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Short Form

OMB No 1545-1150

Form 990-EZ

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Open to Public Inspection

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning, 2013, and ending, 20

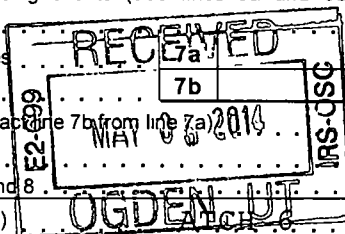
B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: THE SARCOMA ALLIANCE. D Employer identification number: 68-0443045. E Telephone number: (415) 381-7236. F Group Exemption Number.

G Accounting Method: [X] Cash. 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: [X] 501(c)(3).

K Form of organization: Corporation. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 134,332.

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 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 128,395, 1,019, 4,918, 3,246, 1,672, 131,086, 20,946, 95,887, 11,306, 11,725, 29,957, 169,821, -38,735, 218,793, 180,058.



SCANNED MAY 20 2014

Form 990-EZ (2013) b 29



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? 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? 35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization... 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? 37a Enter amount of political expenditures... 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... 38b If "Yes," complete Schedule L, Part II and enter the total amount involved. 39 Section 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9. b 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. b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year... c 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. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 41 List the states with which a copy of this return is filed ATTACHMENT 5 42a The organization's books are in care of SAME AS ADDRESSEE Telephone no. 415-381-7236 Located at SAME ZIP + 4 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country... c At any time during the calendar year, did the organization maintain an office outside the U.S.? 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? 44b Did the organization operate one or more hospital facilities during the year? 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? 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)?

|   |     |    |
|---|-----|----|
|   | Yes | No |
| <b>46</b> 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  | 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

|  |     |    |
|--|-----|----|
|  | Yes | No |
| <b>47</b> 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  | X  |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | 48  | X  |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | 49a | X  |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .  | 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 title of each employee | (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"

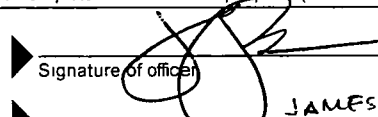
| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

**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: 4.2.14

Type or print name and title: JAMES JOHNSTON

**Paid Preparer Use Only**

Print/Type 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)**

**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.

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**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)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |
  - (ii) A family member of a person described in (i) above? 

|         |     |    |
|---------|-----|----|
|         | Yes | No |
| 11g(ii) |     |    |
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

|          |     |    |
|----------|-----|----|
|          | Yes | No |
| 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)                                |          |   |  |    |   |    |  |    |                                  |
| <b>Total</b>                       |          |   |  |    |   |    |  |    |                                  |

**F or Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** Schedule A (Form 990 or 990-EZ) 2013

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: Calendar year (or fiscal year beginning in), (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (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: Calendar year (or fiscal year beginning in), (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (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 (see instructions) 12 6,995.
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. Row 14: Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 95.25%
Row 15: Public support percentage from 2012 Schedule A, Part II, line 14 15 94.91%

16a 33 1/3% support test - 2013. 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
b 33 1/3% support test - 2012. 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 - 2013. 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
b 10%-facts-and-circumstances test - 2012. 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**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. . . . .   |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6) . . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . . . .   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .     |          |          |          |          |          |           |
| <b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .                                   |          |          |          |          |          |           |
| <b>13 Total support.</b> (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**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 . . . . .                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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.** 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          | 2009        | 2010        | 2011        | 2012       | 2013 | TOTAL         |
|----------------------|-------------|-------------|-------------|------------|------|---------------|
| MISCELLANEOUS INCOME | 294.        | 847.        | 525.        | 96.        |      | 1,762.        |
| <b>TOTALS</b>        | <u>294.</u> | <u>847.</u> | <u>525.</u> | <u>96.</u> |      | <u>1,762.</u> |

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE SARCOMA ALLIANCE

**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 990-EZ.

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Employer identification number

68-0443045

ATTACHMENT 1

FORM 990EZ, PART I - OTHER EXPENSES

|                          |                |
|--------------------------|----------------|
| SUPPLIES                 | 1,345.         |
| CONFERENCES, CONVENTIONS | 883.           |
| PROGRAMS AND EVENTS      | 10,685.        |
| PROFESSIONAL SERVICES    | 1,354.         |
| FEES                     | 1,595.         |
| INSURANCE                | 2,489.         |
| WEBSITE                  | 10,172.        |
| DUES                     | 125.           |
| MISCELLANEOUS            | 1,309.         |
| <b>TOTAL</b>             | <b>29,957.</b> |

ATTACHMENT 2

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

| <u>DESCRIPTION</u> | <u>BEGINNING<br/>OF YEAR</u> | <u>END<br/>OF YEAR</u> |
|--------------------|------------------------------|------------------------|
| CASH               | 60,165.                      | 20,711.                |
| SAVINGS            | 158,628.                     | 159,347.               |
| <b>TOTALS</b>      | <b>218,793.</b>              | <b>180,058.</b>        |

ATTACHMENT 3

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 4FORM 990EZ, PART III - OTHER PROGRAM SERVICESDESCRIPTIONGRANTS AND  
ALLOCATIONSEXPENSES

EDUCATION

5,173.

