2023 Federal Exempt Organization Tax Summary	Page 1
THE SARCOMA-OMA FOUNDATION, INC	47-3857439
REVENUE Contributions and grants Investment income Other revenue	352,247 3,261 -114,111
Total revenue	241,397
EXPENSES  Grants and similar amounts paid. Other expenses.  Total expenses.	61,423 45,677 107,100
NET ASSETS OR FUND BALANCES	107,100
Revenue less expenses Total assets at end of year Total liabilities at end of year Net assets/fund balances at end of year	134,297 304,157 0 304,157

2023	California 199 Tax Summary	Page 1
	THE SARCOMA-OMA FOUNDATION, INC	47-3857439
Gross contributi Total gross rece Total costs	NUES Teceipts Tons, gifts, & grants Tipts Tipts	3,261 352,247 355,508 0 355,508
EXPENSES  Total expenses Excess receipts	over expenses	221,211 134,297
		0 0

### Form **8879-TE**

## IRS E-file Signature Authorization for a Tax Exempt Entity

or calendar year 2023, or fiscal year	beginning	, 2023, and ending

nd ending \_ \_ \_ \_ , 20 \_ \_ \_ \_ \_ **2** 

EIN or SSN

47-3857439

Department of the Treasury Internal Revenue Service

THE SARCOMA-OMA FOUNDATION, INC

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

2023

OMB No. 1545-0047

Name and title of officer or person subject to tax GARY WIENER President Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. 1a Form 990 check here . . . . 2a Form 990-EZ check here... 3a Form 1120-POL check here 4a Form 990-PF check here... 5a Form 8868 check here.... 6a Form 990-T check here . . . **7a Form 4720** check here . . . . b FMV of assets at end of tax year (Form 5227, Item D) ...... 8b 8a Form 5227 check here . . . . 9a Form 5330 check here . . . . 10a Form 8038-CP check here. **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22). . . . . 10b Part II Declaration and Signature Authorization of Officer or Person Subject to Tax X I am an officer of the above entity or I I am a person subject to tax with respect to Under penalties of perjury, I declare that and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize Red Rock Accounting Group LLC as my signature to enter my PIN 78545 Enter five numbers, but do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 86695922625 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature William J. Gosney, CPA **ERO Must Retain This Form — See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

## Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A	r or tne	ZUZ3 calen	dar year, or tax year beginning	, 2023, 8	and ending		, 2	20
В	Check if a	applicable:	С			D Emplo	yer identifi	cation number
	Addr	ress change	THE SARCOMA-OMA FOUNDATION	ON TNC		47-	38574	39
		ne change	4340 EAST MOUNTAIN VIEW B	ROAD			one numbe	
		-	PHOENIX, AZ 85028					
	Initia	al return	Inolinin, in ocozo			(48	0) 24	2-3339
	Final	return/terminated						
	Ame	ended return				<b>G</b> Gross	receipts \$	355,508.
	Appl	lication pending	F Name and address of principal officer: CADS	WIENER	Н	(a) Is this a group retu		
			Same As C Above	MICNER	н	(b) Are all subordinate	s included?	
_	Tau au	amant atatura		1047(a)(1) as	1 1507	(b) Are all subordinate If "No," attach a lis	t. See instr	uctions.
<u> </u>		empt status:	X 501(c)(3) 501(c) ( ) (ins	ert no.) 4947(a)(1) or	527			
J	Webs	site: ww	w.sarcoma-oma.org		н	(c) Group exemption n	umber	
K	Form o	of organization:	X Corporation Trust Association	Other L Ye	ear of formation	n: <b>M</b>	State of leg	gal domicile:
Pa	art I	Summar	/			l		
		Priefly descri	pe the organization's mission or most si	onificant activities TUE	CADCOM	V-OMY ECTIVID	Λ TT ∩N	FDIICATEC
	' = 7	NND ACCT	STS SARCOMA PATIENTS IN T	UETD CEADCU FOD	DAICOM	ENT OPTIONS	VIION	DC EIMD
9	<u> </u>							
a	] -	THEIK IK	AVEL-RELATED EXPENSES WHE	N APPROPRIATE;	AND FUN	DS SARCOMA	RESEP	KCH.
듩	_							
Activities & Governance	<b>2</b> C	Check this bo	, , , , , , , , , , , , , , , , , , ,				net asse	ets.
9	3 N		ting members of the governing body (Pa				3	5
တ	4 N		dependent voting members of the gover				4	0
<u>:</u>	5 T		of individuals employed in calendar year				5	0
≅	6 T	otal number	of volunteers (estimate if necessary)				6	0
Ac	<b>7</b> a ⊤	otal unrelate	d business revenue from Part VIII, colu	mn (C), line 12			7a	0.
_	<b>b</b> N	let unrelated	business taxable income from Form 99	0-T, Part I, line 11			7b	0.
						Prior Year		Current Year
	8 C	`antributions	and grants (Part VIII, line 1h)			11101 1001	-+	352,247.
e			ice revenue (Part VIII, line 2g)					332,247.
e E								2 0 6 1
Revenue			come (Part VIII, column (A), lines 3, 4,	•				3,261.
ш			e (Part VIII, column (A), lines 5, 6d, 8c,	· · · · · · · · · · · · · · · · · · ·				-114,111.
			<ul> <li>add lines 8 through 11 (must equal I</li> </ul>					241,397.
	<b>13</b> G	Grants and si	milar amounts paid (Part IX, column (A	), lines 1-3)				61,423.
	<b>14</b> B	Benefits paid	to or for members (Part IX, column (A)	, line 4)				
	<b>15</b> S	Salaries, othe	r compensation, employee benefits (Pa	rt IX. column (A), lines !	5-10)			
es	10- D							
Expenses	16a P		undraising fees (Part IX, column (A), lir	•				
9	<b>b</b> T	otal fundrais	ing expenses (Part IX, column (D), line	25)	6,522.			
û	<b>17</b> C	Other expens	es (Part IX, column (A), lines 11a-11d,	11f-24e)				45,677.
			es. Add lines 13-17 (must equal Part IX,	•			_	107,100.
			•	• • • • • • • • • • • • • • • • • • • •				
		Revenue less	expenses. Subtract line 18 from line 12					134,297.
. o						Beginning of Curre		End of Year
Net Assets Fund Balanc	20 ⊤	otal assets	Part X, line 16)			169,	360.	304,157.
Ass	<b>21</b> ⊤	otal liabilitie	s (Part X, line 26)				0.	0.
₽ E	<b>22</b> N	let assets or	fund balances. Subtract line 21 from lir	ne 20		169,	260	304,157.
	art II			10 20		100,	,00.	304,137.
		Signatur						
Und	er penaltie	s of perjury, I de	clare that I have examined this return, including according to the than officer) is based on all information of the control of	mpanying schedules and statem	ents, and to the	e best of my knowledge	and belief	, it is true, correct, and
-	picte. Beei		or (other than officer) is based on an information of	which proparer has any knowledg	go.			
Sig	an	Signature of	officer			Date		
He	re	GARY W	TENER		Pr	esident		
			name and title			CDIUCHC		
			reparer's name Preparer's signa	aturo	Date		Т., Тр	PTIN
			'		Date	Check	—」"	
Pa			m J. Gosney, CPA William	J. Gosney, CPA		self-employ	red P	00136557
	eparer		Red Rock Accounting G	Froup LLC				
	ė Only					Firm's EIN	46-	4785788
	_		Mesa, AZ 85209			Phone no.		946-7732
1/10	v tha ID	S discuss #5	s return with the preparer shown above	2 Soo instructions		FIIOTIE IIO.	400-	X Yes   No
IVIA)	v me ik	อ นเรตนรร m	s return with the preparer shown above	: See Instructions				IALTES LINO

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 61,423.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		Х
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		Х
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	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III.	8		Х
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		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		X
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
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.	14b		Х
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		Х
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		Х
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		Х
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		Х
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		Х
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

# Form 990 (2023) THE SARCOMA-OMA FOUNDATION, INC Part IV 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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		Х
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		Х
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		Х
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		Х
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? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32		Х
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
	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		Χ
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
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? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance		_	
	Check if Schedule O contains a response or note to any line in this Part V	 	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	NO
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			77
	(gambling) winnings to prize winners?	1c		X

# Form 990 (2023) THE SARCOMA-OMA FOUNDATION, INC Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule Q</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		177
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Λ
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7-		X
	services provided to the payor?	7a		Λ
	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7b		
С	Form 8282?	7c		Х
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		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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		
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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	ısa		
h	· · · · · · · · · · · · · · · · · · ·			
	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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14a		71
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ıΨυ		
ıJ	excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. •	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would			
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI...... Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 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? ..... Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Χ 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? ..... 5 Did the organization have members or stockholders?..... X 6 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 Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?.... 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 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?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done...... 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ 14 Did the organization have a written document retention and destruction policy?..... 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? X a The organization's CEO, Executive Director, or top management official..... 15a **b** Other officers or key employees of the organization..... 15b Χ If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 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 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(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) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records.

GARY WIENER 4340 EAST MOUNTAIN VIEW ROAD PHOENIX AZ 85028 (408) 242-3339

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII....

