

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Po not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public							
Inspection							

Α	For t	he 2016 calen	dar year, or tax	year beg	inning		, 20	16, and	d endir	ng		,				
В	Check	if applicable:	C Name of organi	^{zation} An	nschwand	Sarcoma	Cancer	Fou	ndat	ion	D Employ	er identi	fication number			
	A	ddress change	Doing business								76-0674858					
	N	ame change	Number and str	eet (or P.O. b	box if mail is not deli	ivered to street a	ddress)		Room/	suite	E Telephone number					
	In	itial return	2726 Biss	onnet					240	-314	(71)	3) 25	56-4250			
		nal return/terminated			e, country, and ZIP	or foreign postal	code			•	(/	<i>, _</i>				
		mended return	Houston				Ψ	X 77	7005		G Gross re	eceints \$	\$ 635,372.			
		oplication pending	F Name and addr	ess of princip	oal officer:		I	<u> </u>	1005	H(a) Is this a	a group return					
	L.,,	spiloation perioding	Melissa Amschwand Bell:			'+ Miccour	ci Ci+v	my 77	7/50		subordinates attach a list. (
.	Tav	-exempt status	X 501(c)(3)	501(c) (nsert no.)	4947(a)(1		527	If 'No,'	attach a list. (see instru	ctions)			
<u>'</u> J						ibertito.)	4047 (d)(1) (1	JZI							
			w.sarcoma					1		., .	exemption nu					
K		n of organization:	X Corporation	Trust	Association	Other Other		L Year o	of formati	on: 200		state of leg	gal domicile: TX			
Pa	rt I	Summar	y be the organizati	an'a miaai	an ar maat aig	aifiaant aatiuli	tioo	a								
	1	Briefly describ	e the organizati		on or most sigi		ties:	Sarc	oma	awarene	ess, re	sear	ch and support			
Ge																
Activities & Governance																
veri	2		v N liftho		on discontinue											
ĝ	3		ting members of	•		•	•					3	17			
ంర	4		lependent voting									4	17			
ties	5		of individuals er									5	0			
li vi	6	Total number	of volunteers (e	stimate if i	necessary).	· · · · · · ·						6	85			
Aci	7a	Total unrelate	d business reve	nue from	Part VIII, colum	nn (C), line 12	2					7a	0.			
	b	Net unrelated	business taxabl	e income	from Form 990)-T, line 34 .						7b	0.			
										P	Prior Year		Current Year			
đ	8	Contributions	and grants (Par	t VIII, line	1h)						713,3	52.	471,440.			
Revenue	9 Program service revenue (Part VIII, line 2g)															
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)										96.	237.			
ũ	11	Other revenue	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)										9,562.			
	12	Total revenue	- add lines 8 tl	rough 11	(must equal P	art VIII, colur	nn (A), line	912).			603,3	481,239.				
	13	Grants and si	milar amounts p	aid (Part I	X, column (A),	lines 1-3) .					340,0	00.	144,923.			
	14	Benefits paid	to or for membe	rs (Part IX	(, column (A), li	ine 4)										
ø	15	Salaries, othe	r compensation	employee	e benefits (Parl	t IX, column ((A), lines 5	-10) .								
Ise	16 a	Professional f	undraising fees	(Part IX, c	olumn (A), line	11e)										
Expenses	b	Total fundrais	ing expenses (P	art IX col	umn (D) line 2	(5) ►		4	841.							
й	17		es (Part IX, colu			·					108,9	21	166,718.			
	18	-	es (Full int, colu es. Add lines 13-								448,9					
	19		expenses. Sub										<u>311,641.</u> 169,598.			
<u>ہ</u>	19	nevenue less	expenses. Sub		6 II 0 II 1 II 1 II 1 II 1 II 1 II 1 2			• • • •	• • •		154,3		End of Year			
sets or alances	20	Total assets (Part X, line 16)								ng of Currer					
Bala	21	•	6 (Part X, line 10)							·	930,7 55,0		1,047,600.			
Net Ass Fund Ba	21			,					•••	•			2,241.			
			fund balances.	Subtract II	ne 21 from line	20			• • •		875 , 7	61.	1,045,359.			
Pa	rt II	Signatur	e Block													
			lare that I have exam er (other than officer)						to the be	st of my know	ledge and bel	ief, it is tru	ue, correct, and			
										0	9/20/1	7				
e :-		Signatu	Signature of officer Date													
Sig He	jii ro									TR			+			
ne	10		issa Amsch	iwana k	Beilinger					Execi	utive I	Jirec	tor			
			reparer's name		Preparer's sigr	nature		Da	te		Choole	K if I	PTIN			
											Check	A 11 1				

BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101 11/16/16								Forn	ו 990	(2016)
May the IRS discuss this return with the preparer shown above? (see instructions)										
		Sugar Land	-	ТΧ	77479	Phone no. (281)	238-	444	2
Use Only	Firm's address	▶ 2139 Hill Can	Firm's EIN ►	82-2	467576					
Preparer	Firm's name	▶ Jeffery A. Da	vidson, CPA	A, P.C.						
Paid	William	Taylor			05/08/18	self-employed	P	00186	147	

Form	990 (2016) Amschwand Sarc	oma Cancer Foundation	76-0) 674858 Page 2
Par	t III Statement of Program S	Service Accomplishments		
		response or note to any line in this Part I	11	
1	Briefly describe the organization's miss	ion:		
	Sarcoma awareness, rese	earch_and_support		
	Did the expenientian undertake any sig	nificant program convises during the year	which were not listed on the prior	
2		nificant program services during the year		· · Yes X No
	If 'Yes,' describe these new services or			· · Yes X No
3		or make significant changes in how it cor	ducts any program services?	Yes X No
Ű	If 'Yes,' describe these changes on Sci			
4	Describe the organization's program se	ervice accomplishments for each of its three zations are required to report the amount	ee largest program services, as measu of grants and allocations to others, the	ired by expenses. total expenses,
4 a	(Code:) (Expenses \$	288,200. including grants of	\$ 150,000.)(Revenue	\$ 0.)
		cific_research, tangible I families affected by th		
		greater awareness of sarc		
	and the needs of those			
4 14		including system of	Ć) (Deveryo	<u> </u>
4 0	(Code:) (Expenses \$	including grants of	\$) (Revenue	\$)
4 c	(Code:) (Expenses \$	including grants of	\$) (Revenue	\$)
4 d	Other program services (Describe in S	chedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)
4 e	Total program service expenses	288,200.		,
BAA		TEEA0102 11/16/16		Form 990 (2016)

Form 990 (2016) Amschwand Sarcoma Cancer Foundation Part IV Checklist of Required Schedules

r ai				
			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	Х	
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 'Yes,' complete Schedule D, Part III</i>	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10		X
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.			
â	a 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
ł	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? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
0	c 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	11 c		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? If 'Yes,' complete Schedule D, Part IX	11 d		Х
e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	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	11 f		Х
12a	a 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
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
I	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	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

Form 990 (2016)

 Form 990 (2016)
 Amschwand Sarcoma Cancer Foundation

 Part IV
 Checklist of Required Schedules (continued)

Par	TIV Checklist of Required Schedules (continued)		Vee	Na
20-	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a	Yes	No X
	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? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	21	Х	
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		x
04-	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of	23		л
24 8	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
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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
t	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			v
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
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		Х
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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		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? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990 (2	2016)

Form 990 (2016)

Form	990 (2016) Amschwand Sarcoma Cancer Foundation 76-067485	8	P	age 5
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
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a			
Ł	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
2 a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State-	10	Λ	
	ments, filed for the calendar year ending with or within the year covered by this return 2a 0 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
L	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
2 -	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		х
	If Yes, 'has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	3b		
		55		
	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)?	4 a		х
t	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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	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 a	Х	
Ł	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	х	
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?	7 a	Х	
F	If Yes,' did the organization notify the donor of the value of the goods or services provided?	7 a 7 b	X	-
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7.0		
, c		7 c		Х
c	If Yes,' indicate the number of Forms 8282 filed during the year			
	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?	7 f		Х
c	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
	as required?	7 g		
ł	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8				
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
k	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	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			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
Ł	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).			
12 a	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			
13				
	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.			
ŀ	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			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
t	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

