi	,	•	-				
е			Check this box if the orga					Type I, Type	II, Type III	
			functionally integrated, or	Type III non-functior	nally integrated supporting	ng organiz	ation.			
f	En	ter	the number of supported of	organizations						
g	Pr		de the following information			(iv) Is the orga	nization listed			
		(i)	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of	-	(vi) Amount of other
			organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Tet										
Tota	ai							1		

Schedule	A (F	orm	ı 99	90)	20	22
Part II	S	Sup	p	or	t S	С

NORTHWEST SARCOMA FOUNDATION

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
Ũ	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,						
	L						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	••	(a) 2019	(b) 2019	(a) 2020	(d) 2021	(a) 2022	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(1) Total
	Gross income from interest,						
8							
	dividends, payments received on						
	securities loans, rents, royalties,						
•	and income from similar sources						
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	,		,			12	
13	First 5 years. If the Form 990 is for the	0		,	5	()()	
	organization, check this box and stop						
	ction C. Computation of Publi					1 1	
	Public support percentage for 2022 (I					14	%
	Public support percentage from 2021					15	%
16 a	33 1/3% support test - 2022. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	k and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% (or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ie organization qu	alifies as a publicly	v supported organi	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instructions	

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 NORTHWEST SARCOMA FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2) NORTHWEST SARCOMA FOUNDATION

(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.) Section A. Public Support

