<u></u>	90	Return o	f Organizati	ion Exemp	t From	Income	Tax	OMB No 15	
		Under section 501(c),	527 or 4947(a)(1) o	f the Internal Rev	renue Code la	excent nrivate	foundation	"I 20 1	19
		1	er social security n		•		-	Open to	
partment o	of the Treasury enue Service		ww.irs.gov/Form99				. –	Inspec	
		dar year, or tax year be			2019, and end		12/31	, 20 19	
	if applicable:	C Name of organization						loyer identification	n numi
-	s change	Doing business as LM						87-0763851	
Name	•	Number and street (or f				Room/suite		hone number	
Initial re	eturn	5927 South Louisville	place					866-912-2730)
- Final ref	turn/terminated	City or town, state or pi	rovince, country, and Z	IP or foreign postal	code				
Amend	ed return	Tulsa, OK, 74135					G Gros	s receipts \$	216
Applica	ition pending	F Name and address of pr	incipal officer Sharo	n Anderson		H(a) is the	is a group return	for subordinates? 🔲 Y	res 🔽
		850 Point Pacific, Dal	y City, CA 94014			H(b) Are	all subordina	ites included? 🔲 Y	res 🗌
Tax-ex	empt status	✓ 501(c)(3) 50	1(c) () ◀ (inser	t no.) 🔲 4947(a)(1) or 🚺 52:)f "No,"	attach a list (s	see instructions)	
Websit	e: ► https·//	msdr org/			<u> </u>	H(c) Gre	oup exemption	number 🕨	_
Form of	organization 🗹	Corporation Trust	Association Other	er▶	L Year of for	mation 200	6 M State	e of legal domicile	0
Part I	Summa	<u>*</u>							
1	Briefly des	cribe the organizatior	i's mission or mos	st significant ac	tivities: <u>To h</u>	elp find a cur	e for Leiom	yosarcoma by o	creat
	a relations	hip with researchers in	ı which we help fur	nd projects that	can lead to ef	fective treatn	ents. The s	econdary missi	ion is
	to provide	a forum for Patients a	nd care givers to sh						- <i></i> -
2	Check this	box ▶ ☐ if the orgai	nization disc	Φ.	ns or dispos	ed of m ore t	gan 25 % o	f its net assets.	
3	Number of	voting members of the	ne governin	į	a). Kt.(.	たしくと	$\bigcup_{i \in \mathbb{Z}} \mathcal{A}_i $		
2 3 4 5 6	Number of	independent voting i	nembers of	ķ	Part VI, line	1b)	707 4		
5	Total numb	er of individuals emp	loyed in cal	ιř	(W) line(2a)	1.5.2021	C 5		
6	Total numb	er of volunteers (esti	mate if nece		& I . ~:'.		· (c) 6		
7a	Total unrel	ated business revenu	e from Part v, o.	oranni (<i>o)</i> , iine		NESKI 111	<u> </u>		
b	Net unrelat	ted business taxable	income from Form	า 990-T, line 39ู้	OG	DEN, UT	. 7b		
				4	W. S.	Prior	Year	Current Y	ear
, 8	Contribution	ons and grants (Part V	'III, line 1h)				139,973		208
9	Program se	ervice revenue (Part V	/III, line 2g)				0		
10	Investment	income (Part VIII, co	lumn (A), lines 3, 4	I, and 7d)			2,284		8
11	Other rever	nue (Part VIII, column	(A), lines 5, 6d, 8d	c, 9c, 10c, and	11e)		0		
12	Total reven	ue-add lines 8 throu	gh 11 (must equal	Part VIII, colum	n (A), line 12)		142,257		216
13	Grants and	I sımilar amounts paid	(Part IX, column	(A), lines 1-3) .			282,000		
14	Benefits pa	aid to or for members	(Part IX, column (A), line 4)			0		
15	Salaries, ot	her compensation, em	ployee benefits (Pa	art IX, column (A), lines 5–10)		0		
16a . b		al fundraising fees (Pa					0		
b		aising expenses (Parl		05\ 6	0				
17		nses (Part IX, column	• •				8,428		16
18		nses. Add lines 13-17			line 25) .		290,428		16
19	Revenue le	ss expenses. Subtrac	ct line 18 from line	12			-148,171		200
8						Beginning of	Current Year	End of Ye	ear
20	Total asset	s (Part X, line 16) .					416,904	·	617
21		ties (Part X, line 26) .					0		
20 21 22		or fund balances. Su	btract line 21 from	n line 20			416,904		617
art II		re Block							
			ned thus return, includu	ng accompanying s	chedules and st	atements, and t	o the best of	mv knowledge and	ı belir
ie, correc	t, and complete	I declare that I have exami	ther man officer) is bas	ed on all information	n of which prep	arer has any kno	wledge	, and	50
		1	X				09-	0-3-7	02
			A A Y I				· · / / -	~ / ~	