Page 6

Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year	Yes	X No X X X X X X X X X X X X X X X X X X
1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 17 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 in Schedule O. 1 b 17 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a significant domanay or other person? 3 4 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a significant diversion of the organization's assets? 5 6 Did the organization become aware during the year of a significant diversion of the organization nave members or stockholders? 7 7 a Did the organization nave members or stockholders? 7 7 a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 8 Did the organization contemporaneously document the meetings	X X X X X X	x x x x x x x x
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 in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent	X X X X X X	x x x x x x x x
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 in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent	X X X	X X X X X X No
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 2 4 Did the organization delegate control over management duties customarily performed by or under the direct supervision of of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization have members or stockholders? 5 6 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? 7 7 A different than the governing body? 7 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a The governing body? 8 9 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 in Schedule O 9 Section B. Policies (This Section B re	X X X	X X X X X X No
officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7 a 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? 7 a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a The governing body? 8 b Each committee with authority to act on behalf of the governing body? 8 b 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 in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue C 10a 10 a Did the	X X X	X X X X X X No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7 a 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? 7 a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a The governing body? 8 8 b Each committee with authority to act on behalf of the governing body? 8 9 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 in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue C 10a 10	X X X	X X X X X X No
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since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7 a 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? 6 7 a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7 b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a 9 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 in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue C 10a 10a Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 10a 11 a Has the organization have a written conflict of interest policy? If No,' go to line 13. 12a b View officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12a	X ode.,	X X X X X No
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6 Did the organization have members or stockholders? 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8a 9 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 in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue C 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? 10a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 12a Did the organization have a written conflict of interest policy? If No, 'g to line 13. </td <td>X ode.,</td> <td>X X X X No</td>	X ode.,	X X X X No
7 a 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? 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a a The governing body? 8 a b Each committee with authority to act on behalf of the governing body? 8 a 9 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 in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue C 10a bId 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? 10a 11a Has the organization have a written conflict of interest policy? If 'No,' go to line 13 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12a	X ode.,	X X X X No
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 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	Х	<u> </u>
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	<u></u>	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	77	
	Х	
	Х	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this was done</i>	х	
13 Did the organization have a written whistleblower policy? 13		х
14 Did the organization have a written document retention and destruction policy? 14		x
 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? 		
a The organization's CEO, Executive Director, or top management official		х
b Other officers or key employees of the organization		x
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		<u> </u>
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ►		
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.		
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to		
 the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: 		
Melissa Amschwand Bellinger 9611 Waters Lake Ct Missouri City TX 77459 (713)		
BAA TEEA0106 11/16/16 Form	056	1250

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, High Independent Contractors		
Check if Schedule O contains a response or note to any line in this Part VII		Х
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compe		
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year e organization's tax year.	nding with or within the	
• List all of the organization's current officers, directors, trustees (whether individuals or organization compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ns), regardless of amount of	

• List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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	Position (do not o than one box, un is both an offic director/tru		ficer a	anda e)	(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other	
	per week (list any hours for related organiza- tions below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated	T the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Melissa A Bellinger President	<u>40.00</u>	x		х			0.	0.	8,500.
(2) J. Boyd Heath III Treasurer	_4.00			x			0.	0.	0.
(3) Margaret Ling Secretary	_4.00			х			0.	0.	0.
_(4)_Jane_Amschwand Director	<u>4.00</u>	x					0.	0.	0.
_(5)_Danetta_Beaushaw Director	_4.00	Х					0.	0.	0.
_(6)_Jill_Collins Director	_4.00	Х					0.	0.	0.
(7) Erin Holmes	<u>4.00</u>	Х					0.	0.	0.
_(8)_Steph_Veigel Director	_4.00	x					0.	0.	0.
(9) Laura Dalton Director	_4.00	X					0.	0.	0.
(10) Stephen Z Fadem MD Director	_4.00	X					0.	0.	0.
(11)_Allie_Fields Director	_4.00	X					0.	0.	0.
(12) Alexandra Knight Director	_4.00	X					0.	0.	0.
(13) Stinelli_Castaæeda Director	_4.00	X					0.	0.	0.
(14) Dr. Keila Torres	_4.00	Х					0.	0.	0.
ВАА	TEEA0	107	11/16/1	16					Form 990 (2016)