TOTALS

5,173.ATTACHMENT 5FORM 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,

## Assistant Funds Grants - 2013

| LASTNAME        | FIRSTNAME        | ADDRESS1                    | STATE | ZIP        | COMACTIONDATE | AMTAPPROVED |
|-----------------|------------------|-----------------------------|-------|------------|---------------|-------------|
| Smith           | Inah             | 2176 Chestnut Ave #03       | CA    | 90806      | 1/7/2013      | \$500 00    |
| Nguyen          | Sean             | 4848 Paleologos Street      | MA    | 01960      | 1/7/2013      | \$22 08     |
| Harper          | Edward           | 1704 Wheatfield Drive       | TX    | 75149      | 1/7/2013      | \$322 28    |
| Bryngelson      | Justin           | P O Box 63                  | MN    | 56687      | 1/8/2013      | \$222 39    |
| McFaddon        | Christy          | 18 Alex Drive               | NC    | 28805      | 1/8/2013      | \$427 36    |
| Wenner          | Barry            | 3569 Connie Circle #B       | CA    | 95969      | 1/8/2013      | \$398 48    |
| Nagaya          | Sachika          | 1946 Williamsport St        | NV    | 89052      | 1/8/2013      | \$247 96    |
| Hester          | Leigh            | 10030 37th Ave SW           | WA    | 98146      | 1/8/2013      | \$288 73    |
| Morgan          | Miles            | 7333 Rustic Cresta Street   | NV    | 89149-0125 | 1/8/2013      | \$500 00    |
| Gonzalez        | AnaMaria         | 2721 Cobblestone            | IL    | 60012      | 1/11/2013     | \$500 00    |
| Georgiou        | Georgia          | 24-12 Crescent St           | NY    | 11102      | 1/15/2013     | \$500 00    |
| Grace           | Catherine        | P O Box 1404                | HI    | 96778      | 2/14/2013     | \$500 00    |
| Menashe         | Inbal            | 518 Oxford Road             | NY    | 11516      | 2/14/2013     | \$500 00    |
| Ulmer           | Rhonda           | 181 Pinecove Ave            | MD    | 21113      | 2/14/2013     | \$500 00    |
| Schaffer        | Thomasina (Toni) | 2051 Donald Ave.            | WV    | 25701      | 2/14/2013     | \$500 00    |
| Carson          | Benjamin         | 501 Forest Ave #402         | CA    | 94301      | 2/14/2013     | \$492 80    |
| Maveety         | Shannon          | 7931 Blaze Trail Court      | CA    | 95662      | 2/14/2013     | \$182 00    |
| Pearson         | Joshua           | 403 South Cedar Street      | KS    | 66067      | 2/14/2013     | \$500 00    |
| Tishler         | Donald           | 1517 Shore Club Drive       | MI    | 48080      | 3/13/2013     | \$500 00    |
| Smith           | Kevin            | 5705 Dove Creel Ave         | AL    | 35473      | 6/5/2013      | \$360 85    |
| Klimek          | Gary             | 2901 Brookside Run          | GA    | 30078-2289 | 6/5/2013      | \$500 00    |
| Tate            | Heidi            | 1370 West Paisley Drive     | AZ    | 85143-5035 | 6/5/2013      | \$500 00    |
| Brocato         | Dominick         | 4322 NE Park Springs Ct     | MO    | 64064      | 6/5/2013      | \$500 00    |
| Swift           | Caroline         | 410 E Broadway #7U          | NY    | 11561      | 6/5/2013      | \$500 00    |
| Mork            | Timothy          | 10276 Greenleaf Rd          | CA    | 91977      | 6/5/2013      | \$500 00    |
| Elliott         | Shannon          | 2660 Oak Trail              | MI    | 48371      | 6/5/2013      | \$500 00    |
| Allred          | Albert           | 217 Jennings Lane           | MO    | 63801      | 6/5/2013      | \$500 00    |
| Greening-Hamlin | Leif             | 2921 Chapman Street #9      | CA    | 94601      | 8/14/2013     | \$500 00    |
| Thompson        | Andrew           | 2063 Victoria Court         | MI    | 48635      | 8/14/2013     | \$500 00    |
| Russell         | Charleton        | 8310 Clarkwood Drive #1005  | TX    | 75236      | 8/14/2013     | \$387 67    |
| Young           | Sheva            | 71 Whispering Pine Lane     | NJ    | 08701      | 8/14/2013     | \$500 00    |
| Young           | Randy            | 211 Debbie Lane             | OK    | 74873      | 8/14/2013     | \$500 00    |
| Langley         | Ryan             | 4259 Emmett Drive           | AL    | 36619      | 8/14/2013     | \$322 90    |
| Crawley         | Alan             | 6724 Corte Del Vista        | CA    | 94566      | 8/14/2013     | \$500 00    |
| Leibfried       | Levi             | 2830 Janet Ave NE           | ND    | 58301      | 8/14/2013     | \$318 88    |
| Peroulas        | Thomas           | 2522 N Fairfield Ave        | IL    | 60647-1808 | 8/14/2013     | \$363 64    |
| Tillman         | Maryland         | 1601 32nd St #713           | TX    | 76302      | 8/20/2013     | \$123 40    |
| Burnette        | Sara             | 3881 Woodmere Park Blvd #11 | FL    | 34293-5272 | 9/20/2013     | \$496 08    |
| Martinez        | Payton           | 1106 East Wallace           | TX    | 78643      | 9/20/2013     | \$315 06    |
| Chamopoulos     | Lainie           | 400 E Randolph #3616        | IL    | 60601      | 10/8/2013     | \$224 20    |
| Washington      | Mattie           | 509 Jordan Street           | TX    | 76661      | 10/8/2013     | \$365 14    |
| Redant          | Andre            | 5527 Kingsmere              | FL    | 34235      | 10/8/2013     | \$292 40    |
| Mills           | Steven           | 1950 NW 29th Rd             | FL    | 33431      | 10/8/2013     | \$500 00    |
| Phillips        | Steven           | 2443 Woodlawn Road          | IL    | 60062-5946 | 12/2/2013     | \$500 00    |
| Cathers         | Alexia           | 1321 W Becker Lane, Unit A  | AZ    | 85029      | 12/3/2013     | \$68 00     |
| Scharp          | John             | 117 Susan Drive             | DE    | 19707      | 12/3/2013     | \$204 00    |
| McCarty         | Steven           | 532 Kimberlin Hieghts Rd    | TN    | 37920      | 12/18/2013    | \$500 00    |
| Ohrt            | Noah             | 512 Elizabeth Street        | IA    | 50635-9417 | 12/18/2013    | \$500 00    |
| Alexis          | Michelle         | 219 S Redwood Ave #3        | CA    | 92821      | 12/18/2013    | \$500 00    |
| Rodriquez       | Beverly          | 2011 Cinderella Lane        | CA    | 95116      | 12/19/2013    | \$500 00    |
| Battles         | Michele          | 150 SE 80th Street          | IA    | 50327      | 12/19/2013    | \$500 00    |

