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Short Form Return of Organization Exempt From Income Tax

2011

Open to Public Inspection

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning **2011**, and ending **2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE SARCOMA ALLIANCE Number and street (or P O box, if mail is not delivered to street address) Room/suite 775 E. BLITHEDALE AVENUE 334 City or town, state or country, and ZIP + 4 MILL VALLEY, CA 94941-1554	D Employer identification number 68-0443045 E Telephone number (415) 381-7236 F Group Exemption Number _____
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G Accounting Method Cash Accrual Other (specify) _____

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

I Website: WWW.SARCOMAALLIANCE.ORG

J Tax-exempt status (check only one): 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 182,425.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I.

SCANNED APR 25 2012

	1 Contributions, gifts, grants, and similar amounts received		180,392.
	2 Program service revenue including government fees and contracts		
	3 Membership dues and assessments		
	4 Investment income		20.
	5 a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c Less direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7 a Gross sales of inventory, less returns and allowances	7a	1,488.
	b Less cost of goods sold	7b	726.
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	762.
	8 Other revenue (describe in Schedule O) ATCH 1	8	525.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	181,699.
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	15,622.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	98,440.
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	10,688.
	15 Printing, publications, postage, and shipping	15	14,084.
	16 Other expenses (describe in Schedule O) ATCH 2	16	29,130.
	17 Total expenses. Add lines 10 through 16	17	167,964.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13,735.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	209,089.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	222,824.

ATTACHED

APR 09 2012

OGDEN, UT

ATCH 2

181

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed. ATTACHMENT 6
42a The organization's books are in care of SAME AS ADDRESSEE Telephone no. 415-381-7236 Located at SAME ZIP + 4
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
42c At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. Yes No

46

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. Yes No

47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. Yes No

48

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No

49a

b If "Yes," was the related organization a section 527 organization? Yes No

49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ▶ Yes No

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 Here

Signature of officer: Arthur W Beckert Date: 4/11/2012

Type or print name and title: Arthur W Beckert Executive Director

Paid Preparer Use Only

Preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____

Firm's name: _____ Firm's EIN: _____

Firm's address: _____ Phone no: _____

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

THE SARCOMA ALLIANCE

Employer identification number

68-0443045

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state. _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

11g(i)		
11g(ii)		
11g(iii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

11g(i)		
11g(ii)		
11g(iii)		
- h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	304,714.	256,437.	190,452.	125,640.	180,392.	1,057,635.
2 Tax revenues levied for the organization'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	304,714.	256,437.	190,452.	125,640.	180,392.	1,057,635.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						23,890.
6 Public support. Subtract line 5 from line 4						1,033,745.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	304,714.	256,437.	190,452.	125,640.	180,392.	1,057,635.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,305.	5,828.	990.	90.	20.	17,233.
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 IV) . ATCH 1	1,169.	57.	294.	847.	525.	2,892.
11 Total support. Add lines 7 through 10						1,077,760.
12 Gross receipts from related activities, etc (see instructions)					12	17,476.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	95.92%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	95.30%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 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

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12).

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. []

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Row 15: Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2010 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, and Percentage. Row 17: Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2010 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization []

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization []

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions []

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2007	2008	2009	2010	2011	TOTAL
MISCELLANEOUS INCOME	1,169.	57.	294.	847.	525.	2,892.
TOTALS	<u>1,169.</u>	<u>57.</u>	<u>294.</u>	<u>847.</u>	<u>525.</u>	<u>2,892.</u>

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

Table with 5 columns: (a) Event #1, (b) Event #2, (c) Other Events, (d) Total events. Rows include Revenue (Gross receipts, Less: Charitable contributions, Gross income) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, Net income summary).

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

Table with 5 columns: (a) Bingo, (b) Pull tabs/instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue (Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Volunteer labor, Direct expense summary, Net gaming income summary).

9 Enter the state(s) in which the organization operates gaming activities
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain

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

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ -----

Address ▶ -----

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ----- and the amount of gaming revenue retained by the third party ▶ \$ -----
- c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ -----

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE-O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 990-EZ.

Name of the organization

THE SARCOMA ALLIANCE

Employer identification number

68-0443045

ATTACHMENT 1

FORM 990EZ, PART I - OTHER REVENUE

MISCELLANEOUS

525.

TOTALS

525.

ATTACHMENT 2

FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES

981.

CONFERENCES, CONVENTIONS

3,614.

PROGRAMS & EVENTS

8,294.

PROFESSIONAL SERVICES

1,355.