Form **990** (2016)

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Part VII Section A. Officers, Directors, Tru	istees,	Key	Em	nplo	oye	es, a	and	d Highest Com	pensated Em	ploye	es (a	ontinued)
(A) Name and title	(B) Average hours per week	box	, unle	heck ss pe nd a c	ition more erson i directo	than or s both a pr/truste	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) Estimat mount of compensa	ed other
	(list any hours for related organiza - tions below dotted line)	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		from th organizat and rela organizat	e ion ted
(15)_Lindley_Arnoldy Director	<u>4.00</u> _	x						0.	0			0.
(16) Francine Ballard Director	4.00_	х						0.	0			0.
(17) Lisa Oren Director	4.00_	х						0.	0			0.
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total							► ►	0.	0	•	8	, 500.
d Total (add lines 1b and 1c)								0.	0	•	8	,500.
2 Total number of individuals (including but not limited from the organization ►	to those	listed	l abc	ove)	whc	rece	iveo	d more than \$100,0	000 of reportable c	ompen	sation	
											Ye	s No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ir	dividual	••••		•••	•••		•		ployee		3	X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater t such individual	ortable co han \$150,	ompe 000?	nsat If 'Y	ion ′ <i>es,'</i>	and ' <i>con</i>	other <i>plete</i>	cor Sc	mpensation from <i>hedule J for</i>			4	X
5 Did any person listed on line 1a receive or accrue c for services rendered to the organization? If 'Yes,' c											5	X
Section B. Independent Contractors					-1				00 000 of			
 Complete this table for your five highest compensate compensation from the organization. Report compensation 	nsation fo	r the	cale	nda	r yea	ar enc	ding	with or within the	organization's tax y	/ear.		
(A) Name and business addre	ess							(B) Description o		Con	(C) npensa	tion
2 Total number of independent contractors (including \$100,000 of componentian from the organization	but not lin ►	nited	to th	iose	liste	ed abo	ove)	l) who received mo	re than			
\$100,000 of compensation from the organization	•											

Form 990 (2016) Amschwand Sarcoma Cancer Foundation Part VIII Statement of Revenue

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		Check if Schedule O contains a respor	nse or note to any lin	e in this Part VIII			[]
	I			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1 a	a Federated campaigns 1 a					
irat	k	Membership dues 1 b					
° č	c	Fundraising events 1 c	362,772.				
ar /	c	I Related organizations 1 d	•				
o, o Mik	e	e Government grants (contributions) 1 e					
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, grants, and similar amounts not included above 1 f	108,668.				
<u>G</u> E		Noncash contributions included in lines 1a-1f: \$	89,095.				
5 P	-	Total. Add lines $1a-1f \cdot \cdots \cdot \cdots \cdot \cdots \cdot \cdots$		471,440.			
	-		Business Code	4/1,440.			
Program Service Revenue	28						
ě	- t						
e.							
Ň							
ٽ ٽ							
ran	e						
<u> </u>		All other program service revenue					
٩	ç	Total. Add lines 2a-2f					
	3	Investment income (including dividends, i other similar amounts)	nterest and	0.07	0.07	0	0
		,		237.	237.	0.	0.
	4	Income from investment of tax-exempt bo	•				
	5	Royalties	(ii) Personal				
		(i) Real	(II) Personal				
		a Gross rents					
		b Less: rental expenses					
		Rental income or (loss)					
	C	Net rental income or (loss)					
	7 8	a Gross amount from sales of (i) Securities	(ii) Other				
	ł	D Less: cost or other basis and sales expenses					
	C	Gain or (loss)					
	c	l Net gain or (loss)					
Other Revenue	8 a	a Gross income from fundraising events (not including . \$ 362,772.					
šve		of contributions reported on line 1c).					
ď		See Part IV, line 18	a 139,795.				
Fer	k	Less: direct expenses	b 146,633.				
ŧ	c	Net income or (loss) from fundraising eve		-6,838.		0.	-6,838.
-	9 a	a Gross income from gaming activities. See Part IV, line 19	a 23,900.	.,			.,
	k	b Less: direct expenses	b 7,500.				
		Net income or (loss) from gaming activitie		16,400.	16,400.	0.	0.
		a Gross sales of inventory, less returns	a	20,100	10,1001		
	k		b				
		Net income or (loss) from sales of invento					
		Miscellaneous Revenue	Business Code				
	11 a	a					
	k						
		′					
		• Total. Add lines 11a-11d	>				
	12	Total revenue. See instructions		401 000	16 627	^	C 020
	12			481,239.	16,637.	0.	-6,838.