Type or print name and title Print/Type preparer's name Preparer's signature Date Check if self-employed **Paid** Preparer Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) Yes No For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019) Cat No 11282Y



-omi 99	Page Z
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	To help find a cure for leiomyosarcoma by creating relationships with researchers and funding research that can lead to an
	effective treatment. To provide a forum for patients and care givers to share there experiences and to keep them informed of
	current studies.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 10,000 including grants of \$ 10,000) (Revenue \$ 0)
	Funded production of Movie that explained dangers of Moresellation that contributes to poor outcomes for LMS cancer patients
4b	(Code:) (Expenses \$3,091 including grants of \$0) (Revenue \$0) Provide web site with current research and resources to those diagnosed and caregiving toward this cancer.
	<u></u>
	<u></u>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)



Form 99	0 (2015)			age
Part	V Checklist of Required Schedules			
		. —	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	΄ Ι 🚛	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	-		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? It "Yes," complete Schedule D, Part I			,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
đ	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		V
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		·
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		٧
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		-
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		~
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		V
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		•
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		~
38 Part	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance	38	~	
Part '	Check if Schedule O contains a response or note to any line in this Part V			
	Oncor il donedale di contains a response of note to any line in this race v		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable]
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	-,	
		Form	990	(2019)

art	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
_		Signal I	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return 2a			
	Cuttomorius, mod for the cutomod year enemy with a few control by the control by	2b	Mi Section	\$1735345
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		44. 15ter	Fila
2-	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	I MINTEN	•
3a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	-	<u> </u>
b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			<u> </u>
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
ь	If "Yes," enter the name of the foreign country ▶	1000		gi:gr
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		XH.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	١.		
	gifts were not tax deductible?	6b	Edhaladesi	30 35000 a
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	<u>hiddeseddid</u>	insoliti)
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		-	
	required to file Form 8282?	7c	admid funds. (1)	and discourse
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	e e	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	111 H	***************************************
9	Sponsoring organizations maintaining donor advised funds.	7454	Was	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	341 X 2006	ACCOUNT.
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		T.H	464.E.1
a	Initiation fees and capital contributions included on Part VIII, line 12		¥#	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			1,754 W. 164
11	Section 501(c)(12) organizations. Enter:		27.04	7.5
а	Gross income from members or shareholders			190 1
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	***		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	A1594 - 94 1	122321
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1.0%		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	3230 CV .	927.11 (1879)
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		43	
C	Enter the amount of reserves on hand		Care	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	-	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		1
	excess parachute payment(s) during the year?	- 3. ga	Kalist	n girir
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		-
16	If "Yes," complete Form 4720, Schedule O.		1 10 10	
	II 100) Complete Committee	LCCF Tours Gray 7	TOTAL AND CARGO	The arrest

	20 (20 19)			Page U
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Socti	on A. Governing Body and Management		•	<u>ت .</u>
Secti	on A. doverning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4	(M)	A STATE OF THE STA	Higher C
•••	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	() () () () () () () () () ()
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	1	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	ļ	~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	-	V
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		V
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0-		Last Section
a	The governing body?	8a 8b	7	<u> </u>
ь	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD		1
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C		
40-	Dulitha annual and annual and about any business on affiliation	1400	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	l	-
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	/	10.7025
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		-	1911 1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	V	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		~
13	Did the organization have a written whistleblower policy?	13		~
14	Did the organization have a written document retention and destruction policy?	14	position as \$100 Mg.	*** (1)
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		~
b	Other officers or key employees of the organization	15b		~
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		-
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	>	
	Ed Kurtz, (918)637-6070			

