Form **990**

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)

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. OMB No. 1545-0047

Open to Public Inspection

For the 2023 calendar year, or tax year beginning 2023, and ending 20 Check if applicable: C Name of organization The Paula Takacs Foundation For Sarcoma Research D Employer identification number Address change Doing business as 27-3366677 Name change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 11660 James Richard Drive (704)779-0232 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return Charlotte, NC 28277 578,647 X No Application pending F Name and address of principal officer: **H(a)** Is this a group return for subordinates? H(b) Are all subordinates included? X 501(c)(3) 501(c) (4947(a)(1) or 527 If "No," attach a list. See instructions) (insert no.) Website: www.paulatakacsfoundation.org H(c) Group exemption number X Corporation Trust Association Other L Year of formation: 2010 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: The mission is to raise funds for local research, amplify awareness, and accelerate the fight to end sarcoma cancers - resulting in Activities & Governance local and global development pathway for new sarcoma treatments and increase the speed of accurate diagnoses. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 11 4 11 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 2 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 617,474 577,774 Revenue 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 873 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 617,474 578,647 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 275,000 300,000 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 54,363 71,655 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 61,705 68,374 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 391,068 440,029 Revenue less expenses. Subtract line 18 from line 12 226,406 138,618 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) . . . 577,201 718,099 21 Total liabilities (Part X, line 26) 571 1,762 Net assets or fund balances. Subtract line 21 from line 20 576,630 716,337 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Christine Wade Sign Signature of officer Date Here Christine Wade, Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check **Paid** J Kevin Cobb 05-10-2024 P01374604 J Kevin Cobb self-employed **Preparer** Firm's name COBB PLLC Firm's EIN **Use Only** 7427 Mat M Hill Rd 105-180 Firm's address Phone no. Charlotte NC 28227 704-709-9154 May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	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)	١.		
_	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,	5		
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5		х
6	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,"	<u> </u>		
	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		x
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? If "Yes," complete Schedule D, Part VII	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? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
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	40-		
	Schedule D, Parts XI and XII	12a		Х
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12h		.,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		Х
	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 I.V	15		x
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 JV	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	L	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 JI	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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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	

27-3366677

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 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 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 24a х Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?...... 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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 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? 25b Х 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% 26 X 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 27 x 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). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a х 28b Х A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c х 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 х 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. Part J. 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 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Х 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 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 on Schedule O for Part VI, lines 11b and 38 Х Part 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 0 2

Did the organization comply with backup withholding rules for reportable payments to vendors and

1c

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	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? If "No" to line 3b, provide an explanation on Schedule O	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		Х
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).			
5a		5a		Х
b	, , , , , , , , , , , , , , , , , , , ,	5b		X
С	· • • • • • • • • • • • • • • • • • • •	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	CP		
7		6b		
7	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 services provided to the payor?	7a		v
b		7b		Х
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0		
Ŭ		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e		7e		х
f		7f		x
g		7g		х
h		7h		х
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	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		
10	Section 501(c)(7) organizations. Enter:			
а	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			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	10-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a		13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	iou		
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			
С	Enter the amount of reserves on hand			
14a	<u> </u>	14a		х
b		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		х
	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		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			
	· · · · · · · · · · · · · · · · · · ·	17		
	If "Yes." complete Form 6069.			

Part VI

36	Cuon A. Governing Body and Management		1	ı
			Yes	No
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.			
		-		
2				
b Enter the number of voting members included in line 1a, above, who are independent			Х	
3				
				Х
		<u> </u>		Х
				Х
	•	6		Х
/a				
		/a		Х
D				
_		70		Х
one or more members of the governing body?				
	• • •			
			X	
		gp	X	
9				
800		9		Х
Jec	LIOIT B. FOILIES (This Section B requests information about policies not required by the internal Nevertue Code.)		Yes	No
10a	Did the organization have local chanters branches or affiliates?	102	163	X
	•	IVa		
b	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 filling the form?	11a	x	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	- 10		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	х	
	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 taxable entity during the year?	16a		х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNorth Carolina			
18	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.			
	▼ Image: Control of the properties of the prop			
19	Describe on 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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	Christine Wade (704)779-0232, 11660 James Richard Drive, Charlotte, NC 28277			

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.