Form 990 (2016) Amschwand Sarcoma Cancer Foundation

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
Check if Schedule O contains a response or note to any line in this Part IX

Do 1 6b,	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	144,923.	144,923.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .				
4 5 6	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages.				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
æ	a Management				
t	DLegal				
c	Accounting	7,873.	0.	7,873.	0.
c	JLobbying				
e	e Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	19,825.	18,726.	0.	1,099.
13	Office expenses	18,662.	8,034.	7,948.	2,680.
14	Information technology	3,612.	1,224.	1,326.	1,062.
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		1,366.	0.	1,366.	0.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	<u>Entertainment, Meals, Gifts</u>	6,239.	6,152.	87.	0.
	P <u>Apartments</u>	109,141.	109,141.	0.	0.
c		-			
c					
e	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	311,641.	288,200.	18,600.	4,841.
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)				

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Form 990 (2016) Amschwand Sarcoma Cancer Foundation Part X Balance Sheet Image: Sheet

Page 11

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	646,720.	1	601,255.
	2	Savings and temporary cash investments	284,041.	2	446,345.
	3	Pledges and grants receivable, net	•	3	•
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10 c	
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	930,761.	16	1,047,600.
	17	Accounts payable and accrued expenses	500,7010	17	2,241.
	18	Grants payable	55,000.	18	•
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	55,000.	26	2,241.
lces	07	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		07	1 0 4 5 0 5 0
lar	27	Temporarily restricted net assets	875,761.	27	1,045,359.
ä	28	Permanently restricted net assets		28	
pu	29	Organizations that do not follow SFAS 117 (ASC 958), check here ►		29	
Net Assets or Fund Balance		and complete lines 30 through 34.			
\$	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţĂ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Nei	33	Total net assets or fund balances.	875,761.	33	1,045,359.
	34	Total liabilities and net assets/fund balances	930,761.	34	1,047,600.
BA	A				Form 990 (2016)

Form 990 (2016)

Forn	n 990 (2016) Amschwand Sarcoma Cancer Foundation	76-0	674858		Pa	ge 12	
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	4	81,2	39.	
2	Total expenses (must equal Part IX, column (A), line 25)	_	2	3	11,6	41.	
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	••	4	8	75,7	61.	
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 in Schedule O)		9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
_	column (B))	•••	10	1,0	45 , 3	59.	
Pa	rt 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 Ccrual Other						
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.							
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
I	$_{b}$ Were the organization's financial statements audited by an independent accountant?			2 b		Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate						
	basis, 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 review, or compilation of its financial statements and selection of an independent accountant?	audit	, 	2 c			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?			3 a		Х	
I	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the requir	ed au	dit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b		<u> </u>	
BAA	A			Form	990 (2	2016)	