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Form	$\alpha \alpha \alpha$	1004	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	ensa	ited any current	officer, director,	or trustee.
		(C)								
(A) Name and title	(B) Average hours	box,	unles	neck is pe	rson	e than o	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Sharon Anderson	10.00	ļ								
President	0.00	~		~	L.		<u> </u>	0	0	0
Edward Kurtz Treasurer and V President	3 00 0 00	,		,				o	o	0
	2 00	Ť		ļ-	 					
Denice Brice Secretary	0.00	,			,			o	0	o
Howard Smith	0.00	<u> </u>			<u> </u>					
Dir	0 00	,						۰ ا	o	٥
	0 00									
						_				

Păr	VII Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, an	ıd F	lighest Compe	nsated E	mplo	yees (contir	nued,
	(A) Name and title	(B) Average hours per week	box,	unles er and	Pos neck ss pe d a d	rson Irect	e than is both or/trus	n one oth an Reportable Reportable stee) compensation compensation from the		(E) Reportab compensa from relat	tion ted	o com	(F) ited am f other pensati	on
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizati (W-2/1099-N			om the ization organiz	and
								_						
						_								
						_						-		
						 						–		
1b	Subtotal		<u> </u>			<u> </u>	•	>	0		0			0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)							>	0		0			0
2	Total number of individuals (including but reportable compensation from the organi		l to th	ose	list	ed a	above	e) w	ho received more	e than \$100	0,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete 8							mpl	oyee, or highes	t compens	sated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations	sum of rep	portal	ole d	com	per	nsatio							
5	individual											4		
Secti	for services rendered to the organization? on B. Independent Contractors	r ir Yes, C	ompi	ete	Scn	eau	iie J i	or s	ucn person .	<u></u>	•	5	1	~
1	Complete this table for your five high compensation from the organization. Repo													
	(A) Name and business addi			•					(B) Description of serv			(C) compens		
None														
					_									
2	Total number of independent contractor received more than \$100,000 of compensations.							the	ose listed above	e) who	,			

Form **990** (2019)