FEES

1,563.

INSURANCE

2,584.

WEBSITE

8,807.

DUES

127.

MISCELLANEOUS

1,805.

TOTAL

29,130.

ATTACHMENT 3

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION

BEGINNING
OF YEAR

END
OF YEAR

CASH

45,008.

64,734.

SAVINGS

164,081.

158,090.

TOTALS

209,089.

222,824.

ATTACHMENT 4

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

SUPPORT AND EDUCATION FOR SARCOMA PATIENTS AND THEIR FAMILIES

Name of the organization

THE SARCOMA ALLIANCE

Employer identification number

68-0443045

ATTACHMENT 5FORM 990EZ, PART III - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS AND ALLOCATIONS</u>	<u>EXPENSES</u>
EDUCATION		6,822.
TOTALS		<u>6,822.</u>

ATTACHMENT 6FORM 990EZ, PART V, STATES WITH WHICH A COPY OF THIS RETURN IS FILED

AL, AK, AZ, AR, CA, CO, FL,
 GA, HI, KY, LA, ME, MN,
 NH, NM, NY, NC, ND, OH, OK, OR,
 RI, SC, TN, UT, VA, WA,

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

NAME AND TITLE	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	REPORTABLE COMPENSATION (FORM W-2/ 1099-MISC)	HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION		ESTIMATED AMOUNT OF OTHER COMPENSATION
PHILIP LEIDER 775 E. BLITHEDALE AVENUE, #334 MILL VALLEY, CA 94941-1554	DIRECTOR 5.00	0	0	0	0
DAVID MURPHY 775 E. BLITHEDALE AVENUE, #334 MILL VALLEY, CA 94941-1554	DIRECTOR 5.00	0	0	0	0
KEVIN PLOTTNER 775 E. BLITHEDALE AVENUE, #334 MILL VALLEY, CA 94941-1554	DIRECTOR 5.00	0	0	0	0
MARITES TULLIUS 775 E. BLITHEDALE AVENUE, #334 MILL VALLEY, CA 94941-1554	DIRECTOR 5.00	0	0	0	0
ADE LAWAL 775 E. BLITHEDALE AVENUE, #334 MILL VALLEY, CA 94941-1554	TREASURER 5.00	0	0	0	0
DENISE LAPINS 775 E. BLITHEDALE AVENUE, #334 MILL VALLEY, CA 94941-1554	DIRECTOR 5.00	0	0	0	0
KELLIE FLYNN	DIRECTOR				

Assistance Fund Grants Awarded 2011

Name	Street	ST	Zip	Grant
PIERCE, RICHARD	64 Callahan Road	ME	04093	\$298.25
SARAGO, PETER	106 Ewe Road	PA	17055	\$350.00
GARCIA, YOLANDA	13529 Grenable Drive, Rockville	MD	20853-8390	\$350.00
PAYNE, BOBBIE	3140 Village Blvd. #104	FL	33409	\$350.00
AXELROD, JEANNE	12 Birch Street	PA	17057	\$350.00
FORD, ROBYN	472 Karla Drive	LA	70301	\$210.50
GOLITZ, KELSEY	11 Vernon Street #2	MA	02446-4934	\$350.00
HOPKINS, MARYANN	53 Hillside Lane	NJ	08054	\$271.00
KING, DOLORES	80305 Via Valerosa	CA	92253-9005	\$350.00
KOCH, JANIS	25 NW 89th Street	FL	33150	\$350.00
LORD, TAMMY	4832 Innesbrook Ct. S	FL	32033	\$350.00
MACDONELL, ELIZABETH	5165 SW Pickett Place	OR	97119	\$350.00
MILLER, JENNY	162 N. Elmira Street	PA	18810	\$225.53
MOSKE, CONNIE	8962 General Andrews Road	MN	55783-8725	\$297.34
WEGSCHEIDER, JAMES	10635 County 65	MN	56319-4500	\$350.00
BECKER, ROBERT	N3022 River Bend Drive	WI	54157	\$350.00
CHURCH, WINFIELD	223 E. Hill Street	IN	46992	\$350.00
FOSS, TROY	4031 Short Lane	MT	59105	\$350.00
GAY, RAYMOND	1075 South Belfast Road	ME	04363	\$345.26
GOLDBERG, CORRIE	2959 Partridge Ct.	IL	60502	\$330.31
JONES, HOLLIE	2338 Boulder Run	TX	78626	\$233.77
KING, MARVIN	21007 Dug Hill Road	PA	17264	\$247.03
MAREYES, LORIE	24648 County 1	MN	56347	\$350.00
POTTER, TAMI	P.O. Box 911	OR	97015	\$350.00
VEJVODA, JUDITH	P.O. Box 361	NM	87527	\$335.10
WEAVER, TRAVIS	2944 Corte Diana	CA	92009	\$350.00
GROTH, KATHERINE	54270 Faye Drive	IN	46561	\$350.00
HARVIN, JULIA	18 N. Church Street	SC	29148	\$350.00
HERBST, LEE	368 Sawmill Road	VT	05775	\$174.66
LYONS, PAULA	2795 E. Point Hayden Drive	ID	83835	\$350.00
PAGE, SPENCER	1005 Linda Lane	CO	80439	\$350.00
PANCIERA, MELISSA	20 Cooper Lane	CT	06076-1313	\$350.00
HEIN, ANGIE	2625 N. Shields St.	CO	80524	\$76.72