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THE SARCOMA ALLIANCE

68-0443045

ATTACHMENT 7

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

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

THE SARCOMA ALLIANCE

68-0443045  
 ATTACHMENT 7 (CONT'D)

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

| NAME AND ADDRESS  | TITLE AND<br>AVERAGE HOURS<br>PER WEEK DEVOTED<br>TO POSITION | COMPENSATION<br>(FORM W-2/<br>DEFERRED COMPENSATION | HEALTH BENEFITS,<br>CONTRIBUTION TO EMPLOYEE<br>BENEFIT PLANS AND<br>DEFERRED COMPENSATION | ESTIMATED<br>AMOUNT OF<br>OTHER<br>COMPENSATION |
|---|---|---|--|---|
| 775 E BLITHEDALE AVE #334<br>MILL VALLEY, CA 94941-1554 | 5.00  | 0   | 0  | 0   |
| DEBORAH GATES   | SECRETARY<br>5.00   | 0   | 0  | 0   |
| 775 E BLITHEDALE AVE #334<br>MILL VALLEY, CA 94941-1554 |   |   |  |   |
| JAMES JOHNSTON  | PRESIDENT<br>5.00   | 0   | 0  | 0   |
| 775 E BLITHEDALE AVE #334<br>MILL VALLEY, CA 94941-1554 |   |   |  |   |
| ALI OLIG  | EXECUTIVE DIRECTOR<br>5.00                                    | 0   | 0  | 0   |
| 775 E BLITHEDALE AVE #334<br>MILL VALLEY, CA 94941-1554 |   |   |  |   |
| ARTHUR BECKERT  | EXECUTIVE DIRECTOR<br>40.00                                   | 54,855.   | 0  | 0   |
| 775 E BLITHEDALE AVE #334<br>MILL VALLEY, CA 94941-1554 |   |   |  |   |
| MATT ANDERSON, M.D.                                     | DIRECTOR<br>5.00  | 0   | 0  | 0   |
| 775 E BLITHEDALE AVE #334<br>MILL VALLEY, CA 94941-1554 |   |   |  |   |
| GINA D'AMATO, M.D.                                      | DIRECTOR<br>5.00  | 0   | 0  | 0   |

THE SARCOMA ALLIANCE

68-0443045

ATTACHMENT 7 (CONT'D)

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/ DEFERRED COMPENSATION) | 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

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