Par	VIII	Statement of Revenue Check if Schedule O contains a	respor	nse or note to a	ny line in this Pa	art VIII		\square
		Official in Confedence of Confedence of	Поорог	ico or rioto to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
रा र	1a	Federated campaigns	1a	0	de la companya della companya della companya de la companya della			
ons, Gifts, Grants Similar Amounts	b	Mcmbership dues		0				
هَ ﴿	С	Fundraising events		0				
Contributions, Gifts, and Other Similar An	d	Related organizations	1d	0				
n Sign	е	Government grants (contributions		0				
Sic	f	All other contributions, gifts, grant						
ig je		and similar amounts not included abor	_	208,426				
tributio Other	g	Noncash contributions included i						
Cont		lines 1a–1f		<u> \$</u> 0				
<u>o</u> •	h	Total. Add lines 1a-1f	• •	<u> ▶</u>	208,426	Est a control to the control of the	A TEST SHEET SHEET SHEET	TO THE PERSONS AND THE PERSONS
a)				Business Code	能的心理论性			
Program Service Revenue	2a			 		<u> </u>		
gram Sen Revenue	b			 				
E E	C						· 	
Re Ja	a							
Š.		All other program service revenue						
<u>a</u>	g	Total. Add lines 2a–2f			-	San III an area in Argin		
	3	Investment income (including d				ROPHLAND AND AND AND AND AND AND AND AND AND	unestrates interpretation of district of	A of a forbitability restaurable, etc.
	3				8,293	8,293	l 0	ا ا
	4	Income from investment of tax-ex			0,2,70	0,2,70	0	0
	5	Royalties	•		0	0	0	0
			Real	(ii) Personal		STATE OF THE STATE	SIGNS IN CATALOGIC	
	6a	Gross rents 6a		-				
	ь	Less: rental expenses 6b					400410046	
·	С	Hental income or (loss) 6c	0	0				
	d	Net rental income or (loss)		>				
	7a	Gross amount from (i) Sec	urities	(ii) Other				THE THE TYPE
		sales of assets						
		other than inventory 7a		ļ				
<u>o</u>	b	Less: cost or other basis						
Revenue		and sales expenses . 7b					Polymer Edge	
ě	С	Gain or (loss) 7c	Ó	0		Zugienkak.		
e. R	d	Net gain or (loss)	<u>.</u>	>				
_	8a	Gross income from fundraising	9	,				
ᅙ		events (not including \$	0					
		of contributions reported on line	e					
		1c). See Part IV, line 18	8a					
	b	·Less: direct expenses	8b				化生产	
	С	Net income or (loss) from fundrais		nts <u>▶</u>	Land and the State of the State		w "allet X"e ov. a f. coud. TORNST-AR "Do	Tar 20 End on Sec. 5. photocological
	9a	Gross income from gaming	- 1	'				
		activities. See Part IV, line 19 .	9a					
	b	Less: direct expenses	9b	<u> </u>				
	С	Net income or (loss) from gaming		es <u></u>	ban'ana ao amin'ny faritr'i Air-		Larte - militare il el 1906 (?	(19e määtiere) kris, valma vasikäivatsimis
	10a	Gross sales of inventory, less						
	_	returns and allowances	10a					
	b	Less: cost of goods sold	10b	<u></u>	A LEGITATION OF THE PARTY.		是52 出去点表的证明是14.	Cardy Cold Cadding Card
	С	Net income or (loss) from sales of	invento		和 <i>自己的数据</i> 2011年(1914年)	を確認したもればいておない。ハギギ	haraktar deletir makelin	Section Table Constitution
Sn	مدا			Business Code	STOREST STREET			la i valsov i depom
ed ue	11a							
Miscellaneous Revenue	b							
Re.	C	All ather revenue	· 	 			*	
Mis	d	All other revenue				Linds Calmed Bays	AND A SANDESSAN	Meningan dan
		Total revenue See instructions	· ·	· · · · · <u>· · · · · · · · · · · · · · </u>	214 710	Transferanteer	AND ACTION OF THE PARTY OF THE	Portuniti Winds Williams

Down IV	Ctatam	+ -+	Functional	Evacace
Partix	Staten	ient or	runctional	EXPENSES

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. Al	other organizations	must complete colu	ımn (A).
	Check if Schedule O contains a response				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		Maria de Cara
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	o	o		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	. 0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (nonemployees):				
а	Management	0	0	· o	0
b	Legal	0	0	0	0
C	Accounting		0	0	0
d	Lobbying · ·	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0	desart all value and a		0
f	Investment management fees	0	0	0	0_
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .	0	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	3,279		3,279	
14	Information technology	13,091	13,091	0	0
15	Royalties		· ·		
16	Occupancy				
17 18	Travel				
	for any federal, state, or local public officials	ļ <u> </u>			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance			_	
	insurance			evantazioner: Estimi	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)		SACREMAN SAME	Logical of Spilling	
а					
b		—			
C				,	<u> </u>
d	All alban annual				
e	All other expenses	4/ 070	42.004	2.070	
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	16,370	13,091	3,279	
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

P	ärt X		V		
	_	Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year	<u></u>	(B) End of year
	1	Cash-non-interest-bearing	189,851	1	119,127
	2	Savings and temporary cash investments	227,053	2	498,126
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			A STATE OF THE STA
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	416,904	16	617,253
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%	m Just etter at jone - de 1905 -	alipaires	
abi		controlled entity or family member of any of these persons		22	
ڐ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
es		Organizations that follow FASB ASC 958, check here ▶ □		indry alte	
Ĕ		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions		27	
8	28	Net assets with donor restrictions	William and the state of the st	28	o Albert State - Barry sections and the subsidiar Afficial
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ✓ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	0	29	0
iet	30	Paid-ın or capital surplus, or land, building, or equipment fund	0	30	0
455	31	Retained earnings, endowment, accumulated income, or other funds	416,904	31	617,253
et/	32	Total net assets or fund balances	416,904		617,253
ž	33	Total liabilities and net assets/fund balances	416,904	33	617,253
					Form 990 (2019)