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)								
(A) Name and title	(B) Average hours	box,	unles	s per	more rson i irecto	than or is both or/truste	an e)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organiza-	Individual t or director	Institution	Officer	Key employee	Highest co employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
	tions below dotted line)	Individual trustee or director	al trustee		yee	Highest compensated employee				
(1) GARY WIENER	10									
President	0			Χ				0.	0.	0.
(2) AARON WIENER	0.25									
Vice President	0			Χ				0.	0.	0.
(3) JAIMEY TEDRICK	0.25							•		•
Treasurer	0			Χ				0.	0.	0.
	0.25 0			Х				0.	0.	0.
<b>(E)</b>	0			Λ				0.	0.	<u> </u>
_(3)		-								
<u>(6)</u>										
<u>(7)</u>										
<u>(8)</u>										
<u>(9)</u>										
<u>(10)</u>										
(11)										
(12)										
(13)										
(14)										

ı aı	T VII   Section A. Onicers, Directors, 110	31003, 1	l		•		C3, t	arre	I ingliest com	ipensatea Emp	Oyces	(continu	cu)
	<b>(A)</b> Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Posi neck i	more rson irecto	than of the state	an ee)	(D)  Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	compe the o	(F) ated amour f other nsation fro ganization d related anizations	om
<u>(15)</u>							ф						
(16)			-										
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)			-										
(24)			-										
(25)													
1h	Subtotal								0.	0.			0.
	Total from continuation sheets to Part VII, Section								0.	0.			0.
	Total (add lines 1b and 1c).								0.	0.			0.
	Total number of individuals (including but not limited from the organization								<u> </u>		ensatio	1	<u> </u>
	<u> </u>											Yes	Nο
3	Did the organization list any <b>former</b> officer, direct on line 1a? If "Yes,"complete Schedule J for such	tor, truste	e, ke	ey er	nplo	oyee	e, or h	nigh	est compensated	employee	3	. 63	X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate										3		71
	such individual										4		X
	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	s," comple	ete S	che	dule	J fo	or suc	ch p	person		. 5		X
Sec	tion B. Independent Contractors  Complete this table for your five highest compens	satod inde	none	dont	cor	trac	torc	that	t received more th	an \$100 000 of			
	compensation from the organization. Report compens	sation for	the ca	alen	dar <u>j</u>	year	endir	ng v	vith or within the or	ganization's tax year			
	<b>(A)</b> Name and business addr	ess							(B) Description of		Compe	C) nsation	
2	Total number of independent contractors (including b \$100,000 of compensation from the organization		ited to	o tho	se l	iste	d abov	ve)	who received more	than			
	\$100,000 or compensation from the organization	0											

		Check if Schedule O contains a	response or note	to any line in this Part V	/III		
				Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ŧ, ŧ	1a	Federated campaigns	1a 349,	781.			
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues	1b				
S, G	С	Fundraising events	1c				
ar F	d	Related organizations	1d				
S, E	е	Government grants (contributions)	1e				
tion s	f	All other contributions, gifts, grants, and similar amounts not included above	1f 2.4	100			
혈	а	Noncash contributions included in	II Z, '	466.			
Ę Ę	9	lines 1a-1f	1g				
	h	Total. Add lines 1a-1f		000/01/			
Program Service Revenue			Business Co	ode			
ĕ	2a						
Ä	b						
Š.	С.						
Se	d						
am	e						
Ď.		All other program service revenue					
σ.		Total. Add lines 2a-2f					
	3	Investment income (including divider other similar amounts)		3,274.			3,274.
	4	Income from investment of tax-ex-		5/2/10			5,274.
	5	Royalties					
		(i) Rea					
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
		Gross amount from (i) Securi					
	,	sales of assets	-13.				
	b	other than inventory Less: cost or other basis	-13.				
		and sales expenses <b>7b</b>					
	С	Gain or (loss) <b>7c</b>	-13.				
	d	Net gain or (loss)		··· -13.			-13.
ā	8a	Gross income from fundraising events					
Ę		(not including \$	_				
ev		of contributions reported on line 1c).					
<u>بن</u> د		See Part IV, line 18	8a				
Other Revenu		Less: direct expenses	8b 114,1				
0		Net income or (loss) from fundrais	sing events	-114,111.			
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
	h	Less: direct expenses	9a 9b				
		Net income or (loss) from gaming					
	ıua	Gross sales of inventory, less returns and allowances	10a				
		Less: cost of goods sold	10b				
		Net income or (loss) from sales of					
<u></u>		• •	Business Co				
ខ្លួ	11a						
בַּ בֻ	b						
scellaneous Revenue	С						
<u> </u>	d	All other revenue					
Σ	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	<del></del>	241,397.	0.	0.	3,261.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

JUU	Check if Schedule O contains a re			, , ,	
Do i 6b,	Check if Schedule O contains a re not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	61,423.	61,423.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 5	Benefits paid to or for members	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	· ·	· ·	<u> </u>	<u> </u>
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes.				
11					
	Management				
	Legal				
	Accounting.	2 250		2 250	
	Lobbying.	2,250.		2,250.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A), amount, list line 11g expenses on Schedule O.)	893.		893.	
12	Advertising and promotion	2,500.		2,500.	
13	Office expenses	2,347.		2,347.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 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.)	1,165.		1,165.	
a	<u> </u>	36,522.			36,522.
b					
С					
d	` <del>-</del>				
e	All other expenses.				
25	Total functional expenses. Add lines 1 through 24e	107,100.	61,423.	9,155.	36,522.
26	Joint costs. Complete this line only if the 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)				

		Check if Schedule O contains a response or note to	any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing		4,074.	1	99,289.
	2	Savings and temporary cash investments		21,116.	2	61,118.
	3	Pledges and grants receivable, net		•	3	·
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or form				
	•	Loans and other receivables from any current or form- trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	contributor, or 35%			
					5	
	6	Loans and other receivables from other disqualified pe				
	_	section 4958(f)(1)), and persons described in section		6		
	7	Notes and loans receivable, net	_		7	
ets	8	Inventories for sale or use			8	
Assets	9	Prepaid expenses and deferred charges			9	
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation	10b		10c	
	11	Investments — publicly traded securities	L. Carlotte and the control of the c	144,670.	11	143,750.
	12	Investments — other securities. See Part IV, line 11			12	
	13	Investments – program-related. See Part IV, line 11.	L. Carlotte and the control of the c		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)	169,860.	16	304,157.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
S	20	Tax-exempt bond liabilities			20	
Liabilities	21	Escrow or custodial account liability. Complete Part I			21	
bili	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu	itor, or 35%			
Lia		controlled entity or family member of any of these per	rsons		22	
	23	Secured mortgages and notes payable to unrelated the	· · ·		23	
	24	Unsecured notes and loans payable to unrelated third			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			25	
	26	<b>Total liabilities.</b> Add lines 17 through 25		0.	26	0.
ıces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	e X			
lar	27	Net assets without donor restrictions		169,860.	27	304,157.
B	28	Net assets with donor restrictions			28	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here			
ō	29	Capital stock or trust principal, or current funds			29	
sts	30	Paid-in or capital surplus, or land, building, or equipm			30	
188	31	Retained earnings, endowment, accumulated income,	or other funds		31	
t A	32	Total net assets or fund balances	ш	169,860.	32	304,157.
ž	33	Total liabilities and net assets/fund balances		169,860.	33	304,157.
ВΛ	^		TFFA01111 08/23/23			Form 000 (2022)

Pai	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	2	41,3	397.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	07,1	00.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	34,2	297.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	69,8	860.
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3	04,1	.57 <u>.</u>
Pai	T XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				🔲
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both.  Separate basis  Consolidated basis  Both consolidated and separate basis	d on a			
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both.  Separate basis  Consolidated basis  Both consolidated and separate basis	te			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	olf "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA				gan	(2023)
			1 0111	220	(2023)

### **SCHEDULE A** (Form 990)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2023

Open to Public Inspection

	Name of the organization Employer identification number									
		ARCOMA-OMA FOUNDATI					47-385743			
		Reason for Public Cha						tions.		
	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1	<u> </u>	A church, convention of church				b)(1)(A)(	(i).			
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3	_	A hospital or a cooperative h	•				• • •			
4		A medical research organization	tion operated in conju	inction with a hospital o	lescribe	d in <b>sec</b>	tion 170(b)(1)(A)(iii). E	nter the hospital's		
	_	name, city, and state:								
5	L	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a collemplete Part II.)	ge or university owned	or opera	ated by a	a governmental unit de	scribed in		
6		A federal, state, or local gove	ernment or governme	ntal unit described in s	ection 1	<b>70(b)(</b> 1)	)(A)(v).			
7	X	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	art of its support from a	governm	ental uni	it or from the general pul	olic described		
8		A community trust described	in section 170(b)(1)(	A)(vi). (Complete Part I	l.)					
9		An agricultural research organi or university or a non-land-gran	nt college of agriculture	(see instructions). Enter	the nan					
		1								
10		An organization that normally from activities related to its investment income and unrel June 30, 1975. See section!	exempt functions, sub lated business taxable	ject to certain exception in income (less section !	ort from ns; and 511 tax)	contribi (2) no m from bu	utions, membership fee nore than 33-1/3% of its usinesses acquired by t	es, and gross receipts s support from gross he organization after		
11		An organization organized ar			ty. See	section	1 509(a)(4).			
12		An organization organized ar or more publicly supported o lines 12a through 12d that de	rganizations describe	d in <b>section 509(a)(1)</b> d	r <b>sectio</b>	n 509(a	)(2). See section 509(a	t the purposes of one <b>)(3).</b> Check the box on		
а		Type I. A supporting organization organization(s) the power to recomplete Part IV, Sections A	on operated, supervised gularly appoint or elect	d. or controlled by its sur	ported o	rganizati	ion(s), typically by giving	the supported on. <b>You must</b>		
b		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	supporto manage	ed organization(s), by he the supported organization.	naving control or ion(s). <b>You</b>		
С	L	Type III functionally integrated. organization(s) (see instruction	. A supporting organizat ons). <b>You must comp</b>	ion operated in connection olete Part IV, Sections	n with, ar <b>A, D, an</b> d	nd function <b>d E.</b>	onally integrated with, its	supported		
d		Type III non-functionally integrated. The constructions). You must com	rganization generally	must satisfy a distribut	nection ion requ	with its s uirement	supported organization(s) t and an attentiveness i	that is not requirement (see		
е		Check this box if the organized integrated, or Type III non-fu	ation received a written a trick and the street str	en determination from t supporting organization	he IRS t	hat it is	a Type I, Type II, Type	III functionally		
f	Er	nter the number of supported of	organizations							
g		ovide the following information	n about the supported	l organization(s).				·		
	( <b>i)</b> Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the tion listed loverning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
(A)										
(B)	в)									
(C)										
<u>(D)</u>										
(E)										
Total										