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

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

Check this box if heither the organization hor any rela	tou organizat	1011 00	mpon	Juli	ou u	ny can	CIII	omoci, all color, or	tradico.	
				(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average	,				nan one s both an		Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	or c	Inst	Office	Ke)	Hig	Former	1099-MISC/	1099-MISC/	organization and
	related	direc	ituti	cer	em/	hest	mer	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	Institutional trust		Key employee	com				
	below	Jstee	trust		ee	pen				
	dotted line)		tee			Highest compensated employee				
						٦				
(1)Susan Udleson	40.00									
Executive Director -2023				х				56,625	0	0
(2)Elizabeth Romano	5.00									
Director		Х						0	0	0
(3) Thomas Valle	5.00	1								
Director		Х						0	0	0
(4)Heather Lopane	5.00									
Director		Х						0	0	0
(5)Reilly Shea	5.00									
Director		Х						0	0	0
(6)Douglas Sleeper	5.00									
Director		х						0	0	0
(7)Heather Franklin	5.00									
Director		х						0	0	0
(8)Suzanne Levine	5.00									
Director		х						0	0	0
(9)Dawn Whitmore	5.00									
Director		х						0	0	0
(10)Maya Logan	5.00									
Director		х						0	0	0
(11)Joshua Patt	5.00									
Director		х						0	0	0
(12)James Barnes	5.00									
Director		х						0	0	0
(13)Ashley Smith	5.00									
Secretary		х		x				0	0	0
(14)Christine Wade	40.00									
Executive Director - 2024				х				0	0	0

EEA Form **990** (2023)

(A)		(B)	(C) Position					.	(D)	(E)		<u> </u>	(F)	<u>100)</u>
	Name and title	Average hours per week	box,	unless	s per	son is	han one s both an /trustee)		Reportable compensation from the organization (W-2/	Reportable compensation from relate organizations	on d	cor	ated amous of other opensation om the	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee Individual trustee		employee Key employee Officer		Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)		orga	om the nization and l organizati	
Trea	ee Sugg surer	10.00			x				0		0			0
<u>(17)</u>														—
<u>(18)</u>														
<u>(19)</u>														
(20)														
(21)(22)														
<u>(24)</u>														
(25)_														
1b	Subtotal													
c d 2	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c) Total number of individuals (including but no	ot limited to							56,625 received more th	nan \$100,0	0 00 of			0
	reportable compensation from the organiza	tion											Yes I	0 No
3	Did the organization list any former officer, direc	tor, trustee,	key en	nploye	ee,	or h	ighest	con	mpensated					
	employee on line 1a? If "Yes," complete Schedul											3	:	X
4	For any individual listed on line 1a, is the sum of reorganization and related organizations greater the individual	an \$150,000)? If "Y	'es," (con	nplet	te Sche	edul	le J for such			4		x
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	compensation	n from	any ı	unr	elate	ed orga	aniza	ation or individual			5		x
Secti	on B. Independent Contractors													
1	Complete this table for your five highest concompensation from the organization. Report	•											tax yea	ar.
	(A) Name and business addres								(B) Description of service			(C) Compens		
2	Total number of independent contractors (in received more than \$100,000 of compensa	•					ose lis	stec	d above) who					