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Pat	76		

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ronn 9	90 (2013)			Pa	ige 12
Pår	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		21	6,719
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	6,370
3	Revenue less expenses. Subtract line 2 from line 1	3		20	0,349
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		41	6,90 <u>4</u>
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	==, ===================================	10		61	7,253
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain i	n 🚞	A THE STATE OF	
	Schedule O.			01340	1132
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a	1 - 3 - 4 - 6	/
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	piled o	or 🔼		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	٠	2b	1.7.35	1
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a 🛴		
	separate basis, consolidated basis, or both:		1:3		
	Separate basis Consolidated basis Both consolidated and separate basis			11.00	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	the audit, review, or compilation of its financial statements and selection of an independent accountant		2c	* 14841	4 7 1 K X4
	If the organization changed either its oversight process or selection process during the tax year, exp	olaın o	n 🎇	4	reg
	Schedule O.		77.75		أفتت
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forti	h in th			
	Single Audit Act and OMB Circular A-133?		3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under			'	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	ıdits .	3b		
			Forn	n 990	(2019)

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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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

LMSARCOMA DIRECT RESEARCH FOUNDATION

Employer identification number 87-0763851

Pai	rt Reason for Public Cha	rity Status (All	organizations must	t comple	te this p	art.) See instruction	ons.
The	organization is not a private founda	ation because it i	s: (For lines 1 through	12, che	ck only o	ne box.)	
1	A church, convention of churc	hes, or associati	on of churches descr	ibed ın s e	ection 17	'0(b)(1)(A)(i).	2
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)	1) [
3	A hospital or a cooperative ho	spital service org	ganization described i	n sectio	n 170(b)(1)(A)(iii).	\cup (
4	A medical research organization hospital's name, city, and stat	•	onjunction with a hos	pital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a governmen	tal unit described in
6	A federal, state, or local gover	nment or govern	mental unit described	in secti	on 170(b))(1)(A)(v).	
7							
8	☐ A community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:						
10	An organization that normally receives: (1) more than 331/3% 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 331/3% 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.)						
11	An organization organized and		-		-	•	
	☐ An organization organized and						rry out the purposes
	of one or more publicly support						
	Check the box in lines 12a thro	ugh 12d that des	scribes the type of sup	oporting o	organizati	on and complete line	es 12e, 12f, and 12g.
а	Type I. A supporting organ the supported organization supporting organization. Y	(s) the power to	regularly appoint or e	lect a ma	ajority of t		
b							
	control or management of organization(s). You must				e persons	that control or man	age the supported
С	Type III functionally integ its supported organization(ally integrated with,
d	Type III non-functionally in that is not functionally integrequirement (see instructionally integred).	grated. The orga	nızatıon generally mu	st satisfy	a dıstribi	ution requirement ar	
е	Check this box if the organ functionally integrated, or	iization received Type III non-func	a written determination	on from to oporting	he IRS th organizat	at it is a Type I, Type ion.	e II, Type III
f	- · · · · · · · · · · · · · · · · · · ·						
g	Provide the following information	about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							

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Page 2 Schedule A (Form 990 or 990-EZ) 2019 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 208,426 1,033,554 142,758 316,717 225,679 139,974 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 3. . . . 1,033,554 142,758 316,717 225,679 139,974 208,426 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) Public support. Subtract line 5 from line 4 1,033,554 Section B. Total Support (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal year beginning in) Amounts from line 4 1,033,554 142,758 316,717 225,679 139,974 208,426 7 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 140 3,443 4,699 2,284 10,566 Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 The state of the s 1,044,120 11 12 12 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) Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f) 14 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 331/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 331/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test-2019. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

	ces" test, check this box and stop here. est. The organization qualifies as a publicly
	17a, or 17b, check this box and see
	 Schedule A (Form 990 or 990-EZ) 2019