### 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.)

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	175,207.	29,491.	19,393.	242,518.	352,247.	818,856.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	<b>Total.</b> Add lines 1 through 3	175,207.	29,491.	19,393.	242,518.	352,247.	818,856.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	<b>Public support.</b> Subtract line 5 from line 4						818,856.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	(f) Total
7	Amounts from line 4	175,207.	29,491.	19,393.	242,518.	352,247.	818,856.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,315.	1,100.	1,217.	3,235.	25,000.	31,867.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	2,0201	2,200		0,200	20,000	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. Add lines 7 through 10						850,723.
12	Gross receipts from related activ	rities, etc. (see ins	tructions)			12	0.
13	<b>First 5 years.</b> If the Form 990 is organization, check this box and						
	tion C. Computation of Pul	• • •	•				
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •				96.25 %
15	Public support percentage from 2	2022 Schedule A,	Part II, line 14			15	98.79%
16a	<b>33-1/3% support test—2023.</b> If t and <b>stop here.</b> The organization	he organization di qualifies as a pub	d not check the bolicly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	% or more, check	this box
b	<b>33-1/3% support test—2022.</b> If the and <b>stop here.</b> The organization	ne organization did qualifies as a pub	not check a box olicly supported or	on line 13 or 16a rganization	, and line 15 is 33	3-1/3% or more, c	heck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-ar	nd-circumstances	test, check this b	ox and stop here	. Explain in Part '	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-ar I-circumstances te	nd-circumstances st. The organizati	test, check this b on qualifies as a	ox and stop here publicly supported	e. Explain in Part 'd organization	VI how the
18	Private foundation. If the organization	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	s box and see ins	tructions

### Part III

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·	·				
	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	<b>(e)</b> 2023		(f) Total
1	Gifts, grants, contributions, and membership fees 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 organization's tax-exempt purpose.							·
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
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							
С	Add lines 7a and 7b							
	<b>Public support.</b> (Subtract line 7c from line 6.)							
	tion B. Total Support		T	T	T	T		
	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	<b>(e)</b> 2023		(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b							
	Net income from unrelated business activities not included on 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.)							
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)							
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c	)(3) 	
	tion C. Computation of Pul			no 12 '^		ı	15	0,
	Public support percentage for 20	•			•	<u> </u>	15	
	Public support percentage from 2 tion <b>D. Computation of Inv</b>						16	6
	Investment income percentage for				umn (f))		17	%
	Investment income percentage fr	•	• • •	-			18	<u> </u>
	<b>33-1/3% support tests—2023.</b> If t is not more than 33-1/3%, check	the organization of	lid not check the b	oox on line 14, ar	nd line 15 is more	than 33-1/3%	, and line	17
	<b>33-1/3% support tests—2022.</b> If t line 18 is not more than 33-1/3%	he organization of the check this box	lid not check a bo and <b>stop here.</b> Th	x on line 14 or lir e organization qu	ne 19a, and line 10 ualifies as a public	5 is more than ly supported	n 33-1/3%, organizatio	and
∠0	Private foundation. If the organize	zation did not che	eck a box on line	14, 19a, or 19b, c	THECK THIS DOX and	see instruction	วทร	

### Part IV Supporting Organizations

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

### **Section A. All Supporting Organizations**

	11 3 3		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?		103	110
•	If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	- За		
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	<u> </u>		
U	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	<b>4</b> a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9а	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 <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding			
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	1 <b>0</b> a		
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.)	10b		

BAA TEEA0404L 08/14/23 Schedule A (Form 990) 2023

Sch	edule A (Form 990) 2023 THE SARCOMA-OMA FOUNDATION, INC 47-38574	39	F	Page <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
k	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
	ction B. Type I Supporting Organizations			l.
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			<u> </u>
	Ston D. All Type III Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
•	Ware any of the examination's officers, directors, or trustees either (i) appointed or elected by the supported			
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played			
_	in this regard.	3		
	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  The organization satisfied the Activities Test. Complete line 2 below.			
	<b>b</b> The organization is the parent of each of its supported organizations. <i>Complete <b>line 3</b> below.</i>			
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	e instru	uction	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
;	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported</b> 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		
ļ	<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities			
	but 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 lines 3a and 3b below.			
	<b>a</b> 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>If "Yes" or "No," provide details in <b>Part VI.</b></i>	3a		
ı	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.</i>	3b		

Pa	rt v   Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizati	ons						
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No ns must	v. 20, 1970 (explain ir complete Sections A	Part VI). <b>See</b> through E.					
Sec	Section A — Adjusted Net Income (A) Prior Year								
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							
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):								
á	Average monthly value of securities	1a							
I	Average monthly cash balances	1b							
-	Fair market value of other non-exempt-use assets	1c							
	Total (add lines 1a, 1b, and 1c)	1d							
(	Discount claimed for blockage or other factors     (explain in detail in Part VI):								
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Sec	tion C — Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2	Enter 0.85 of line 1.	2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4	Enter greater of line 2 or line 3.	4							
5	Income tax imposed in prior year	5							
6	<b>Distributable Amount.</b> 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-functionally inte	grated	Type III supporting or	ganization					

BAA Schedule A (Form 990) 2023

Sche	dule A (Form 990) 2023 THE SARCOMA-OMA FOUNDATION, INC	47-385	7439	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (conti	nued)		
Sec	tion D - Distributions		Current	Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5		
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	6		
_ 7	<b>Total annual distributions.</b> Add lines 1 through 6.	7		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8		
9	Distributable amount for 2023 from Section C, line 6	9		•
10	Line 8 amount divided by line 9 amount	10		•

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required — explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
<b>b</b> Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

BAA Schedule A (Form 990) 2023 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.)

### SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

| 2

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Open to Public Inspection

Name of the organization							ation number			
THE SARCOMA-OMA FOUNDATION	47-385743	9								
Part I General Information on Grants and Assistance										
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and the selection criteria used to award the grants or assistance?										
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.										
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(0)										
(8)										
<ul><li>2 Enter total number of section 501(c)</li><li>3 Enter total number of other organiza</li></ul>	• • •	-					0			

TEEA3901L 06/12/23

the billioning	OIMI I COMBINITION, INC	17 0007103
		ete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III
can be duplicated if additional s	space is needed.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 PATIENT FUNDING	36	61,423.			
2					
3					
4					
5					
6					
_ 7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

### SCHEDULE O (Form 990)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

ame of the organization

THE SARCOMA-OMA FOUNDATION, INC

Employer identification number

47-3857439

### Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.

2023	Federal Supporting Detail	Page 1
	THE SARCOMA-OMA FOUNDATION, INC	47-3857439
Contributions, Gifts Federated campaig		\$ 349,781. \$ 349,781.
Other Income Prod Interest on savings	ucing Activities & cash investments Total	\$ 2. \$ 2.
Other Income Prod Dividends/interest		\$ 3,272. \$ 3,272.
Other Income Prod Gain (loss) from as	ucing Activities set sales-non inventory [O]  Total	\$ -13. \$ -13.

ı

2023 California Exempt Organization Annual Information Return

FORM

199

Calendar Ye	ear 2023 or fiscal year beginning (mm/dd/yyyy) , a	nd ending (mm/dd/yyyy)	
Corporation/Or	ganization name		California corporation number
	RCOMA-OMA FOUNDATION, INC		3788351
Additional info	mation. See instructions.		FEIN 47-3857439
Street address	(suite or room)		PMB no.
	AST MOUNTAIN VIEW ROAD		
City PHOENIX		State AZ	ZIP code 85028
Foreign country		Foreign province/state/county	Foreign postal code
B Amended C IRC Secti D Final info	return	Ithe organization have any changes to its guareported to the FTB? See instructions  Exempt under R&TC Section 23701d, has the anization engaged in political activities? enstructions  The organization exempt under R&TC Section Yes," enter the gross receipts from member sources  The organization a limited liability company? Ithe organization file Form 100 or Form 109 able income?  The organization under audit by the IRS or had ited in a prior year?	
ii res, v	O Is f	Yes No	
Part I	Complete Part I unless not required to file this form. See General Ir	formation B and C.	
Receipts and Revenues	<ol> <li>Gross sales or receipts from other sources. From Side 2, Part</li> <li>Gross dues and assessments from members and affiliates</li> <li>Gross contributions, gifts, grants, and similar amounts received</li> <li>Total gross receipts for filing requirement test. Add line 1 throu This line must be completed. If the result is less than \$50,000</li> <li>Cost of goods sold</li></ol>	d	1 3,261. 2 3 352,247. 4 355,508.
	Total gross income. Subtract line 7 from line 4		<b>8</b> 355,508. <b>9</b> 221,211.
Expenses	<ul><li>9 Total expenses and disbursements. From Side 2, Part II, line 1</li><li>10 Excess of receipts over expenses and disbursements. Subtract</li></ul>	F-	9 221,211. 10 134,297.
Payments	<ul> <li>11 Total payments</li></ul>	2 12 from line 11	11
C!	Under penalties of perjury, I declare that I have examined this return, including accompany	ing schedules and statements, and to the best	t of my knowledge and belief, it is true,
Sign Here	correct, and complète. Déclaration of preparer (other than taxpayer) is based on all information of officer. Title PRESIDENT  Preparer's	ation of which preparer has any knowledge.  Date  Check if self-	• Telephone (480) 242-3339 • PTIN
Paid	signature WILLIAM J. GOSNEY, CPA	employed •	P00136557  • Firm's FEIN
Preparer's Use Only	Firm's name (or yours, if self-employed) and address    ACCOUNTING GROUP LLC		46-4785788 • Telephone
	Marchine ETD discours this materials (U. U.		480-946-7732
CACA1112L 0	May the FTB discuss this return with the preparer shown above? Se	e instructions	● X Yes No
U	··		

THE SARCOMA-OMA FOUNDATION, INC

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.