Form 990 (2023) The Paula
Part VIII Statement of Revenue

		Check if Schedule O contains a response	ons	e or note to any li	ine in this Part V	'III		
		·			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a					
	b	Membership dues	1b					
ants ints	С	· · · · · · · · · · · · · · · · · · ·	1c	458,859				
ສູ້ອີ	d		1d	-				
ifts, r Ar	е		1e					
aj. Bis	f	All other contributions, gifts, grants,						
Sig			1f	118,915				
but ther	g	Noncash contributions included in		, ,				
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f	1g	\$				
ဒီ င်	h				577,774			
				Business Code	•			
	2a							
<u>ş</u>	b							
er.	С							
ıram Ser Revenue	d							
gra Re	е		_					
Program Service Revenue	f	All other program service revenue	-					
_	g	Total. Add lines 2a-2f						
	3	Investment income (including dividends, intere						
		other similar amounts)			873	873		
	4	Income from investment of tax-exempt bond p	roce	eds				
	5	Royalties						
		(i) Real		(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7a	Gross amount from (i) Securities		(ii) Other				
		sales of assets						
		other than inventory 7a						
	b	Less: cost or other basis						
e		and sales expenses 7b						
en ne	С	Gain or (loss) 7c						
	d	Net gain or (loss)						
Other Re	8a	Gross income from fundraising						
₹		events (not including \$ 458,859						
		of contributions reported on line						
		1c). See Part IV, line 18	8a					
		Less: direct expenses	8b					
	С	Net income or (loss) from fundraising events						
	9a	Gross income from gaming						
		activities. See Part IV, line 19	9a					
		Less: direct expenses	9b					
	С	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less						
			10a					
		Less: cost of goods sold	10b					
	С	Net income or (loss) from sales of inventory						
				Business Code				
sno s	11a		_					
anc	b		_					
cell	C							
Miscellanous Revenue		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			578,647	873	0	0

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 X (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 300,000 300,000 Grants and other assistance to domestic 2 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 56,625 56,625 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 9,938 9,938 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 5,092 5,092 11 Fees for services (nonemployees): b Legal...... 1,600 1,600 1,075 1,075 Professional fundraising services. See Part IV, line 17. . f Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . 27,224 27,224 12 29,268 29,268 13 9,049 9,049 14 15 16 17 158 158 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 23 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.) а b C d е All other expenses Total functional expenses. Add lines 1 through 24e. . 25 440,029 428,305 11,724 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and following SOP 98-2 (ASC 958-720)

Balance Sheet
Check if Schedule O Part X

		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	577,201	1	697,858
	2	Savings and temporary cash investments		2	20,241
	3	Pledges and grants receivable, net		3	•
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
_	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	577,201	16	718,099
	17	Accounts payable and accrued expenses	571	17	1,762
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		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	571	26	1,762
		Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	576,630	27	716,337
ala	28	Net assets with donor restrictions		28	
B		Organizations that do not follow FASB ASC 958, check here			
Ξ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	576,630	32	716,337
	33	Total liabilities and net assets/fund balances	577,201	33	718,099

Form **990** (2023) EEA

Part XI Reconcilia					age 1 2
I all Al	tion of Net Assets				
Check if Sch	edule O contains a response or note to any line in this Part XI				
1 Total revenue (must equ	I Part VIII, column (A), line 12)	1		578,	647
2 Total expenses (must eq	al Part IX, column (A), line 25)	2		440,	029
3 Revenue less expenses	Subtract line 2 from line 1	3		138,	618
4 Net assets or fund balar	ces at beginning of year (must equal Part X, line 32, column (A))	4		576,	630
5 Net unrealized gains (lo	ses) on investments	5			
6 Donated services and us	e of facilities	6			
7 Investment expenses		7			
8 Prior period adjustments		8		1,	089
9 Other changes in net as:	ets or fund balances (explain on Schedule O)	9			0
10 Net assets or fund balar	ces at end of year. Combine lines 3 through 9 (must equal Part X, line				
32, column (B))		10		716,	337
Part XII Financial St	atements and Reporting				
	lule O contains a response or note to any line in this Part XII				
	·			Yes	No
1 Accounting method used	to prepare the Form 990: Cash X Accrual Other				
If the organization chang	ed its method of accounting from a prior year or checked "Other," explain on				
Schedule O.					
2a Were the organization's	nancial statements compiled or reviewed by an independent accountant?		. 2a		x
	ow to indicate whether the financial statements for the year were compiled or				
reviewed on a separate	asis, consolidated basis, or both.				
Separate basis	Consolidated basis Both consolidated and separate basis				
b Were the organization's	nancial statements audited by an independent accountant?		. 2b		х
If "Yes," check a box be	ow to indicate whether the financial statements for the year were audited on a				
separate basis, consolid	ted basis, or both.				
Separate basis	Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b,	loes the organization have a committee that assumes responsibility for oversight of				
the audit, review, or com	ilation of its financial statements and selection of an independent accountant?		. 2c		
If the organization chang	ed either its oversight process or selection process during the tax year, explain on				
Schedule O.					
3a As a result of a federal a	ward, was the organization required to undergo an audit or audits as set forth in the				
	R. Part 200, Subpart F?		. За		
	ion undergo the required audit or audits? If the organization did not undergo the				
•	explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2023)