Part	Support Schedule for Organiza	ations Descr	ibea in Secti	ion(509(a)(2)	nization failes	t to qualify un	dor Bort II
	(Complete only if you checked the lift the organization fails to qualify						idei Fart II.
Section	on A. Public Support	dider the te	3t3 listed ben	Jw, picase c	ompiete r art		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	\		1			
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the	Į.					
	organization's tax-exempt purpose	<u> </u>		ļ. ļ.			
3	Gross receipts from activities that are not an	1					
	unrelated trade or business under section 513			<u> </u>	ļ		
4	Tax revenues levied for the	\		17			
	organization's benefit and either paid to	\		<i>I</i> /			
_	or expended on its behalf			/			
5	The value of services or facilities furnished by a governmental unit to the	\	1				
	organization without charge	\	1				
6	Total. Add lines 1 through 5	\vdash	 				
	Amounts included on lines 1, 2, and 3	\			-		
	received from disqualified persons .		N /		İ		
b	Amounts included on lines 2 and 3		1				
•	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		<u> </u>				
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	Contrated to the state of the s	· 14 / 15 / 16 / 16 / 16 / 16 / 16 / 16 / 16		海沙省市级:		
	line 6.)	Maria de la compansión de La compansión de la compa		A STATE OF THE STA		Wall a special characters	
	on B. Total Support		/	1 1 2 2 4 7	()) 0040	4 3 0040	(D. T. + - 1
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	\(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6		 				
10a	Gross income from interest, dividends, payments received on securities loans, rents,		/				
	royalties, and income from similar sources.		/				
b	Unrelated business taxable income (less	<i> </i>					
J	section 511 taxes) from businesses	l /		\	[
	acquired after June 30, 1975	/					
С	Add lines 10a and 10b	Í					
11	Net income from unrelated business	1					
	activities not included in line 10b, whether	/					
	or not the business is regularly carried on						
12	Other income. Do not include gain or	/			\		
	loss from the sale of capital assets	/			\		
	(Explain in Part VI.)	<u> </u>					
13	Total support. (Add lines 9, 10c, 11,	/]		
	and 12.)			al Abdual Carriab			= E01(=)(2)
14	First five years. If the Form 990 is for the						
Canti	organization, check this box and stop he on C. Computation of Public Suppor			· · · · ·	- · · · · ·	· · / · ·	
<u> </u>	Public support percentage for 2019 (line)			13 column (f)	····	15	%
16	Public support percentage from 2018 Sci					16	<u>%</u>
	on D. Computation of Investment In			<u> </u>		1	1
17	Investment income percentage for 2019			y line 13, colu	ımn (f))	17	1 %
18	Investment income percentage from 20/18	Schedule A, I	Part III, line 17			18	%
	331/3% support tests-2019. If the organ	ization did not	check the box	on line 14, a	nd line 15 is m		
	17 is not more than 331/3%, check this box		-				
b	331/3% support tests - 2018. If the organiz						
	line 18 is not more than 331/3%, check this	_	_				
20	Private foundation. If the organization du	d not check a	hox on line 14.	19a or 19b. o	check this box	and see instruc	ctions 🕨 🗌

Part IV Supporting Organizations

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

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

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Part	Supporting Organizations (continued)	
44	Has the organization accepted a gift or contribution from any of the following persons?	Yes No
11 a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
	below, the governing body of a supported organization?	11a
	A family member of a person described in (a) above?	11b
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c
Secu	on B. Type i Supporting Organizations	Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes No
Secti	on D. All Type III Supporting Organizations	
Í	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	Yes No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3
Secti	on E. Type III Functionally Integrated Supporting Organizations	
1 a b c 2	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (Activities Test. Answer (a) and (b) below.	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	NI DIN AND
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a
Ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in Part VI the role played by the organization in this regard.</i>	3b

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		,
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	TO CARE THE CONTRACT OF THE CO	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	WHEN WHEN SERVE	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	y in	tegrated Type III supporting	organization (see