		regai	uless of afficult of gross receipts	- complete rant il or iun	แรม รนม	sulule illiorillation	l•			
		1	Gross sales or receipts from all	business activities. Se	e instru	ctions		• '	1	
		2	Interest					• 2	2	2.
		3	Dividends					•	3	3,272.
Rece		4	Gross rents					_	4	
from Othe	r	5	Gross royalties						5	
Sour	ces	6	Gross amount received from sal					_	5	-13.
		7	Other income. Attach schedule	•	-				7	-13.
		_	Total gross sales or receipts from other						3	2 0 6 1
		8								3,261.
		9	Contributions, gifts, grants, and similar a Disbursements to or for membe						9	61,423.
		10								
		11	Compensation of officers, direct	• 1	1	0.				
F		12	Other salaries and wages	• 12	2					
⊏xpe and	nses	13	Interest					• 13	3	
Disb	urse-	14	<b>4</b> Taxes							
ment	S	15	Rents	• 1	5					
		16	Depreciation and depletion (See	e instructions)				• 10	6	
		17	Other expenses and disburseme						7	159,788.
		18	Total expenses and disbursements. Add							221,211.
Cah	edule		Balance Sheet					nd of t		
		; L	Balance Sheet	Beginning	JI (axab			ilu oi t	axabi	
Asse				(a)		(b)	(c)		•	(d)
1						25,190.			•	160,407.
2			receivable						•	
3			eivable						•	
4			taka managamant ahlimtinga						•	
5			tate government obligations						•	
6			n other bonds						_	
7			n stock			144,670.			•	143,750.
8	Mortgag	ge loar	18						•	
9	Other in	nvestm	ents. Attach schedule						•	
10 a	Depreci	iable a	ssets							
b	Less ac	cumul	ated depreciation							
11	Land								•	
12	Other a	ssets.	Attach schedule						•	
13	Total a	ssets				169,860.				304,157.
			et worth			•				·
			able						•	
			gifts, or grants payable						•	
			tes payable						•	
16 17			yable						•	
		•	es. Attach schedule							
18						1.60, 0.60			•	204 157
19			or principal fund			169,860.			•	304,157.
20			oital surplus. Attach reconciliation						•	
21			ings or income fund			1.60 0.60				204 157
			es and net worth			169,860.				304,157.
Scn	edule	e IVI-					(d) is loss that	φE0 0	00	
	NI II		Do not complete this schedul							
			er books	134,29	7. <b>7</b>		books this year not	ıncluded		
			ne tax	<u>-</u>	<b>⊣</b> ͺ	in this return. Attac			•	
			ital losses over capital gains		8	Deductions in this i				
4			corded on books this year.	•		against book incom				
_			116		9		nd line 8			
5			orded on books this year not deducted	•						
_			Attaon Schodulo		10		return. from line 6			124 207
ь	rotal. P	auu IIN	e 1 through line 5	134,29	/ •	Subtract line 9			1	134,297.

3652234 **Side 2** Form 199 2023 059 CACA1112L 01/02/24

### 2023

### **California Statements**

Page 1

THE SARCOMA-OMA FOUNDATION, INC

47-3857439

Statement 1 Form 199, Part II, Line 9 Contributions, Gifts, Grants, and Similar Amounts Paid

Total \$ 0.

Statement 2 Form 199, Part II, Line 11 Compensation of Officers, Directors, Trustees and Key Employees

### **Current Officers:**

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Total Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
GARY WIENER 4340 EAST MOUNTAIN VIEW ROAD PHOENIX, AZ 85208	President 10.00	\$ 0.	\$ 0.	\$ 0.
AARON WIENER 4340 EAST MOUNTAIN VIEW ROAD ,	Vice President 0.25	0.	0.	0.
JAIMEY TEDRICK 4340 EAST MOUNTAIN VIEW ROAD ,	Treasurer 0.25	0.	0.	0.
RON LANDO 4340 EAST MOUNTAIN VIEW ROAD ,	Secretary 0.25	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.

### Statement 3 Form 199, Part II, Line 17 Other Expenses

Accounting Fees       \$ 2,250         Advertising and Promotion       2,500         Donations       36,522         Insurance       1,165	
Insurance 1,165	
Insurance 1,165	
Office Expenses 2,347	
Other fees 893	
Special Event Expenses114,111	
Total $\frac{159,788}{}$	•

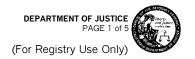
#### STATE OF CALIFORNIA

RRF-1 (Rev. 02/2021) IN

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916) 210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities



# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

<b>-</b>				Check if:		l .		
THE SARCOMA-OMA FOUNDAT	ION, IN	IC		Change of	address			
Name of Organization	,			Amended r				
List all DBAs and names the organization uses o	r has used				ороге			
4340 EAST MOUNTAIN VIEW	ROAD			State Charity	Registra	tion Number CT024543	2	
PHOENIX, AZ 85028				Corporation of	r Organi-	zation No. 3788351		
City or Town, State, and ZIP Code	~~~~~			Corporation of	i Organiz	241011110. 3700331		
(480) 242-3339 Telephone Number	E-mail Ad	SARCOMA-OMA.ORG dress		Federal Emplo	oyer ID N	No. <u>47-3857439</u>		
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)  Make Check Payable to Department of Justice								
Total Revenue	Fee	Total Revenue		<u>Fee</u>	Total R	<u>evenue</u>		Fee_
Less than \$50,000 Between \$50,000 and \$100,000 Between \$100,001 and \$250,000	\$25 \$50 \$75	Between \$250,001 and \$1 Between \$1,000,001 and \$ Between \$5,000,001 and \$	5 milli	on \$200	Betwee	n \$20,000,001 and \$100 m n \$100,000,001 and \$500 r than \$500 million	illion	\$800 \$1,000 \$1,200
PART A – ACTIVITIES								
For your most recent full accou	unting peri	od (beginning 1/01	/23	ending	12/	31/23 ) list:		
Total Revenue \$ (including noncash contributions)	241.39	7. Noncash Contribution	ıs \$		0.	Total Assets \$	304,1	57.
Program Expens		61,423.			<u>.</u>	104,550.		
PART B - STATEMENTS RE	GARDING	G ORGANIZATION DIL	RING	THE PERIO	OD OF	THIS REPORT		
Note: All questions must be answer	red. If you	answer "yes" to any of the o	questic	ons below, yo	u must a	attach a separate page		
During this reporting period, were							Yes	
officer, director or trustee thereof, eithe	r directly o	r with an entity in which any	/ such	officer, director o	r trustee h	nad any financial interest?		X
2 During this reporting period, was t	here any th	neft, embezzlement, diversio	on or m	nisuse of the	organizatio	on's charitable property or funds	?	X
3 During this reporting period, were	any organi	zation funds used to pay an	ıy pena	alty, fine or jud	dgment?			X
<b>4</b> During this reporting period, were coventurer used?	the service	s of a commercial fundraiser, fu	ındrais	ing counsel fo	r charitabl	le purposes, or commercial		X
5 During this reporting period, did th	e organiza	tion receive any governmen	ital fun	ding?				X
6 During this reporting period, did th	e organiza	tion hold a raffle for charitat	ble pur	poses?				X
7 Does the organization conduct a v	ehicle dona	ation program?						X
8 Did the organization conduct an in generally accepted accounting prin	dependent nciples for	audit and prepare audited f this reporting period?	financia	al statements	in accor	dance with		X
9 At the end of this reporting period,	did the or	ganization hold restricted net a	assets, v	while reporting	g negativ	ve unrestricted net assets?		X
I declare under penalty of perjury th and belief, the content is true, corre					locumer	nts, and to the best of my	nowled	lge
	GAR'	Y WIENER	]	PRESIDENT	ı			
Signature of Authorized Agent	Printed			Title		Date		

## Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the	2023 calend	dar year, or tax year begin	ning	, 2023,	and ending	<u> </u>			20	
В	Check if a	applicable:	С					Employ	er identifi	cation number	
	Addr	ress change	THE SARCOMA-OMA	FOUNDATTON T	JC.			47-1	38574	39	
		ne change	4340 EAST MOUNTA	IN VIEW ROAD	••		l E	Telepho			
		-	PHOENIX, AZ 8502								
	Initia	al return	1110011111, 112 0302	S				(48)	J) 24	2-3339	
	Final	return/terminated									
	Ame	ended return					0	Gross re	eceipts \$	35.	5,508.
	IqqA	lication pending	F Name and address of principal	officer: GARY WIEN	IFD	I	(a) Is this a g	roup returi	n for subo		137
	Ш	. 3	Same As C Above	GART WILL	ILK	l l	H(b) Are all su If "No," at	bordinates	included?	Ye	<del>- 1</del>
$\overline{}$	Tay ov	empt status:	X 501(c)(3) 501(c) (	\ (incort no \	4947(a)(1) or	527	If "No," at	tach a list.	See instr	ructions.	
÷				) (insert no.)	4347(a)(1) 01						
J	Webs	site: ww	w.sarcoma-oma.org	J		ŀ	H(c) Group exe	emption nu	ımber		
Κ	Form o	of organization:	X Corporation Trust	Association Other	LY	ear of formation	n:	M s	tate of leg	gal domicile:	
Pa	nrt I	Summar	V								
	<b>1</b> B	Briefly descri	be the organization's missi	on or most significant	activities: THE	SARCOM	IA-OMA F	COLIND	NOTTA	EDUCAT	ES
	7	AND ASST	STS SARCOMA PATIE	NTS IN THEIR	SEARCH FOR	R TREATM	MENT OP	TTONS	· HEI	.PS FIIND	==
2	<u> </u>		AVEL-RELATED EXPE								
ੜ੍ਹ		111711/	AACT KCTAILD CVI	INDED MITTIN VIII	MOLINIALL,	AND I OI	IDS SAIN	COMA		<u> </u>	
ē	2 -	Check this bo		n discontinued its ope							
Ó	2 0								- 1	315.	-
~જ	3 N		oting members of the gover dependent voting members						3 4		5
S	4 1								5		0
ŧ	5 T		of individuals employed in of volunteers (estimate if						-		0
Activities & Governance	0 1								6		0
Ř			ed business revenue from F						7a		0.
	b N	let unrelated	I business taxable income	from Form 990-1, Par	t I, line II		1		7b		0.
								or Year		Current	
a)	<b>8</b> C	Contributions	and grants (Part VIII, line	1h)						35	2,247.
ž	9 P	Program serv	rice revenue (Part VIII, line	2g)							
Revenue	<b>10</b> Ir	nvestment in	ncome (Part VIII, column (A	(a), lines 3, 4, and 7d)							3,261.
8	<b>11</b> C	Other revenue	e (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c,	and 11e)						4,111.
			e – add lines 8 through 11		•						1,397.
			imilar amounts paid (Part I								$\frac{1,337.}{1,423.}$
			to or for members (Part I)		-				-	U	1,423.
		•	•								
ý	<b>15</b> S	salaries, othe	er compensation, employee	benefits (Part IX, co	lumn (A), lines	5-10)					
Expenses	<b>16a</b> ₽	Professional	fundraising fees (Part IX, c	olumn (A), line 11e).							
ē	h T	otal fundrais	sing expenses (Part IX, col	umn (D) line 25)	3	6,522.					
爫	17			-						- 1	- C77
			ses (Part IX, column (A), lir						_		5,677.
			es. Add lines 13-17 (must e	•						10	7,100.
	19 R	Revenue less	expenses. Subtract line 1	8 from line 12						13	4,297.
o S							Beginning	of Curren	t Year	End of `	<b>fear</b>
Net Assets Fund Balanc	20 ⊤	otal assets	(Part X, line 16)					169,8		30	4,157.
Pa Ba	<b>21</b> ⊤	otal liabilitie	s (Part X, line 26)						0.		0.
₹ 1	22 1		•					1.60 0	<u> </u>	20	
			fund balances. Subtract li	le 21 from line 20				169,8	60.	30	4,157.
Pa	art II	Signatur	e Block								
Unde	er penaltie	s of perjury, I de	eclare that I have examined this returner (other than officer) is based on	rn, including accompanying	schedules and stater	nents, and to th	ne best of my k	knowledge	and belief	f, it is true, corre	ect, and
COIII	piete. Deci	iaration of prepa	irer (other than officer) is based on a	all illiormation of which prepare	arer has any knowled	ige.	,				
Sig	n	Signature of	officer				Date				
He	re	GARY W	JTENER			p.	residen	t			
			name and title				LCDIUCII	C			
			preparer's name	Preparer's signature		Date	1	1	T., In	TIN	
			·				C	heck	<b>」</b> "		_
Pa			am J. Gosney, CPA	William J. Go	sney, CPA		Se	elf-employe	ed P	20013655	7
	eparer		Red Rock Acco	ounting Group	LLC			_			_
	e Only						Fi	rm's EIN	46-	4785788	
			Mesa, AZ 8520				Pi	hone no.		946-7732	<del></del>
Mar	, the ID	S discuss th	is return with the preparer		etructions				100	X Yes	No

4d Other program services (Describe on Schedule O.)

including grants of

**4e** Total program service expenses 61,423.

(Expenses

) (Revenue \$

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		Х
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		Х
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	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III.	8		Х
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		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		Х
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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.	14b		Х
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		Х
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		Х
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		Х
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		X
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

# Form 990 (2023) THE SARCOMA-OMA FOUNDATION, INC Part IV 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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		Х
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		Х
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		Х
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		Х
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? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32		Х
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
	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		Χ
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
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? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance		_	
	Check if Schedule O contains a response or note to any line in this Part V	 	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	NO
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			7,
	(gambling) winnings to prize winners?	1c		X