EEA

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

Name	of t	he organization					Employer identification	n number		
The	Рa	ula Takacs Foundation F	or Sarcoma R	lesearch			27-336667	7		
Par	t I	Reason for Public Cha	rity Status. (Al	l organizations mus	t comple	ete this p	art.) See instruction	ons.		
The o	rga	nization is not a private foundation be	ecause it is: (For lin	nes 1 through 12, check o	nly one bo	x.)				
1		A church, convention of churches,	or association of c	hurches described in se	ction 170(b)(1)(A)(i)				
2		A school described in section 170	(b)(1)(A)(ii). (Attac	h Schedule E (Form 990)).)					
3		A hospital or a cooperative hospital	l service organizat	ion described in section	170(b)(1)	(A)(iii).				
4		A medical research organization of	perated in conjunct	tion with a hospital descr	ibed in se	ction 170((b)(1)(A)(iii). Enter the			
		hospital's name, city, and state:								
5		An organization operated for the be section 170(b)(1)(A)(iv). (Complete		r university owned or ope	erated by a	a governme	ental unit described in			
6		A federal, state, or local government	,	Lunit described in coatio	n 170/h)/	1\/ A\/ _\ \\				
7	H	An organization that normally received	•				rom the general public			
•	ш	described in section 170(b)(1)(A)(•		Overrinteri	iai uniit on ii	ioni the general public			
8		A community trust described in sec		•						
9	H	An agricultural research organization			perated in	conjunctio	n with a land-grant coll	ege		
3	ш					-	=	ege		
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:									
10										
10	Δ	receipts from activities related to its support from gross investment inco acquired by the organization after.	exempt functions, me and unrelated b	subject to certain except ousiness taxable income	tions; and (less secti	(2) no mor on 511 tax	e than 33 1/3% of its	5		
11		An organization organized and ope			•	,	!).			
12		An organization organized and ope	rated exclusively fo	r the benefit of, to perforr	n the func	tions of, or	to carry out the purpos	es of		
	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check									
		the box on lines 12a through 12d th	at describes the typ	oe of supporting organiza	ation and c	omplete lin	nes 12e, 12f, and 12g.			
а		Type I. A supporting organizat	ion operated, supe	rvised, or controlled by i	ts support	ed organiz	ation(s), typically by gi	ving		
		the supported organization(s) tl	he power to regula	rly appoint or elect a maj	ority of the	directors	or trustees of the			
		supporting organization. You r	nust complete Pa	rt IV, Sections A and B						
b		Type II. A supporting organiza	tion supervised or	controlled in connection	with its su	pported or	ganization(s), by havin	g		
		control or management of the s	upporting organiza	tion vested in the same p	ersons tha	at control o	r manage the supporte	d		
		organization(s). You must cor	nplete Part IV, Se	ctions A and C.						
С		☐ Type III functionally integrate	ed. A supporting or	ganization operated in c	onnection	with, and	functionally integrated	with,		
		its supported organization(s) (s	see instructions). Y	ou must complete Part	IV, Secti	ons A, D,	and E.			
d		Type III non-functionally inte	grated. A supporti	ng organization operated	d in conne	ction with i	its supported organizat	tion(s)		
		that is not functionally integrate	d. The organization	n generally must satisfy a	distributio	n requirem	ent and an attentivenes	S		
		requirement (see instructions).	You must comple	ete Part IV, Sections A	and D, an	d Part V.				
е		Check this box if the organization	on received a writte	en determination from the	IRS that it	is a Type	I, Type II, Type III			
		functionally integrated, or Type	III non-functionally	integrated supporting or	ganization).				
f	E	Enter the number of supported organ	izations							
g	F	Provide the following information about	ut the supported or	ganization(s).						
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