1 Gits grants. caritzbules and manipership leas received. (Do not include any 'unceual grants.) 270,245. 305,702. 156,775. 343,310. 324,581. 1400613. 2 Gross receipts from admissions. more discussions from admissions. any activity that is related to the organization's ac-exempt purpose 270,245. 305,702. 156,775. 343,310. 324,581. 1400613. 2 Gross receipts from activities that are not an unrelated trade of bue- iness under section 513 1 1 1 1 1 1 1 1 1 0 1 1 0 1 1 0 1 1 0 1 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 1	Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
membership fees received. (Do not include any Numsul grants); formation deminister, formation deminister, formation of selection administer, formation of selection to the organization is tax-sempt purpose 3 Gross receipts from advines that are not an unrelated trade or bus- iness under section 513 270, 245. 305, 702. 156, 775. 343, 310. 324, 581. 1400613. 4 Tax revenues leviced for the organization iness under section 513 343, 310. 324, 581. 1400613. 5 The value of services or facilities furnished by governmental unit to the organization without charge 6 Total. Additions 1, 2, and 3 received from degulatified persons encored for the advised by the reset encored for the rate advised by				((-/	(.,	(-/	(1)
include any functual grants." 270,245. 305,702. 156,775. 343,310. 324,581. 1400613. 2 Grass excepts from admission admispadmi								
2 Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax exempt purpose Image: Comparison of the comparization's tax exempt purpose 3 Gross receipts from admissions, merchandles to the organization's tax exempt purpose Image: Comparison of the comparization's tax exempt purpose 4 Tax revenues levied for the organization's tax exempt purpose Image: Comparison of the comparization's tax exempt purpose 5 The value of services or facilities Image: Comparison of the comparization's tax exempt purpose 6 Total. Addities 1 through 5 The value of services or facilities 7 Amounts included on lines 1, 2, and 3 received from disquilified persons 270, 245. 305, 702. 156, 775. 343, 310. 324, 581. 1400613. 8 amounts included on lines 1, 2, and 3 received from disquilified persons 45, 637. 30, 738. 34, 837. 22, 312. 33, 560. 167, 084. 9 Maxemath form lines line and 3 received from disquilified persons 45, 637. 30, 738. 34, 837. 22, 312. 33, 560. 167, 084. 9 Anounts included on lines 1, 2, and 3 Section 16. State support 270, 245. 305, 702. 156, 775. 343, 310. 324, 581. 1400613. 9 Anounts include on lines 10. 270, 245. 305, 702. 156, 775. 343, 310. 324, 581. 1400613. 9 Anounts include on lines 10. 26, 300. 20, 924. 16, 674. 29,			270,245,	305.702.	156.775.	343.310.	324.581.	1400613.
metchadies sold or services per- formed, or tallifies furnished in any activity that is related to the organization's barekenith purpose image: constraint of the organization's are not an unvested trade or bus- iness under section 513 3 Gross receipts from activities that are not an unvested trade or bus- iness under section 513 image: constraint of the organization's the organization's benefit and either paid to or expanded on its bahat image: constraint of the organization's the organization's benefit and either paid to or expanded on its bahat 6 Total. Acd lines 1 through 5 area for the organization's through 5 area for the organization's through 5 memory is and 7b. 270, 245. 305, 702. 156, 775. 343, 310. 324, 581. 1400613. 7a Amounts included on lines 1, 2, and 3 recoved from disqualified periods area more in the size and 7b. 45, 637. 30, 738. 34, 837. 22, 312. 33, 560. 167, 084. 8 Public support. is and 7b. 45, 637. 30, 738. 34, 837. 22, 312. 33, 560. 167, 084. 9 Amounts from line 6 area more in the size in the size intervent area for an dro. is and 7b. 9 Amounts from line 6 area for the size intervent dia Gross income from intervent (las actives in the business activities not included on line 10b, whether on the business activities not include dust business activities not include dusta lines actruse asset (Explain in ParVi). is (2	2			,				
any activity that is related to the organization's barvesempt purpose	-							
organizations taxe.exempt purpose								
3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 Image: Control of the organ- ization's benefit and ether paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge Z70, 245. 305, 702. 156, 775. 343, 310. 324, 581. 1400613. 7a Arounts included on lines 1, 2, and 3 received from disqualified persons b Anount included on lines 1, 2, and 3 received from disqualified persons b Anounts included on lines 1, 2, and 3 received from lines and sneaved ment of the tot the year 45, 637. 30, 738. 34, 837. 22, 312. 33, 560. 167, 084. 8 Public support received from line 5 Control of the the year 45, 637. 30, 738. 34, 837. 22, 312. 33, 560. 167, 084. 9 Public support received from line 6 Z70, 245. 305, 702. 156, 775. 343, 310. 324, 581. 1400613. 10a Gross income from line 5 curves and income from lines curves andincome from lines curves and income from lines curves		5 5						
are not an unrelated trade or bus- iness under section 513 a a a 4 Tax revenues levied for the organization's banefit and either paid to or expended on its behalt a a 5 The value of services or facilities furnished by a governmental unit to the organization without charge 270, 245. 305, 702. 156, 775. 343, 310. 324, 581. 1400613. 6 Total. Add lines 11 through 5	2	• • • • •						
iness under section 513 4 4 Tax revenues levied for the organization without charge 2 5 The value of services or facilities furnished by a governmental unit to the organization without charge 2 6 Total. Addines 1 through 5 270, 245. 305, 702. 156, 775. 343, 310. 324, 581. 1400613. 7a Amounts included on lines 1, 2, and 3 received horn disqualified persons 45, 637. 30, 738. 34, 837. 22, 312. 33, 560. 167, 084. b mounts included on lines 1, 2, and 3 received horn disputified persons 45, 637. 30, 738. 34, 837. 22, 312. 33, 560. 167, 084. b mounts included on lines 1 through 5 and a cost with the method in the start set to be year 45, 637. 30, 738. 34, 837. 22, 312. 33, 560. 167, 084. b mounts included on lines 1 through 5 through 5 45, 637. 30, 738. 34, 837. 22, 312. 33, 560. 167, 084. b mounts for listal year beginning in year year (of fisal year beginning in year y	5	·						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to any other part and the paid to any other part and the part is benefit and either paid to any other part and the part is benefit and either paid to any other part and the part is benefit and either paid to any other part and the part is benefit and either paid to any other part and the part is benefit and either paid to expended part is benefit and either part is ben								
ication's benefit and either paid to or expended on its behalf Image: Constraint of the second statutes of the second statutes of the organization without charge for Total. Add lines 1 through 5 Image: Constraint of the second statutes of the second statutes on the second statute on	4							
or expended on its behalf	4	6						
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	20				•		•	

NORTHWEST SARCOMA FOUNDATION

1

Yes

No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.)