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	Current Year					
1	Amounts paid to supported organizations to accomplish	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations			
4_	Amounts paid to acquire exempt-use assets					
5_	Qualified set-aside amounts (prior IRS approval required)					
<u>6</u>	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to whic	h the organization is res	sponsive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2019 from Section C, line 6					
10_	Line 8 amount divided by line 9 amount	<u></u>	(ii)	(iii)		
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6	此种的影響的學問學們				
2	Underdistributions, if any, for years prior to 2019					
	(reasonable cause required - explain in Part VI). See					
	instructions.	Design Charles		AFTER SPINES OF BUILDING		
3	Excess distributions carryover, if any, to 2019			and and the graph		
a	From 2014		Total Color and			
b	From 2015			The state of the s		
c	From 2016	many departs the second second		A STATE OF THE STA		
<u>d</u>	From 2017			Property and the second second second		
<u>e</u>	From 2018	ar ever orlandimentally the think	William Constitution of the Constitution of th	CONTRACTOR OF THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO PERSONS ASSESSMENT OF THE PERSON NAMED IN COLUMN TO THE PERSON NA		
f	I otal of lines 3a through e	at the control of the community of the control of t				
g	Applied to underdistributions of prior years	Audining State of the Purchase of the Printer of the Party of the Part	to the Principal of the Parish to the State of the State			
<u>h</u>	Applied to 2019 distributable amount	STATE THE STATE OF		and over 80 less respective than the sub-		
<u>i</u>	Carryover from 2014 not applied (see instructions)		STATE OF THE SECOND STATE OF THE SECOND SECO			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	MESSAL SES HAR ENGLANDED ASSAULT AN ARREST CONTRACT				
4	Distributions for 2019 from					
	Section D, line 7: \$		CAN AN A	CHAPTER TOTAL TOTAL CONTROL OF A THE CASE OF A SECOND CONTROL OF A		
a	Applied to underdistributions of prior years	List and market and the last	STATES STATE STATES AND ALL ALL ALL ALL ALL ALL ALL ALL ALL AL			
<u>b</u>	Applied to 2019 distributable amount	AND THE SERVICE OF THE PROPERTY OF THE PROPERT		Fait. Tarrano del Carrano de Carr		
C	Remainder. Subtract lines 4a and 4b from 4.	MARKALOSATTO TO THE STREET PARTY AND ALLESS AND A				
	Remaining underdistributions for years prior to 2019, if					
5	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.		BEFFERENCES STATE BUTTER STATES			
.6	Remaining underdistributions for 2019. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.	Military and Company of the Company				
7	Excess distributions carryover to 2020. Add lines 3 _j and 4c.					
8	Breakdown of line 7:			NATURAL PROPERTY OF STREET		
а	Excess from 2015	CHARTER SERVICE		racial descent lighter		
b	Excess from 2016	TETTO TETTE TETT	raka Katupa			
С	Excess from 2017	The Bearing States	化分类学为他们			
d	Excess from 2018	FACTOR STATES				
е	Excess from 2019	and the state of the second of		HANDER BERNEL		

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE ·O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

LMSARCOMA DIRECT RESEARCH FOUNDATION	87-0763851
Form 990, Part VI, Section A, Line 2 - Ed Kurtz, Treasurer is Married to Denice Brice asst Secr	
Form 990, Part VI, Section B, Line 11b - Digital copies of the return are transmitted to each Board member	for review and approval
Form 990, Part VI, Section C, Line 19 - upon Request!	
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Schedule O, Statement 1

LMSARCOMA DIRECT RESEARCH FOUNDATION

EIN 87-0763851

Form 990 (2019)
Page 1

Header Section

Reasonable Cause Explanations

Explanation

For the organization itself the reason seems reasonable. It resulted from a volunteer who volunteered to update the books and file the tax return for the organization as a form of contribution for 2017 he did just that, when it came time for 2018 he filed an extension and thereafter discontinued working on the books and return. It was 2020 before I found out that 2018 wasn't filed and now 2019 was also due. 2020 is just the procrastination due to the non filing of the previous two years. We have attempted to have the books brought to date so that we could have the returns filed. Then Covid has complicated that process. My wife started this foundation 15 years ago and we have tried to operate it as an all volunteer charity. Asking Volunteers to do this work is a little to much. I have been trying to retire from the Foundation for the last 4 years as I am now 78 and my wife died 10 years ago from this cancer. The foundation does a lot of good providing information to people diagnosed with LMS and in raising funds for research. I am hopeful that I can get the board to merge with an organization that has staff so that it can continue without these issues. In any event after the 2020 return is filed and the foundation reinstated it will require the hinng of an accounting firm to see that returns are filed on time in the future. Please consider our plea and waive the penalties associated with this late filing.