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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A For the 2012 calendar year, or tax year beginning 2012, and ending 20

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: THE SARCOMA ALLIANCE. D Employer identification number: 68-0443045. E Telephone number: (415) 381-7236. F Group Exemption Number.

G Accounting Method: X Cash. I Website: WWW.SARCOMAALLIANCE.ORG. H Check if the organization is not required to attach Schedule B. J Tax-exempt status: X 501(c)(3).

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. 192,234.

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. X

Table with 21 rows and 4 columns. Rows 1-9: Revenue. Rows 10-17: Expenses. Rows 18-21: Net Assets. Includes a 'RECEIVED' stamp dated APR 08 2013.

For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2012)

SCANNED APR 16 2013

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 (such as those reported on lines 2, 6a, and 7a, among others)?
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? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.
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 43
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 | 46 | Yes | No |
| | | | | X |

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 | 47 | Yes | No |
| | | | | X |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | Yes | No |
| | | | | X |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | Yes | No |
| | | | | X |
| b | If "Yes," was the related organization a section 527 organization? | 49b | Yes | No |
| | | | | |
| 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 title of each employee paid more than \$100,000 | (b) 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 | Date |
| | Arthur W. Beckett, Executive Director | 4/1/2013 |
| | Type or print name and title | |

| | | | | | |
|------------------------|----------------------------|----------------------|------|---|------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> 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)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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-Non-functionally integrated
- 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) | | |
 - (ii) A family member of a person described in (i) above?

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

| | | |
|----------|--|--|
| 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 monetary 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) 2012

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

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 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.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 94.91%; 15 Public support percentage from 2011 Schedule A, Part II, line 14 95.92%; 16a 33 1/3% support test - 2012. 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 [X]; 16b 33 1/3% support test - 2011. 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; 17a 10%-facts-and-circumstances test - 2012. 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; 17b 10%-facts-and-circumstances test - 2011. 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; 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.

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) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (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) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (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 2 columns: Line number, Percentage. Row 15: Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2011 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2011 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2011. 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 | 2008 | 2009 | 2010 | 2011 | 2012 | TOTAL |
|----------------------|------------|-------------|-------------|-------------|------------|---------------|
| MISCELLANEOUS INCOME | 57. | 294. | 847. | 525. | 96. | 1,819. |
| TOTALS | <u>57.</u> | <u>294.</u> | <u>847.</u> | <u>525.</u> | <u>96.</u> | <u>1,819.</u> |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

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

FORM 990EZ, PART I - OTHER REVENUE

ATTACHMENT 1

MISCELLANEOUS

96.

TOTALS

96.

FORM 990EZ, PART I - OTHER EXPENSES

ATTACHMENT 2

SUPPLIES

1,515.

CONFERENCES, CONVENTIONS

2,436.

PROGRAMS AND EVENTS

29,572.

PROFESSIONAL SERVICES

1,315.

FEES

1,674.

INSURANCE

2,680.

WEBSITE

8,234.

DUES

127.

MISCELLANEOUS

1,362.

TOTAL

48,915.

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

ATTACHMENT 3

DESCRIPTION

BEGINNING
OF YEAR

END
OF YEAR

CASH

64,734.

60,165.

SAVINGS

158,090.

158,628.

TOTALS

222,824.

218,793.

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

ATTACHMENT 4

SUPPORT AND EDUCATION FOR SARCOMA PATIENTS AND THEIR FAMILIES.

Name of the organization
THE SARCOMA ALLIANCE

Employer identification number
68-0443045

ATTACHMENT 5

FORM 990EZ, PART III - OTHER PROGRAM SERVICES

| <u>DESCRIPTION</u> | <u>GRANTS AND ALLOCATIONS</u> | <u>EXPENSES</u> |
|--------------------|-----------------------------------|-----------------|
| EDUCATION | | 5,066. |
| TOTALS | | <u>5,066.</u> |