Schedule A (Form 990) 2022 NORTHWEST SARCOMA FOUNDATION

1

2

1

Yes No

No

Yes

Pa	t 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
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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.
Section C. Type II Supporting Organizations

were a majority of the organization's directors of 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 experimetion (a)

Section 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 year (s	C	on used to satisfy the Integral Part Test during the year (see instruction	ns).
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- 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*.

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
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- 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.*

2a

2b

3a

Schedule A (Form 990) 202
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Schedule A	(Form 990) 202	2 NORTHWEST	SARCOMA	FOUNDATION	
Part V	Type III No	n-Functionally Integrate	ed 509(a)(3) S	Supporting Organization	ons

1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus			
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	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 Г 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) 2022

		COMA FOUNDATION			1-1717600 _{Pag}
Pa	rt V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations _{(continu}	ued)	
Sect	ion D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				

6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	NORTHWEST	SARCOMA	FOUNDATION	<u>(</u>	91-1717600	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D,	mation. Provide th 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3; Part IV,	e explanations ı , 6, 9a, 9b, 9c, ⁻ Section E, lines	required by Part II, line 10; l 11a, 11b, and 11c; Part IV, s 1c, 2a, 2b, 3a, and 3b; Pa nd 6. Also complete this pa	Part II, line 17a or 17 Section B, lines 1 an rt V, line 1; Part V, S	b; Part III, line 12; d 2; Part IV, Section ection B, line 1e; Par	C,

SCHEDULE)
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Department of the Treasury

Internal Revenue Service

(Form	990)
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232051 09-01-22

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 4 **Open to Public** Inspection

Employer identification number

91-1717600

Name of	the	organization
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NORTHWEST SARCOMA FOUNDATION

Pa			ccounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin					
		(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	-				
	are the organization's property, subject to the organization's					
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor of					
De						
Pa			, line 7.			
1	Purpose(s) of conservation easements held by the organizati	· · · · · ·				
	Preservation of land for public use (for example, recrea		orically important land area			
	Protection of natural habitat	Preservation of a cert	ified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a co				
	day of the tax year.		Held at the End of the Tax Year			
a			2a			
b			2b			
c	Number of conservation easements on a certified historic str		2c			
d	Number of conservation easements included in (c) acquired a					
•	historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the organ	ization during the tax			
	year					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per					
6	violations, and enforcement of the conservation easements in					
6	Staff and volunteer hours devoted to monitoring, inspecting,	fianding of violations, and enforcing conservation	on easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and onforcing consonvation of	soments during the year			
'	Amount of expenses incurred in monitoring, inspecting, hand	aning of violations, and emotioning conservation ea	sements during the year			
8	Does each conservation easement reported on line 2(d) abov	$r_{\rm A}$ satisfy the requirements of section 170(h)(A)(R))(i)			
0						
9	In Part XIII, describe how the organization reports conservati	on essements in its revenue and expense staten				
5	balance sheet, and include, if applicable, the text of the footr	•				
	organization's accounting for conservation easements.					
Pa		f Art, Historical Treasures, or Other S	Similar Assets.			
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 95		ance sheet works			
	of art, historical treasures, or other similar assets held for put					
	service, provide in Part XIII the text of the footnote to its finar	, ,				
b	 b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of 					
	art, historical treasures, or other similar assets held for public					
	provide the following amounts relating to these items:	, ,	·			
	(i) Revenue included on Form 990, Part VIII, line 1		\$			
2	If the organization received or held works of art, historical tre					
	the following amounts required to be reported under FASB A					
а	Revenue included on Form 990, Part VIII, line 1	-	\$			
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2022			