# Form 990 (2023) THE SARCOMA-OMA FOUNDATION, INC Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

b if Yes,* has it filed a Form 990-T for this year? if 'No' to Kine 2b, provide an explanation on Schedule 0.  4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial accountly?  4b If Yes,* enter the name of the foreign country (such as a bank account, securities account, or other financial account)?  4b If Yes,* enter the name of the foreign country (such as a bank account, securities account, or other financial account)?  5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Did any taxoble party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b Did any taxoble party notify the organization file Form 8886-T7?  5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax declutible as charitable contributions?  5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax declutible as charitable contributions?  6a Did the organization include with every solicitation an express statement that such contributions or gifts were not lax declutible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Diff the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 Diff Wes,* indicate the number of Forms \$282 filed during the year.  9 Diff the organization received a payment in excess of \$75 made partly as a contribution of the walle of the goods or services provided?  7 Did the organization or organization or diverse of the payor?  9 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10980 organization services any funds, directly or indirectly, to pay premium				Yes	No
ments, filed for the celebridar year ending with or within the year covered by this return	22	Enter the number of employees reported on Form W-3 Transmittal of Wage and Tax State-			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b In 1 1/25, has it lide a farm \$80.1 for the year if if No is laws, it provides a replanation or Schedule ().  3b In 1/25, has filled a farm \$80.1 for the year if if No is laws, it provides a replanation or Schedule ().  3b In 1/25, has filled a farm \$80.1 for the year if No is laws, it provides a path and the provides a count, securities account, or other number of noreign country.  3c In 1/25, has filled a farm \$1.2 for year, and the organization flower in the provided account, and the provided	Lu				
b if Yes,* bas it filed a form 990. Then this year? If Wo'te files 3b, provide an explanation on Schedule 0.  4a. All 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 (social as a bank account, securities account, or other financial account)?  4b if Yes,* enter the name of the foreign country  5co instructions for filing requirements for FincEN form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5s Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5s Was the organization and party to a prohibited tax shelter transaction?  5b ID did any taxable party nority the organization that it was or is a party to a prohibited sha shelter transaction?  5c If Yes,* to line 5a or 5b, did the organization file Form 8886-17.  5c If Yes,* to line 5a or 5b, did the organization file Form 8886-17.  5c If Yes,* to did the organization receive a contributions that were not tax deductible as charitable contributions?  5c In Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Organization shall may receive deductible contributions under section 179(c).  8d If Yes,* did the organization notify the donor of the value of the goods or services provided?  9d If the organization shall exchange, or otherwise dispose of tangitale presental property for which it was required to file.  Form 8282?  1 If Yes,* did the organization include on pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7 If I did the organization secret a contribution of qualified intellectual property, did the organization file for 899 as required?  9 If the organization received a contribution of provided intellectual property, did the organization file a Form 1096 C?  9 If the organization in was destination of the section 4961 did the sponsoring organization make a distribut	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
4a At any time during the calendar year, diet the organization have an inflated in, or a signature or other authority ones, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," either the name of the foreign country  see instructions for fining requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b D d any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b C (if "Yes," in line 5a or 5b, did the organization in Form 1856-F107.  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicle any orthributions that were not tax deductible as charitable contributions or gifts were not tax deductible?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c 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?  7c Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7d If "Yes," indicate the number of Forms \$282 filed during the year. Payment in the payment in the payment in excess of \$75 made partly as a contribution of the payor?  7d Did the organization received a contribution of qualified intellectual property, did the organization fle or payment in excess of tangible personal property for which it was required to file form \$282 filed during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7d Did the organization received a contribution of cars, boats, airplanes, or other whickes, did the organization file a Form 1998.  7g If the organization received a contribution of cars, boats,	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a b if "Yes," after the name of the foreign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction?  5b D did any baxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line be organization accounts any contributions that were not lax deductible as charitable contributions?  6a Does the organization thould with every solicitation an express statement that such contributions or gifts were not lix deductible?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not lix deductible?  7 Organizations that may receive deductible contributions under section 170(c).  3 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided 7.  5 Did the organization seller, extrange, or otherwise dispose of tangible personal property for which it was required to file form 2022.  6 Did the organization seller, extrange, or otherwise dispose of tangible personal property for which it was required to file form 2022.  7 Did the organization seller, extrange, or otherwise dispose of tangible personal property for which it was required to file form 2022.  8 Did the organization currence any funds, directly or indirectly, to a paymentum on a personal benefit contract?  9 If the organization received a contribution of qualified intellectual property, did the organization file a form 1041?  10 Did the organization in seller that the payment of the payment of the payment of the payment of the	b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a b if "Yes," after the name of the foreign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction?  5b D did any baxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line be organization accounts any contributions that were not lax deductible as charitable contributions?  6a Does the organization thould with every solicitation an express statement that such contributions or gifts were not lix deductible?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not lix deductible?  7 Organizations that may receive deductible contributions under section 170(c).  3 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided 7.  5 Did the organization seller, extrange, or otherwise dispose of tangible personal property for which it was required to file form 2022.  6 Did the organization seller, extrange, or otherwise dispose of tangible personal property for which it was required to file form 2022.  7 Did the organization seller, extrange, or otherwise dispose of tangible personal property for which it was required to file form 2022.  8 Did the organization currence any funds, directly or indirectly, to a paymentum on a personal benefit contract?  9 If the organization received a contribution of qualified intellectual property, did the organization file a form 1041?  10 Did the organization in seller that the payment of the payment of the payment of the payment of the	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 Was the organization on party to a prohibited tax shelter transaction at any time during the tax year?  5 Ib Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 If Yes, "to line 5a or 5b, did the organization file Form 8886-17.  5 Ca 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?  6 B If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 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?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9 If If Yes, "did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 D D D did the organization received a contribution of qualified intellectual property, did the organization file Form 8899  7 D D did the organization, during the year, apy premiums, directly or indirectly, on a personal benefit contract?  8 Sponsoring organizations maintaining donor advised funds. Did a conor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a conor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised, or related person?  9 D Did the sponsoring organizations. E		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
5a Was the organization a party to a prohibited tax shelter fransaction at any time during the tax year?  b Did any taxabile party notify the organization that it was or is a party to a prohibited tax shelter fransaction?  5b C If "Yes," to line 5a or 5b, did the organization file Form 8886-17?  6a Does the organization have annual gross receipts, that are normally greater than \$100,000, and did the organization solicit any orbibitudions that were not 1ax deductible as charaltable contributions?  6a D If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  B) If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 D If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 D If "Yes," indicate the number of Forms 8282 filed during the year  7 D If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 D If the organization funding the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 D If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-7.  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  10 Did the organizations maintaining donor advised funds.  10 Did the sponsoring organizations make any taxable distributions under section 4966?  9 S ponsoring organizations make any taxable distributions under section 4966?  9 D Did the sponsoring organization make any taxable distributions under section 4966?  9 D Did the sponsoring organization make any taxable distributions under section 4966?  9 D Did the sponsoring organization make any taxable distributions under section 4966?  9 D Did the sponsoring organization	b	· · · · · · · · · · · · · · · · · · ·			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5	_		_		177
c if "Yes," to line 5a or 5b, did the organization file Form 8866-T7 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 2  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 9 Did the organization sell reverse paymentimes, directly or indirectly, on a personal benefit contract? 9 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 10 Septonsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 49667 9 Did the sponsoring organization make any taxable distributions under section 49667 9 Section 501(c/X) organizations. Enter: 1 Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities — 10b 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities — 10b 11 Section 501(c/X) organization					X
6a Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid tany contributions that were not tax deductible as charables confibitions?  6 b if "vs." did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  8 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?  8 If "vs.", did the organization notify the donor of the value of the goods or services provided?  7 b If "vs.", did the organization notify the donor of the value of the goods or services provided?  7 b If "vs.", indicate the number of Forms 8822 filed during the year.  8 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization received a contribution of qualified intellectual property, did the organization for forms 899 as required?  1 If If the organization received a contribution of qualified intellectual property, did the organization file organization freely organization of qualified intellectual property, did the organization file a Form 1098-C?  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?  9 Sponsoring organizations maintaining donor advised funds.  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 a both the sponsoring organization make any taxable distributions under section 4966?  9 a both the sponsoring organization make any taxable distributions under section 4966?  9 a both the sponsoring organization make any taxable distributions under section 4966?  9 a both the sponsoring organization make any taxable distributions under section 4966?  9 a both the sponsoring organization make a					Λ
b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  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  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? I if I "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8999  as required?.  1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1098-C2.  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 b Did the sponsoring organization make any taxable distributions under section 4966?  9 a Did the sponsoring organization make any taxable distributions under section 4966?  9 a Did the sponsoring organization make any taxable distributions under section 4966?  9 a Did the sponsoring organization make any taxable distributions under section 4966?  9 a Did the sponsoring organization make any taxable distributions under section 4966?  9 a Did the sponsoring organization make any taxable distributions under section 4966?  9 a Did the sponsoring organization and the any taxable distributions under section 4966?  9 a Did the sponsoring organization make any taxable distributions under section 496		•	<b>5</b> C		
not tax deductible?  O rganizations 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  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7b  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$8282 filed during the year  g Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$8282 filed during the year  g Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$8282 filed during the year  g Did the organization, during the year, pay premiums, directly, to pay premiums on a personal benefit contract?  7c  g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1094C.  8 Formon 1094C.  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?  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 49667  9 a b Did the sponsoring organization make any taxable distributions under section 49667  9 a Did the sponsoring organization make any taxable distributions under section 49667  9 a Did the sponsoring organization make any taxable distributions under section 49667  9 a Did the sponsoring organization make any taxable distributions under section 49667  9 a Did the sponsoring organization make any taxable distributions under section 49667  9 a Did the sponsoring organization selection 4960 tax of the fundamental fundamental that the fundamental that the fundamental fundamental fundamental fundamental fundamenta			6a		Χ
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?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  7b to the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year.  d if "Yes," indicate the number of Forms 8282 filed during the year.  f Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c		not tax deductible?	6b		
services provided to the payor?					
b If "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year.  If Did the organization received and the self-self-self-self-self-self-self-self-	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	72		X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827.  d if "Yes," indicate the number of Forms 8282 filed during the year.  e Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  76  77  g if the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  77  g if the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  78  79  8 if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  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 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 b  10 Section 501(c/Q7) organizations. Enter:  a Gross income from themsers or shareholders  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  11a  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 501(c/Q7) qualified nonprofit health insurance issuers.  a is the organization illoensed to issue qualified health plans in more than one state?  12a  13a  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves on hand.  15a  16 If "Yes," enter the amount of reserves on hand.  17b  17c  17d  17d  17es, if if if a Form 720 to report these payments? If "No," provide an explanation	h	· · · · · · · · · · · · · · · · · · ·			- 1
form 8282?  dif "Yes," indicate the number of Forms 8282 filed during the year.  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c  d Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f  gl if the organization received a contribution of qualified intellectual property, did the organization file Form 8899  as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organizations make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  a Did the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person?  9b Did section 501(c/7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12.  b Gross income from members or shareholders.  11a    Section 501(c/12) organizations. Enter:  a Gross income from other sources. (On not net amounts due or paid to other sources against amounts due or received from them.)  11b  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  13a  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  15b  17c  17d  17d  17d  17d  17d  17d  17d		· · · · · · · · · · · · · · · · · · ·	7.0		
e 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 crecived 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 1098-07. 7h Form 1098-07. 7h Form 1098-07. 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 8 Poposoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make and istributions under section 49667 9a 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	·		7c		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  71	d	If "Yes," indicate the number of Forms 8282 filed during the year			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  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?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b Oscition 501(c)(2) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12.  b Gross income from members or shareholders.  11a b Gross income from members or shareholders.  11b 12a Section 501(c)(2) organizations. Enter:  a Gross income from members or shareholders.  b If Yes, enter the amount of tax-exempt interest received or accrued during the year.  12b 13 Section 501(c)(2) qualified nonprofit health insurance issuers.  a is the organization licensed to issue qualified health plans in more than one state?  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.  13a Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves any payments for indoor tanning services during the tax year?  14a Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 If Yes, see the instructions and file Form 4720, Schedule N.  15 Is the organization and educational institution subject to the section 4968 excise tax on net investment in	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
As required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.  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 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b Did Section 501(c)(Z) organizations. Enter:  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			<b>7</b> f		X
Form 1098-C?.  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 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organizations. Enter:  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.  b Gross income from members or shareholders.  b Gross income from other sources, (Do not net amounts due or paid to other sources against amounts due or received from them.).  112a Section 501(c)(2) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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.  c 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.  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  b Enter the amount of reserves on hand.  13b  c Enter the amount of reserves on feron 4760 tax on payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	g		7g		
organization have excess business holdings at any time during the year?.  9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?. b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 b Did the sponsoring organizations. Enter: 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. 10 b Gross income from members or shareholders. 11 section 501(c)(12) organizations. Enter: a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them). 11 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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.  13a		Form 1098-C?	7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make any taxable distributions under section 4966? 9b 10 Section 501(c)(7) organizations. Enter: 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 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. 11a b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.). 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 15 Is the organization and file Form 4720, Schedule N. 16 Is the organization and educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	8				
a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b  10 Section 501(c)(7) organizations. Enter: 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  11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. b Gross income from ether sources. (Do not net amounts due or paid to other sources against amounts due or received from them).  11a  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12a  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b 10 Section 501(c)(7) organizations. Enter: 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 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. 11a					
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b  11 Section 501(c)(12) organizations. Enter: a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.). 11b  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is irequired to maintain by the states in which the organization is licensed to issue qualified health plans. 13b c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b 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 excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(2(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17					
a Initiation fees and capital contributions included on Part VIII, line 12. 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b 11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders. 11a 11b 11b 11b 11b 11b 11b 11b 11b 11b			9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		, , ,			
a Gross income from members or shareholders.  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?.  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?.  13a Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  13b c Enter the amount of reserves on hand.  14a Did the organization receive any payments for indoor tanning services during the tax year?  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?  17		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
a Gross income from members or shareholders.  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 b 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.  13a Is the organization licensed to issue qualified health plans in more than one state?  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.  c Enter the amount of reserves on hand.  13b Is the organization receive any payments for indoor tanning services during the tax year?  14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		· · · · · · · · · · · · · · · · · · ·			
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 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  13b Section 501(c)(29) qualified nonprofit health insurance issuers.  13a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  13b Is the organization receive any payments for indoor tanning services during the tax year?  14a Did the organization receive any payments for indoor tanning services during the tax year?  14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?					
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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		against amounts due or received from them.)	122		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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.  c Enter the amount of reserves on hand.  13c  14a  bif "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 excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			ıZā		
a Is the organization licensed to issue qualified health plans in more than one state?  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.  c Enter the amount of reserves on hand.  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?  17					
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.  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?  17			13a		
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.  c Enter the amount of reserves on hand.  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?  18b   13b   13c	<b>-</b>	·	. 50		
c Enter the amount of reserves on hand	b	· · · · · · · · · · · · · · · · · · ·			
14a Did the organization receive any payments for indoor tanning services during the tax year?					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			14a		Х
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?  18 Is the organization subject to the section 4968 excise tax on net investment income?  19 Is Interval 19 Is In					1
excess parachute payment(s) during the year?			-		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		excess parachute payment(s) during the year?	15		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
result in the imposition of an excise tax under section 4951, 4952, or 4953?					
165dit in the imposition of an excise tax and 55ction 4551, 4552, or 45551	17		17		
			1/		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI...... Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 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? ..... Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Χ 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? ..... 5 Did the organization have members or stockholders?..... X 6 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 Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?.... 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 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?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done...... 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ 14 Did the organization have a written document retention and destruction policy?..... 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? X a The organization's CEO, Executive Director, or top management official..... 15a **b** Other officers or key employees of the organization..... 15b Χ If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 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 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(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) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records.

GARY WIENER 4340 EAST MOUNTAIN VIEW ROAD PHOENIX AZ 85028 (408) 242-3339

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII....