Assistance Fund Grants Awarded 2011

ARMENDAREZ, ANGEL	1301 McKinney	TX	79763	\$350.00
BOWER, DAVID	1143 Rose Street	NE	69162	\$263.00
BURNETT, RITA	10812 Whitestone Ranch Rd.	TX	76126-4576	\$350.00
CHADWICK, JANET	1005 E. Lily Drive	MO	65721	\$350.00
DAVISON, JANA	4120 NW 61st Street	OK	73112	\$350.00
ERLACHER, JEFFREY	2119 E. 21st. Ave.	CO	80205	\$330.38
FLORES, YOLANDA	810 N. Justin Place	CA	92801	\$252.40
HAN, PING	120 NE Wilshire Ave.	OK	74006	\$350.00
HEMMINGSON, DAVID	507 N. Oaks Ave. #3	IA	50033	\$112.75
JOHNSON, STANLEY	4561 Powell Hwy	WY	82414	\$350.00
LATHRON, KENT	128 Mayo Rd.	ME	04444	\$350.00
MENASHE, INBAL	518 Oxford Road	NY	11516	\$350.00
NOLAN, DEANNA	1445 Weeping Willow	LA	70726	\$350.00
OSBORN, JENNIFER	648 Atlantic Ave.	NY	14502	\$350.00
SWANSON, MARLA	12792 W. Jewell Circle	CO	80228	\$350.00
TAKACS, ILONA	P-6 Quincy Circle	NJ	08810-1339	\$350.00
VALENZUELA, GIANNA	2601 Niemann Drive	TX	78748	\$67.44
TOTAL GRANTS AWARDED 2011				\$15,621.44

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

<u>NAME AND TITLE</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION (FORM W-2/)</u>	<u>HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION</u>	<u>ESTIMATED AMOUNT OF OTHER COMPENSATION</u>
775 E. BLITHEDEALE AVENUE, #334 MILL VALLEY, CA 94941-1554	5.00	0	0	0
JEFF BRADBURY	VICE PRESIDENT	5.00	0	0
775 E. BLITHEDEALE AVENUE, #334 MILL VALLEY, CA 94941-1554				
JOAN DARLING	PRESIDENT	5.00	0	0
775 E. BLITHEDEALE AVENUE, #334 MILL VALLEY, CA 94941-1554				
CLAUDE ALEXANDER	DIRECTOR	5.00	0	0
775 E. BLITHEDEALE AVENUE, #334 MILL VALLEY, CA 94941-1554				
DEBORAH GATES	DIRECTOR	5.00	0	0
775 E. BLITHEDEALE AVENUE, #334 MILL VALLEY, CA 94941-1554				
SUZIE SIEGEL	DIRECTOR	5.00	0	0
775 E. BLITHEDEALE AVENUE, #334 MILL VALLEY, CA 94941-1554				
JAMES JOHNSTON	TREASURER	5.00	0	0

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

NAME AND TITLE	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION (FORM W-2/)	HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION	ESTIMATED AMOUNT OF OTHER COMPENSATION
775 E. BLITHEDEALE AVENUE, #334 MILL VALLEY, CA 94941-1554				
ALI OLIG	SECRETARY	5.00	0	0
775 E. BLITHEDEALE AVENUE, #334 MILL VALLEY, CA 94941-1554				
ARTHUR BECKERT	EXECUTIVE DIRECTOR	40.00	0	0
775 E. BLITHEDEALE AVENUE, #334 MILL VALLEY, CA 94941-1554				
GRAND TOTALS		59,842.	0	0