Sche	Schedule D (Form 990) 2022 NORTHWEST SARCOMA FOUNDATION 91-1717600 Page 2										
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, or	r Othei	r Similaı	r Assets	(continu	ied)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	any of the f	following that	make si	gnificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition d Loan or exchange program										
b	Scholarly research	e	, 🗌 c	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	y further th	ne organizatio	n's exen	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, hist	torical treas	sures, or othe	er similar	assets		_		
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	'Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi		•						-		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	ble:							
									Amount		
С	Beginning balance										
d	Additions during the year										
e	Distributions during the year										
t O-	Ending balance						. 1 f				
	Did the organization include an amount on Fe						ity?	∟	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i										
		(a) Current year		ior year	(c) Two year		(d) Three y	ears back	(e) Four	/ears h	nack
1a	Beginning of year balance		(~) · ·	ier jeur	(0)	o such	()		(0) ! 001	, euro .	
b	Contributions										
с С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
U											
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1a.	column (a))) held as:	•					
a	Board designated or quasi-endowment	•	%	сстании (ц)							
b	Permanent endowment	%									
с		%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administer	ed for th	е				
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations 3a(ii)										
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Scl	hedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fu	nds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV,	line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr			or other (other)	• •	ccumulate preciation	d	(d) Book	value	
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment				3,713.		1,81		1	,89	6.
	Other				1,466.		1,40	56.			0.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X. colum</u> ı	<u>n (B), line 1</u>	0c.)				1	,89	6.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 NORTHWEST SARCOMA FOUNDATION	1
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Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) OTHER CURRENT ASSETS	200.
(2) RECEIVABLE EMPLOYEE RETENTION TAX CREDIT	40,591.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	40,791.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

(9)

Sche	dule D (Form 990) 2022 NORTHWEST SARCOMA FOUNDATI	ON	91-1717600 Page 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Reven	Je per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		
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		
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	. 4 a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
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 Stateme		ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	· · · · ·	
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:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.		
Fa			

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.

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1	545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	20	22
Department of the Treasury		Attach to Form 990	or Forr	n 990	·EZ.			Open to	
Internal Revenue Service		o www.irs.gov/Form990 for instru	ctions	and th	ne latest information	ו.	Emmlanar	Inspecti	
Name of the organization		ST SARCOMA FOUNDAT	TON				Employer 91-172	identificatio	n number
Part I Fundrais		Complete if the organization answe		oc" or	Earm 000 Bart IV li	ino 1			not
	complete this part		fieu f	es 01	1 FOITT 990, Part IV, II	ne i	7. FUIII 990	-EZ IIIEIS ale	not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, Pa) highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	-		/es	No
(i) Name and address of individual or entity (fundraiser)		(ii) Activity		Did raiser ustody atrol of utions?	(iv) Gross receipts to from activity		Amount pai or retained b fundraiser ted in col. (i	y) to (or re	ount paid tained by) nization
			Yes	No					
Total			<u></u>						
3 List all states in white or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from	registration	

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

Schedule G (Form 990) 2022

NORTHWEST SARCOMA FOUNDATION

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 gro	(a) Event #		(b) Ever			her events		
			(,		SEATTLE		(-) -		(d) Total events	
			SEATTLE G					3	(add col. (a)	
			(event type		(event t		(tota	l number)	- col. (c))
		Cross ressints	49,6	505	18	8,721.		27,236.	125	,562
נו ב	1	Gross receipts	49,0		40	,121.		21,230.	125	, 302
	2	Less: Contributions	31,0)25.	32	2,609.		15,361.	78	,995
╡	3	Gross income (line 1 minus line 2)	18,5	580.	16	5,112.		11,875.	46	<u>,567</u>
	4	Cash prizes								
	5	Noncash prizes								
Jenses	6	Rent/facility costs								
Ulrect Expenses	7	Food and beverages								
Ē	8	Entertainment								
	9	Other direct expenses		27.	15	5,078.		21,233.	65	,738
		Direct expense summary. Add lines 4 through				·				,738
- I		Net income summary. Subtract line 10 from li								,171
	1	Gross revenue	(a) Bingo		(b) Pull tab bingo/progres		(c) Ot	her gaming	(d) Total gam col. (a) throug	
s	2	Cash prizes								
Ulrect Expenses	3	Noncash prizes								
	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	└── Yes └── No	%	Yes No	%	Yes	s %		
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)							
	8	Net gaming income summary. Subtract line 7	from line 1, colun	nn (d)		<u></u>	<u></u>			
		er the state(s) in which the organization condu								
				thocor	tates?				Yes	N
а	ls t	he organization licensed to conduct gaming ac								
а	ls t									
a b	ls t If "I	he organization licensed to conduct gaming ac							Yes	