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)								
(A) Name and title	(B) Average hours			(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other				
	per week (list any hours for related organiza-	Individual t or director	Institution	Officer	Former Highest composition of the composition of th		-ormer	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
	tions below dotted line)	Individual trustee or director	al trustee		yee	Highest compensated employee				
(1) GARY WIENER	10									
President	0			Χ				0.	0.	0.
(2) AARON WIENER	0.25									
Vice President	0			Χ				0.	0.	0.
(3) JAIMEY TEDRICK	0.25			.,				•		•
Treasurer	0			Χ				0.	0.	0.
	0.25 0			Х				0.	0.	0.
<b>(E)</b>	0			Λ				0.	0.	<u> </u>
_(3)		-								
<u>(6)</u>										
<u>(7)</u>										
<u>(8)</u>										
<u>(9)</u>										
<u>(10)</u>										
(11)										
(12)										
(13)										
(14)										

ı aı	T VII   Section A. Onicers, Directors, Tru	31003, 1	l		•		C3, t	arre	I ingliest com	ipensatea Emp	Oyces	(continu	cu)
	<b>(A)</b> Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Posi neck i	more rson irecto	than of the state	an ee)	(D)  Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	compe the o	(F) ated amour f other nsation fro ganization d related anizations	om
<u>(15)</u>							ф						
(16)			-										
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)			-										
(24)			-										
(25)													
1h	Subtotal								0.	0.			0.
	Total from continuation sheets to Part VII, Section								0.	0.			0.
	Total (add lines 1b and 1c).								0.	0.			0.
	Total number of individuals (including but not limited from the organization								<u> </u>		ensatio	1	<u> </u>
	<u> </u>											Yes	Nο
3	Did the organization list any <b>former</b> officer, direct on line 1a? If "Yes,"complete Schedule J for such	tor, truste	e, ke	ey er	nplo	oyee	e, or h	nigh	est compensated	employee	3	. 63	X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate										3		71
	such individual										4		X
	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	s," comple	ete S	che	dule	J fo	or suc	ch p	person		. 5		X
Sec	tion B. Independent Contractors Complete this table for your five highest compens	satod inde	none	dont	cor	trac	torc	that	t received more th	an \$100 000 of			
	compensation from the organization. Report compens	sation for	the ca	alen	dar <u>j</u>	year	endir	ng v	vith or within the or	ganization's tax year			
	(A) Name and business address  (B) Description of services							Compe	C) nsation				
2	Total number of independent contractors (including b \$100,000 of compensation from the organization		ited to	o tho	se l	iste	d abov	ve)	who received more	than			
	\$100,000 or compensation from the organization	0											

		Check if Schedule O contains a	response or note	to any line in this Part V	/III		
				Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र्फ़ क	1a	Federated campaigns	1a 349,	781.			
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues	1b				
S, G	С	Fundraising events	1c				
ar F	d	Related organizations	1d				
S, i	е	Government grants (contributions)	1e				
tion s	f	All other contributions, gifts, grants, and similar amounts not included above	1f 2.4	100			
혈	а	Noncash contributions included in	II Z, '	466.			
Ę Ę	9	lines 1a-1f	1g				
	h	Total. Add lines 1a-1f		000/01/			
Program Service Revenue			Business Co	ode			
ĕ	2a						
Ä	b						
Š.	С.						
Se	d						
am	e						
Ď.		All other program service revenue					
σ.		Total. Add lines 2a-2f					
	3	Investment income (including divider other similar amounts)		3,274.			3,274.
	4	Income from investment of tax-ex-		5/2/10			5,274.
	5	Royalties					
		(i) Rea					
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
		Gross amount from (i) Securi					
	,	sales of assets	-13.				
	b	other than inventory Less: cost or other basis	-13.				
		and sales expenses <b>7b</b>					
	С	Gain or (loss) <b>7c</b>	-13.				
	d	Net gain or (loss)		··· -13.			-13.
ā	8a	Gross income from fundraising events					
Ę		(not including \$	_				
ev		of contributions reported on line 1c).					
<u>بن</u> د		See Part IV, line 18	8a				
Other Revenu		Less: direct expenses	8b 114,1				
0		Net income or (loss) from fundrais	sing events	-114,111.			
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
	h	Less: direct expenses	9a 9b				
		Net income or (loss) from gaming					
	ıua	Gross sales of inventory, less returns and allowances	10a				
		Less: cost of goods sold	10b				
		Net income or (loss) from sales of					
<u></u>		• •	Business Co				
ខ្លួ	11a						
בַּ בֻ	b						
scellaneous Revenue	С						
<u> </u>	d	All other revenue					
Σ	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	<del></del>	241,397.	0.	0.	3,261.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

JUU	Check if Schedule O contains a re			, , ,	
Do i 6b,	Check if Schedule O contains a re not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	61,423.	61,423.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 5	Benefits paid to or for members	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	· ·	· ·	<u> </u>	<u> </u>
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes.				
11					
	Management				
	Legal				
	Accounting.	2 250		2 250	
	Lobbying.	2,250.		2,250.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A), amount, list line 11g expenses on Schedule O.)	893.		893.	
12	Advertising and promotion	2,500.		2,500.	
13	Office expenses	2,347.		2,347.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 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.)	1,165.		1,165.	
a	<u> </u>	36,522.			36,522.
b					
С					
d	` <del>-</del>				
e	All other expenses.				
25	Total functional expenses. Add lines 1 through 24e	107,100.	61,423.	9,155.	36,522.
26	Joint costs. Complete this line only if the 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)				

		Check if Schedule O contains a response or note to	any line in this Part X			
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing		4,074.	1	99,289.
	2	Savings and temporary cash investments		21,116.	2	61,118.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer, director, contributor, or 35% rsons		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section		6		
	7	Notes and loans receivable, net			7	
Ø	8	Inventories for sale or use			8	
šet	9	Prepaid expenses and deferred charges		9		
Assets	_	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		9		
			10a			
	b	Less: accumulated depreciation			1 <b>0</b> c	
	11	Investments — publicly traded securities		144,670.	11	143,750.
	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)	169,860.	16	304,157.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue	_		19	
	20	Tax-exempt bond liabilities	L. Carlotte and the control of the c		20	
es	21	Escrow or custodial account liability. Complete Part I			21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	ficer, director, trustee, utor, or 35%		22	
	23	Secured mortgages and notes payable to unrelated th			23	
	24	Unsecured notes and loans payable to unrelated third	· · ·		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	·		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25		0.	26	0.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		<u> </u>		3.
ä	27	-		169,860.	27	304,157.
Bal	28	Net assets with donor restrictions	L	100,000.	28	304,137.
힏		Organizations that do not follow FASB ASC 958, che				
Net Assets or Fund Balance		and complete lines 29 through 33.				
S	29	Capital stock or trust principal, or current funds	<u></u>		29	
ķ	30	Paid-in or capital surplus, or land, building, or equipm			30	
Asi	31	Retained earnings, endowment, accumulated income,	<u> </u>		31	
et,	32	Total net assets or fund balances		169,860.	32	304,157.
	33	Total liabilities and net assets/fund balances		169,860.	33	304,157.
RΔ	Δ		TEEA0111L 08/23/23			Form <b>990</b> (2023)

Pa	rt 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	2	41,3	397.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	07,1	00.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	34,2	297.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	69,8	360.
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3	04,1	57.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				П
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both.  Separate basis  Consolidated basis  Both consolidated and separate basis	ed on a			
1	b Were the organization's financial statements audited by an independent accountant?		2b		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
•	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R. Part 200, Subpart F?	Jniform 	3a		Х
ļ	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BA				990 (	(2023)

#### **SCHEDULE A** (Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Name o	f the	organization					Employer identifica	ation number			
THE	S	ARCOMA-OMA FOUNDATI	ON, INC				47-385743	9			
Part		Reason for Public Cha						ctions.			
The o	rga	nization is not a private found	lation because it is: (F	or lines 1 through 12,	check or	nly one	box.)				
1		A church, convention of church			•	b)(1)(A)(	i).				
2		A school described in section	<b>n 170(b)(1)(A)(ii).</b> (Att	ach Schedule E (Form	990).)						
3		A hospital or a cooperative h	ospital service organi	zation described in sec	tion 170	)(b)(1)(A	A)(iii).				
4		A medical research organization	tion operated in conju	inction with a hospital o	lescribe	d in <b>sec</b>	tion 170(b)(1)(A)(iii). E	nter the hospital's			
		name, city, and state:									
5		An organization operated for section 170(b)(1)(A)(iv). (Co		ge or university owned	or opera	ited by a	a governmental unit de	scribed in			
6		A federal, state, or local gove	ernment or governme	ntal unit described in s	ection 1	<b>70(b)(</b> 1)	(A)(v).				
7	Χ	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	art of its support from a	governm	ental uni	it or from the general pul	olic described			
8		A community trust described	in section 170(b)(1)(	A)(vi). (Complete Part I	l.)						
9		An agricultural research organization described in <b>section 170(b)(1)(A)(ix)</b> 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:	0 0	,			· ·				
10		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.)									
11		An organization organized ar	nd operated exclusive	ly to test for public safe	ty. See	section	1 509(a)(4).				
12	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 <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
а		Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elect	d. or controlled by its sup	ported o	rganizat	ion(s), typically by giving	the supported			
b		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	ration supervised or coorganization vested in ions A and C.	ontrolled in connection the same persons that co	with its ontrol or	supporto manage	ed organization(s), by the supported organization	naving control or ion(s). <b>You</b>			
С		Type III functionally integrated organization(s) (see instruction	. A supporting organizat	ion operated in connection	n with, ar	nd functio					
d		Type III non-functionally integrated. The constructions). You must com	rated. A supporting orgorganization generally plete Part IV. Section	anization operated in cor must satisfy a distribut s A and D. and Part V.	nection ion requ	with its s iirement	supported organization(s) and an attentiveness i	that is not requirement (see			
е		Check this box if the organizatintegrated, or Type III non-fu	ation received a writte	en determination from t	he IRS t						
f	Er	ter the number of supported of									
g		ovide the following information									
(	<b>)</b> Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
(A)											
(B)											
(C)											
<del>\-/</del>											
(D)											
(E)											
Total											