ATTACHMENT 6

FORM 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,

Attachement 2 - 2012 Sarcoma Alliance Taxes
Assistant Funds Grants Paid

| Last Name | First Name | Address | St | Zip | Grant |
|---------------|------------|-------------------------------|----|------------|----------|
| Chamopoulos | Lainie | 400 E. Randolph #3616 | IL | 60601 | \$500.00 |
| Nyasvisvo | Delight | 965 Woods Edge Drive | MI | 49120 | \$500.00 |
| Brown | Heather | P.O. Box 284 | NC | 28680 | \$449.77 |
| Sergent | Jerry | 497 Sugar Hill Road | WI | 53521 | \$500.00 |
| Wiley | Clare | 1180 Matmor Road #283 | CA | 95776 | \$372.48 |
| Hopkins | Maryann | 53 Hillside Lane | NJ | 8054 | \$130.34 |
| Herrera | Lali | 1515 47th Ave. | CO | 80634 | \$487.70 |
| Kelley | Mary Lou | 316 S. State Street | IL | 60936 | \$219.33 |
| Gorman | Tommy | 13541 Old Pike Road | AL | 36052 | \$500.00 |
| Johnson | Jerri | 8485 Royall Oaks Drive | CA | 95746 | \$441.73 |
| Skillings | Rosalie | 4-A Central Street | MA | 1880 | \$288.22 |
| Campbell | Duke | 100 Campbell Road | GA | 31539 | \$500.00 |
| Kozlowski | Karen | 10294 Summerwind Drive | ID | 83704 | \$460.00 |
| Pontius | Frank | 680 Distel Drive | CA | 94022 | \$500.00 |
| McCollum | James | 17109 Butler Road | MD | 20837 | \$500.00 |
| Rodkin | Vanessa | 4 Truman Ave. | NJ | 8234 | \$94.00 |
| Ruiz | Jaime | 333 E 229th Place | CA | 90745 | \$497.20 |
| Lenz | Mallory | 2080 Washington St. | WA | 98831 | \$198.65 |
| Sandoval | Alexa | 4310 Charles Street | TX | 79106 | \$500.00 |
| Etim | Jennifer | 1640 Tenth Ave., Unit #407 | CA | 92101 | \$500.00 |
| Forest | Pamela | 520 Hawthorne Street | NJ | 8021 | \$25.00 |
| Noble | Amanda | 18091 Ivorycrest Ln. | CA | 92648 | \$314.06 |
| Shackelford | Phil | 6302 Hilton Hill Ct. | MD | 20706 | \$373.69 |
| Frank | Fillis | 3812 Glen Arbor Court | GA | 30319 | \$500.00 |
| Lane | Rosemary | 1078 Larkspur Loop | FL | 32259 | \$500.00 |
| Bennett-Taber | Danuta | 668 Rabbit Creek Lane | CA | 91320 | \$500.00 |
| Sparks | Lisa | 5211 Oakland Blvd. | OH | 45662 | \$500.00 |
| Sanderson | Elizabeth | 136 N. Sunset Drive | SD | 57451 | \$239.72 |
| Gardner | Dina | 401 North Ave. #312 | CA | 94903 | \$500.00 |
| McCarthy | Mary Jane | 78 Western Circle | MA | 1085 | \$414.16 |
| Boliver | Scott | 120 Clove Place | CA | 92821 | \$299.60 |
| Vaughn | Catherine | 14838 Masthead Landing Circle | FL | 34787 | \$141.70 |
| Hanlon | Annina | 325 Dowsby Ct. | CA | 95661 | \$232.80 |
| Wolffington | David | P.O. Box 577 | TX | 78639 | \$103.96 |
| Wells | Roberta | 302 S. Walnut Street | IL | 62884-1816 | \$68.00 |
| Browning | Sandra Kay | 102 Barbara Drive | AL | 35758 | \$500.00 |

Attachement 2 - 2012 Sarcoma Alliance Taxes
Assistant Funds Grants Paid

| | | | | | |
|-----------|----------|---------------------------|----|------------|--------------------|
| Yang | Jennie | 13456 Via Varra #412 | CO | 80020 | \$500.00 |
| Williams | JoAnn | P.O. Box 51536 | LA | 70151-1536 | \$186.71 |
| Foss | Kim | 14331 165th Ave. NE | MN | 56329 | \$165.54 |
| Rosell | Lisa | 1109 Beach Comber Drive | IL | 60193-3831 | \$434.08 |
| Clark | Danna | 3442 Moore Rd. | WA | 99141 | \$232.20 |
| Konstanz | Mary | 3006 Robin Rd. | MO | 65740 | \$102.82 |
| Fettig | Tracey | 8133 Kittle Lane | ND | 58504-3980 | \$319.60 |
| Webster | Susan | 542 Nassau Drive | FL | 32578 | \$323.97 |
| Zipay | Charelle | 101 Crescent Ave. | NJ | 7010 | \$112.56 |
| Homme | Michelle | 2443 Fillmore St. #172 | CA | 94115 | \$173.40 |
| Bogue | Gary | 4599 N. Washington 12-G | OK | 74075-1291 | \$500.00 |
| Pizana | Raul | 1055 Blake St. #5-A | CA | 93245 | \$62.00 |
| Johnson | Brian | 4519 Courthouse Rd. | VA | 23093 | \$500.00 |
| Fireto | Carl | 157 Mary Reed Rd. | PA | 15005 | \$315.00 |
| Martin | Susan | 1739 E. Countryside Drive | UT | 84106 | \$500.00 |
| Yates | Paul | 1800 E. Johnson Ave. | FL | 32514 | \$500.00 |
| Evans | Lynn | 2462 Waldron Rd | NY | 13316 | \$301.07 |
| Bonjour | Nancy | 509 W. Clarence St. | WI | 53504 | \$369.84 |
| McGovern | Cathy | 134 Decker Rd. | NY | 13813 | \$216.07 |
| Maugh | David | 109 Cotton Drive | MS | 38756 | \$500.00 |
| Alexander | Jeffrey | 3584 Earle SW | MI | 49418 | \$500.00 |
| McFaddon | Christy | 18 Alex Drive | NC | 28805 | \$427.36 |
| Fisher | Jennifer | 32113 Cottonwood Crest | OH | 44039 | \$500.00 |
| | | | | | \$21,094.33 |