		Public Chari	ty Status and P	ublic	Supp	ort	OMB No. 1545-0047
SCHEDULE A (Form 990 or 990-EZ)	Com	4947(a	ion is a section 501(c) (1) nonexempt charita (1) to Form 990 or Forr	able trus	t.	or a section	2016
Department of the Treasury Internal Revenue Service	► Infe	nformation about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.				structions is	Open to Public Inspection
Name of the organization		· · · · · · · · · · · · · · · · · · ·	g			Employer identifica	ation number
Amschwand Sarc				<u> </u>		76-067485	
			ganizations must c			art.) See instruction	IS.
The organization is not a 1 A church. con	•		thes 1 through 12, chec churches described in se		,	\\/i\	
			ch Schedule E (Form 99			•)(I)-	
			tion described in section				
	•		tion with a hospital desc				he hospital's
name, city, an	d state:		·				
5 An organization section 170(b	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)						
	e, or local gover	nment or governmenta	al unit described in secti	on 170(b)(1)(A)(v).	
in section 170	0(b)(1)(A)(vi). (0	Complete Part II.)	part of its support from a	a governn	nental un	it or from the general p	ublic described
			(vi). (Complete Part II.)				
or university o	r a non-land-gra		ection 170(b)(1)(A)(ix) c e (see instructions). Ente	•		0	0
10							
from activities	related to its exe come and unrelation	empt functions—subjec	n 33-1/3% of its support of to certain exceptions, a ncome (less section 511 art III.)	and (2) n	o more th	nan 33-1/3% of its supp	ort from gross
11 An organizatio	n organized and	operated exclusively	to test for public safety.	See sect	ion 509(a)(4).	
or more public	ly supported org	anizations described i	for the benefit of, to perf n section 509(a)(1) or s porting organization and	ection 5	09(a)(2).	See section 509(a)(3).	urposes of one Check the box in
organization(s	oorting organizat) the power to re t IV, Sections A	gularly appoint or elec	ed, or controlled by its s t a majority of the direct	upported ors or tru	organiza stees of	ation(s), typically by givi the supporting organiza	ng the supported tion. You must
management		organization vested in	trolled in connection with n the same persons that				
			nization operated in con ete Part IV, Sections A,				
functionally in	egrated. The org	ganization generally m	organization operated in ust satisfy a distribution a A and D, and Part V.				· ′
		ion received a written ctionally integrated sup	determination from the I	RS that it	is a Typ	e I, Type II, Type III fun	ctionally
			· · · · · · · · · · · · · · · ·				
g Provide the follow	ving information a	about the supported or	rganization(s).				
(i) Name of supported o	rganization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is organization in your go docum	on listed	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
<u>(</u> A)							
<u>(</u> B)							
<u>(</u> C)							
(D)							
<u>(E)</u>							
Total BAA For Paperwork B	eduction Act N	otice see the Instruc	tions for Form 990 or 9	90-F7		Schedule A /Ea	m 990 or 990-EZ) 2016

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

Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.) Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf . . . 3 The value of services or facilities furnished by a governmental unit to the organization without charge. . . 4 Total. Add lines 1 through 3 . . 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) Public support. Subtract line 5 6 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents. royalties and income from similar sources . . Net income from unrelated q business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of čapital assets (Explain in Part VI.) Total support. Add lines 7 11 through 10 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) % 14 % 15 16a 33-1/3% support test-2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box b 33-1/3% support test-2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box 17a 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test-2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . 18