#### 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.)

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	175,207.	29,491.	19,393.	242,518.	352,247.	818,856.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	<b>Total.</b> Add lines 1 through 3	175,207.	29,491.	19,393.	242,518.	352,247.	818,856.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	<b>Public support.</b> Subtract line 5 from line 4						818,856.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	(f) Total
7	Amounts from line 4	175,207.	29,491.	19,393.	242,518.	352,247.	818,856.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,315.	1,100.	1,217.	3,235.	25,000.	31,867.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	2,0201	2,200		0,200	20,000	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. Add lines 7 through 10						850,723.
12	Gross receipts from related activ	rities, etc. (see ins	tructions)			12	0.
13	<b>First 5 years.</b> If the Form 990 is organization, check this box and						
	tion C. Computation of Pul	• • •	•				
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •				96.25 %
15	Public support percentage from 2	2022 Schedule A,	Part II, line 14			15	98.79 %
16a	<b>33-1/3% support test—2023.</b> If t and <b>stop here.</b> The organization	he organization di qualifies as a pub	d not check the bolicly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	% or more, check	this box
b	<b>33-1/3% support test—2022.</b> If the and <b>stop here.</b> The organization	ne organization did qualifies as a pub	not check a box olicly supported or	on line 13 or 16a rganization	, and line 15 is 33	3-1/3% or more, c	heck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-ar	nd-circumstances	test, check this b	ox and stop here	. Explain in Part '	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-ar I-circumstances te	nd-circumstances st. The organizati	test, check this b on qualifies as a	ox and stop here publicly supported	e. Explain in Part 'd organization	VI how the
18	Private foundation. If the organization	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	s box and see ins	tructions

#### Part III

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·	·				
	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	<b>(e)</b> 2023		(f) Total
1	Gifts, grants, contributions, and membership fees 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 organization's tax-exempt purpose.							·
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
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							
С	Add lines 7a and 7b							
	<b>Public support.</b> (Subtract line 7c from line 6.)							
	tion B. Total Support		T	T	T	T		
	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	<b>(e)</b> 2023		(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b							
	Net income from unrelated business activities not included on 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.)							
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)							
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c	)(3) 	
	tion C. Computation of Pul			no 12 '^		ı	15	0,
	Public support percentage for 20	•			•	<u> </u>	15	
	Public support percentage from 2 tion <b>D. Computation of Inv</b>						16	6
	Investment income percentage for				umn (f))		17	%
	Investment income percentage fr	•	• • •	-			18	<u> </u>
	<b>33-1/3% support tests—2023.</b> If t is not more than 33-1/3%, check	the organization of	lid not check the b	oox on line 14, ar	nd line 15 is more	than 33-1/3%	, and line	17
	<b>33-1/3% support tests—2022.</b> If t line 18 is not more than 33-1/3%	he organization of the check this box	lid not check a bo and <b>stop here.</b> Th	x on line 14 or lir e organization qu	ne 19a, and line 10 ualifies as a public	5 is more than ly supported	n 33-1/3%, organizatio	and
∠0	Private foundation. If the organiz	zation did not che	eck a box on line	14, 19a, or 19b, c	THECK THIS DOX and	see instruction	วทร	

#### Part IV Supporting Organizations

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

#### **Section A. All Supporting Organizations**

	11 3 3		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?		103	110
•	If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	- За		
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	<u> </u>		
U	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	<b>4</b> a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9а	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 <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding			
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	1 <b>0</b> a		
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.)	10b		

BAA TEEA0404L 08/14/23 Schedule A (Form 990) 2023

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

each of the supported organizations? If "Yes" or "No," provide details in Part VI.

2b

За

3b

Pa	rt v   Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizati	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No ns must	v. 20, 1970 (explain ir complete Sections A	Part VI). <b>See</b> through E.
Sec	tion 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		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
á	Average monthly value of securities	1a		
I	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
(	Discount claimed for blockage or other factors     (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> 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-functionally inte	grated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2023

Sche	dule A (Form 990) 2023 THE SARCOMA-OMA FOUNDATION, INC	47-385	7439	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (conti	nued)		
Sec	tion D - Distributions		Current	Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5		
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	6		
_ 7	<b>Total annual distributions.</b> Add lines 1 through 6.	7		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8		
9	Distributable amount for 2023 from Section C, line 6	9		•
10	Line 8 amount divided by line 9 amount	10		•

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required — explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
<b>b</b> Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

BAA Schedule A (Form 990) 2023 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.)

#### SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

| 2

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Open to Public Inspection

Name of the organization						Employer identification	ation number	
THE SARCOMA-OMA FOUNDATION, INC						47-385743	9	
Part I General Information on Grants and Assistance								
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?								
		·		everente Comunic	to if the evenimeti	on analysis d "V	'aa" an	
	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.							
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(0)								
(8)								
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								

TEEA3901L 06/12/23

the billioning	OIMI I COMBINITION, INC	17 0007103
		te if the organization answered "Yes" on Form 990, Part IV, line 22. Part III
can be duplicated if additional s	space is needed.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 PATIENT FUNDING	36	61,423.			
2					
3					
4					
5					
6					
_ 7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

#### SCHEDULE O (Form 990)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

ame of the organization

THE SARCOMA-OMA FOUNDATION, INC

Employer identification number

47-3857439

#### Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.

Date Accepte	ed		DC	NOT MAIL	THIS FO	ORM TO THE FTB	
TAXABLE YE	TAXABLE YEAR California e-file Return Authorization for					FORM	
2023	Exempt Organiza	ations				8453-EO	
Exempt Organiza					Identifying	number	
	COMA-OMA FOUNDATION, INC				47-38	57439	
	ectronic Return Information (whole ross receipts or unrelated business taxa		line 4 or Form 100 lin	)	1	255 500	
	ross receipts or unrelated business tax ross income or total tax (Form 199, line				-	355,508. 355,508.	
	xpenses and disbursements (Form 199				_	221,211.	
	e ( Form 109, line 23)	•			_	,	
5 Overpa	yment (Form 109, line 24)				5		
Part II Se	ttle Your Account Electronical	y for Taxable Year	2023				
6 Dir	ect Deposit of refund (Form 109 only.)						
<b>7</b> Ele	ctronic funds withdrawal 7a Amou	ınt	<b>7b</b> Withdrawal	date (mm/dd/yy	yy) <u> </u>		
Part III Sc	nedule of Estimated Tax Payments for						
<b>8</b> Amoun		First Payment	Second Payment	Third Payme	ent	Fourth Payment	
9 Withdra							
	anking Information (Have you veri	ied the exempt organiz	ı ation's banking informa	ation?)			
10 Routing		nea the exempt organiz	and of Samming mileting	,			
11 Accour	·		2 Type of account:	Checking	Sa	ivings	
Part V De	eclaration of Officer	<del></del>	<u> </u>				
specified in I electronic fur account spec Under penalti return origina correspondir organization's Tax Board (F for the tax lia statements be	the exempt organization's account to be Part IV for the direct deposit refund agrands withdrawal for the amount listed on difficient in Part IV.  The set of perjury, I declare that I am an officer ator (ERO), transmitter, or intermediate g lines of the exempt organization's 20 or return is true, correct, and complete. If the TB) does not receive full and timely particularly and all applicable interest and perform that the transmitted to the FTB by the ERO, transfer, I authorize the FTB to disclose to the ERO of the PTB to disclose to the PTB to disclose to the ERO of the PTB to	ees with the authorization line 7a and any estimator of the above exempt organization is exempt organization is lighter than 1 authorize the exempt organization is lighter than 1 authorize the smitter, or intermediate segment of the exempt organization.	on stated on my return ted payment amounts anization and that the ine amounts in Part I ab return. To the best of ifiling a balance due retuganization's tax liability exempt organization returning provider. If the process	. If I check Part II steed on Part II of II or II over agree with my knowledge aurn, I understand by, the exempt operary and accompositions of the exempt of	II, box 7 I, line 8 f  ded to my the amound belief that if the rganization panying organization	y electronic unts on the example examp	
Sign	<b>&gt;</b>		▶ PRESIDEN	ΝΤ			
Here	Signature of officer	Date	Title				
	eclaration of Electronic Return I have reviewed the above exempt orc						
the best of n organization' officer's sign forms and in Authorized e exempt organ under penalt statements,	by knowledge. (If I am only an intermed a return. I declare, however, that form lature on form FTB 8453-EO before transformation that I will file with the FTB, a file Providers. I will keep form FTB 845 ization return is filed, whichever is later, a les of perjury, I declare that I have example to the best of my knowledge and be knowledge.	diate service provider, I FTB 8453-EO accurately asmitting this return to the I have followed all of 53-EO on file for four yound I will make a copy avained the above exemp	understand that I am ray reflects the data on the FTB. I have provide their requirements descears from the due date allable to the FTB upon rational torganization's returnect, and complete. I m	not responsible he return.) I have different the organization of the return or request. If I am a and accompany ake this declara	for review e obtained on office b. 1345, four years less the parting scheding base	wing the exempt ed the organization r with a copy of all 2023 Handbook for ars from the date the aid preparer, idules and ed on all information	
	ERO's signature WILLIAM J. GOSNE	Y, CPA	also	cck if paid X Check self-emplo	"	P00136557	
ERO Must		CCOUNTING GROUP		, <u> </u>	Firm's FEII		
Sign	if self-employed)  and address  2500 S POWI	ER ROAD STE 129				46-4785788	
	MESA			AZ		85209	
	of perjury, I declare that I have examined the above, and complete. I make this declaration based on a Paid preparer's signature			Check if self-employed	_	Rnowledge and beliet, they Paid preparer's PTIN	
Preparer Must	Firm's name				Firm's FEII		
Sign	(or yours if self- employed) and address				ZIP code		