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	NORTHWEST S	SARCOMA	FOUNDATION	91	1-1717	600	Page 3
11	Does the organization conduct ga	ming activities with nor	nmembers?				Yes	No
12	Is the organization a grantor, bene	ficiary or trustee of a tr	rust, or a memb	per of a partnership or	other entity formed			
	to administer charitable gaming?						Yes	No No
	Indicate the percentage of gaming							
	The organization's facility							%
	An outside facility					13b		%
14	Enter the name and address of the	e person who prepares	the organization	on's gaming/special ev	ents books and records:			
	Name							
	Address							
15a	a Does the organization have a cont	ract with a third party f	from whom the	organization receives	gaming revenue?		Yes	No No
	If "Yes," enter the amount of gam of gaming revenue retained by the	third party \$	y the organizati		and the amoun	ıt		
0	If "Yes," enter name and address	of the third party:						
	Name							
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation	\$						
	Description of services provided							
	Director/officer	Employee	lnd	ependent contractor				
17	Mandatory distributions:							
	a Is the organization required under	state law to make cha	ritable distribut	ions from the gaming p	proceeds to			
	retain the state gaming license?					🗀	Yes	No No
I	Enter the amount of distributions	required under state lav	w to be distribu	ted to other exempt o	rganizations or spent in th	е		
D	organization's own exempt activiti		\$					
Fc	Supplemental Inform 15b, 15c, 16, and 17b, as					d Part III, Iir	ies 9, 9	9b, 10b,

Part IV	Supplemental Information	(continued)

SCHEDULE I	G	arants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)	Go	vernments, an ete if the organization	d Individual	s in the Ŭni [·]	ted States		2022
Department of the Treasury	o cinp	oto il allo ol guilladioi	Attach to Form				Open to Public
Internal Revenue Service		Go to www.irs	.gov/Form990 for	the latest informa	ation.		Inspection
Name of the organization							Employer identification number
NORTHWEST	SARCOMA	FOUNDATION					91-1717600
Part I General Information on Grants a							
1 Does the organization maintain records criteria used to award the grants or assi		-			for the grants or assis		
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	1				(f) Method of		(1) D ()
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	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
OREGON HEALTH & SCIENCE UNIVERSITY							
3181 SW SAM JACKSON PARK RD.	93-1176109	E01(0)(2)	10 000	0.			RESEARCH
PORTLAND, OR 97239	93-1170109	501(C)(3)	10,000.	0.			RESEARCH
	1						

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

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

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

Schedule I (Form 990) 2022

91-1717600

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	164	82,000.	0.		
ENNA PEDIATRIC HELP\$ FUND	33	26,500.	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 I (Form 990)
 NORTH

 Part IV
 Supplemental Information
 NORTHWEST SARCOMA FOUNDATION 91-1717600 Page 2 WITH SOCIAL WORKERS. PATIENTS COMPLETE SURVEYS DETAILING HOW GRANTS WERE UTILIZED.

SCHEDULE O (Form 990)

orm 990) Con

Department of the Treasury Internal Revenue Service Name of the organization 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. <u>Go to www.irs.gov/Form990 for the latest info</u>rmation.



NORTHWEST SARCOMA FOUNDATION

Employer identification number 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:

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 \$ 21,234. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

THE FOUNDATION SUPPORTS RESEARCH ORGANIZATIONS WITH GRANTS AIMED AT

ADVANCING THE CAPACITY AND PROSPECTS FOR SARCOMA TREATMENT RESEARCH.

WE BUILD CAPACITY BY INCREASING THE NUMBER OF SARCOMA SAMPLES IN TISSUE

BANKS AND ADVANCE TREATMENT PROSPECTS BY SUPPORTING LABS SUCCESSFUL IN

BRINGING SARCOMA TREATMENTS TO TRIAL.

EXPENSES \$ 10,377. INCLUDING GRANTS OF \$ 10,000. REVENUE \$ 0.

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.