Schedule A (Form 990 or 990-EZ) 2016

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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) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	301,217.	305,549.	579,410.	713,352.	471,440.	2,370,968.
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		00070170	57571200	10,0021		<u></u>
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						
6	Total. Add lines 1 through 5	301,217.	305,549.	579,410.	713,352.	471,440.	2,370,968.
7 a	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						
8	Public support. (Subtract line 7c from line 6.)						2,370,968.
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	301,217.	305,549.	579,410.	713,352.	471,440.	2,370,968.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	357.	354.	314.	396.	237.	1,658.
	income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	357.	354.	314.	396.	237.	1,658.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-61,378.	-29,950.	16,775.	-110,436.	9,562.	-175,427.
13	Total support. (Add lines 9, 10c, 11, and 12.)	240,196.	275,953.	596,499.	603,312.	481,239.	2,197,199.
14							
	organization, check this box and s	top here	<u></u> .				
	organization, check this box and s tion C. Computation of Pu	top here blic Support P	ercentage		<u> </u>		
Sec	organization, check this box and s tion C. Computation of Pul Public support percentage for 2010	top here blic Support P 6 (line 8, column (f)	ercentage divided by line 13,	column (f))	· · · · · · · · · · · · · · · · · · ·		107.91 [%]
Sec 15 16	organization, check this box and s tion C. Computation of Pul Public support percentage for 2010 Public support percentage from 20	top here blic Support P 6 (line 8, column (f) 115 Schedule A, Pa	ercentage divided by line 13, art III, line 15	column (f))	· · · · · · · · · · · · · · · · · · ·		
Sec 15 16	organization, check this box and s tion C. Computation of Pul Public support percentage for 2010 Public support percentage from 20 tion D. Computation of Inv	top here blic Support P 6 (line 8, column (f) 115 Schedule A, Pa estment Incon	ercentage divided by line 13, rrt III, line 15 ne Percentage	column (f))	·····	· · · · · · 15 · · · · · 16	107.91 % 100.00 %
Sec 15 16 Sec 17	organization, check this box and s tion C. Computation of Pul Public support percentage for 2010 Public support percentage from 20 tion D. Computation of Inv Investment income percentage for	top here	ercentage divided by line 13, irt III, line 15 ne Percentage umn (f) divided by	column (f))	· · · · · · · · · · · · · · · · · · ·	· · · · · · 15 · · · · · 16	107.91 % 100.00 % 0.08 %
Sec 15 16 Sec 17 18	organization, check this box and s tion C. Computation of Pul Public support percentage for 2010 Public support percentage from 20 tion D. Computation of Inv	top here	ercentage divided by line 13, irt III, line 15 ne Percentage umn (f) divided by A, Part III, line 17 not check the box	column (f)) line 13, column (f) on line 14, and lin)	15 16 17 18 33-1/3%, and line	107.91 % 100.00 % 0.08 % 0.08 %
Sec 15 16 Sec 17 18 19a b	organization, check this box and s tion C. Computation of Pull Public support percentage for 2010 Public support percentage from 20 tion D. Computation of Inv Investment income percentage for 33-1/3% support tests—2016. If this not more than 33-1/3%, check the 33-1/3% support tests—2015. If the time 18 is not more than 33-1/3%, check the time 18 is not more than 33-1/3%.	top here	ercentage divided by line 13, irt III, line 15 me Percentage umn (f) divided by A, Part III, line 17 not check the box ere. The organization not check a box or stop here. The org	column (f)) line 13, column (f) on line 14, and lin on qualifies as a p n line 14 or line 19 ganization qualifies)	15 16 17 18 33-1/3%, and line organization ore than 33-1/3%, ported organizatior	<u>107.91 %</u> <u>100.00 %</u> <u>0.08 %</u> <u>0.08 %</u> 17 X and 1 []
Sec 15 16 Sec 17 18 19a b	organization, check this box and s tion C. Computation of Pull Public support percentage for 2010 Public support percentage from 20 tion D. Computation of Inv Investment income percentage for 33-1/3% support tests-2016. If this not more than 33-1/3%, check the 33-1/3% support tests-2015. If the support tests-2015.	top here	ercentage divided by line 13, irt III, line 15 me Percentage umn (f) divided by A, Part III, line 17 not check the box ere. The organization not check a box or stop here. The org	column (f)) line 13, column (f) on line 14, and lin on qualifies as a p n line 14 or line 19 ganization qualifies)	15 16 16 17 18 33-1/3%, and line organization ore than 33-1/3%, ported organization structions	<u>107.91 %</u> <u>100.00 %</u> <u>0.08 %</u> 0.08 % 17 X and 1 [X]

Page 4

Yes

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

BAA

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above? 11b		L
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI . 11c		

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If No, 'describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section 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 Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

Section D. All Type III Supporting Organizations

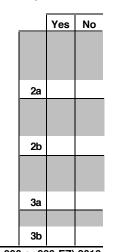
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the 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 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played 3 in this regard.

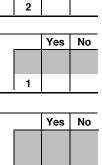
Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). С

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a 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? Provide details in **Part VI.**
- 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.





Yes

1

No

Schedule A (Form 990 or 990-EZ) 2016Amschwand Sarcoma Cancer FoundationPart VType III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A 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	1 a		
ł	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1 c		
C	I Total (add lines 1a, 1b, and 1c)	1 d		
6	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integra (see instructions).	ated Type	III supporting organizat	ion

(see instructions).

Schedule A (Form 990 or 990-EZ) 2016

Sche	dule A (Form 990 or 990-EZ) 2016 Amschwand Sarcoma Ca			74858 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Sເ	upporting Organiza	ations (continued)	-
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	tion is responsive (provi	de details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
q	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
;	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
-	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

BAA

Schedule A (Form 990 or 990-EZ) 2016

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

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