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

| <u>NAME AND ADDRESS</u> | <u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u> | <u>REPORTABLE COMPENSATION (FORM W-2/1099-MISC)</u> | <u>HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION</u> | <u>ESTIMATED AMOUNT OF OTHER COMPENSATION</u> |
|--|---|---|--|---|
| DAVID MURPHY 775 E BLITHEDALE AVE #334 MILL VALLEY, CA 94941-1554 | DIRECTOR 5.00 | 0 | 0 | 0 |
| KEVIN PLOTTNER 775 E BLITHEDALE AVE #334 MILL VALLEY, CA 94941-1554 | DIRECTOR 5.00 | 0 | 0 | 0 |
| MARITES TULLIUS 775 E BLITHEDALE AVE #334 MILL VALLEY, CA 94941-1554 | DIRECTOR 5.00 | 0 | 0 | 0 |
| ADE LAVAL 775 E BLITHEDALE AVE #334 MILL VALLEY, CA 94941-1554 | DIRECTOR 5.00 | 0 | 0 | 0 |
| KELLIE FLYNN 775 E BLITHEDALE AVE #334 MILL VALLEY, CA 94941-1554 | DIRECTOR 5.00 | 0 | 0 | 0 |
| JEFF BRADBURY 775 E BLITHEDALE AVE #334 MILL VALLEY, CA 94941-1554 | VICE PRESIDENT 5.00 | 0 | 0 | 0 |
| JOAN DARLING | TREASURER | | | |

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

| NAME AND ADDRESS | 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 BLITHEDALE AVE #334 MILL VALLEY, CA 94941-1554 | 5.00 | 0 | 0 | 0 |
| DEBORAH GATES | DIRECTOR | | | |
| 775 E BLITHEDALE AVE #334 MILL VALLEY, CA 94941-1554 | 5.00 | 0 | 0 | 0 |
| SUZIE SIEGEL | DIRECTOR | | | |
| 775 E BLITHEDALE AVE #334 MILL VALLEY, CA 94941-1554 | 5.00 | 0 | 0 | 0 |
| JAMES JOHNSTON | PRESIDENT | | | |
| 775 E BLITHEDALE AVE #334 MILL VALLEY, CA 94941-1554 | 5.00 | 0 | 0 | 0 |
| ALI OLIG | SECRETARY | | | |
| 775 E BLITHEDALE AVE #334 MILL VALLEY, CA 94941-1554 | 5.00 | 0 | 0 | 0 |
| ARTHUR BECKERT | EXECUTIVE DIRECTOR | | | |
| 775 E BLITHEDALE AVE #334 MILL VALLEY, CA 94941-1554 | 40.00 | 59,842. | 0 | 0 |
| MATT ANDERSON, M.D. | DIRECTOR | | | |
| | 5.00 | 0 | 0 | 0 |

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

| <u>NAME AND ADDRESS</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 BLITHEDALE AVE #334 MILL VALLEY, CA 94941-1554 | | | | |
| WARREN BAILEY | DIRECTOR | | | |
| 775 E BLITHEDALE AVE #334 MILL VALLEY, CA 94941-1554 | 5.00 | 0 | 0 | 0 |
| GINA D'AMATO | DIRECTOR | | | |
| 775 E BLITHEDALE AVE #334 MILL VALLEY, CA 94941-1554 | 5.00 | 0 | 0 | 0 |
| KRISANNE GRAVES, MSN | DIRECTOR | | | |
| 775 E BLITHEDALE AVE #334 MILL VALLEY, CA 94941-1554 | 5.00 | 0 | 0 | 0 |
| <u>GRAND TOTALS</u> | | <u>59,842.</u> | <u>0</u> | <u>0</u> |