The Paula Takacs Foundation For Sarcoma Research 27-3366677

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 (a) 2019 Calendar year (or fiscal year beginning in) **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support **(e)** 2023 (f) Total Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 Amounts from line 4 7 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 **Total support.** Add lines 7 through 10 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2022. 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 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions EEA Schedule A (Form 990) 2023

27-3366677

(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.)

Section A. Public Support

Secu	on A. Fublic Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees	. ,	. ,			. ,	
	received. (Do not include any "unusual grants.")	384,989	494,186	369,393	617,474	578,647	2,444,689
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished 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						
6	Total. Add lines 1 through 5	384,989	494,186	369,393	617,474	578,647	2,444,689
7a	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.)						2,444,689
Secti	on B. Total Support						2,111,005
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	384,989	494,186	369,393	617,474	578,647	2,444,689
10a	Gross income from interest, dividends,	301/303	1317100	3037333	01//1/1	370,017	2,111,003
·ou	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b						
с 11	Net income from unrelated business						
11							
	activities not included on line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	384,989	494,186	369,393	617,474	578,647	2,444,689
14	First 5 years. If the Form 990 is for the or	•			-	•	
	organization, check this box and stop her						· · · · · · <u> </u>
	on C. Computation of Public Suppor					1 1	
15	Public support percentage for 2023 (line 8		-			15	100.00 %
16	Public support percentage from 2022 Sch					16	100.00 %
	on D. Computation of Investment Inc				(0)	T T	
17	Investment income percentage for 2023 (I			-		17	0.00 %
18	Investment income percentage from 2022					18	0.00 %
19a	33 1/3% support tests - 2023. If the orga						
	17 is not more than 33 1/3%, check this be	-	-	-			
b	33 1/3% support tests - 2022. If the organization						
	line 18 is not more than 33 1/3%, check this bo	-	-			-	
20	Private foundation. If the organization die	d not check a b	oox on line 14,	19a, or 19b, c	heck this box a	nd see instruc	tions

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.)

oecti	on A. All Supporting Organizations	1	Vac	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
1	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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
2	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
		2		
20	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2		
3a		20		
L	lines 3b and 3c below. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	3a		
b				
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	26		
_	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)	0-		
4-	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4-		
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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	4.		
	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 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.	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 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).	5a		
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?	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			
0-	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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	0-		
L	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	OI-		
_	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
40	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
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	4.0		
	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	46:		
	determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	11c		
Soction	provide detail in Part VI. on B. Type I Supporting Organizations	TIC		
Section	on B. Type I Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	
•	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 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 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 Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on 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	1		
Section	the supported organization(s). on D. All Type III Supporting Organizations	<u> </u>		
Section	on b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	
•	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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	how the organization maintained a close and continuous working relationship with the supported organization(s)	. 2		
3	By reason of the relationship described in 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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
	on 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	e insti	ructio	ns)
a	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. 			
b C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	otions)		
2	Activities Test. <i>Answer lines 2a and 2b below.</i>	Ciloris)	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	-
-	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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 Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u>.</u>		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying true	st on Nov. 20,	1970 (explain in Part VI). See
instructions. All other Type III non-functionally integrated supporting organizati	ons must com	plete Sections A through E.
Section A - Adjusted Net Income	(A) Prior	Year (B) Current Year

1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities c Fair market value of other non-exempt-use assets 1 to d Total (add lines 1a, 1b, and 1c) 1 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 1 Adjusted net income for prior year (from Section A, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Column of the proprior year (from Section B, line 8, column A) 6 Income tax imposed in prior year is the organization's first as a non-functionally integrated Type Ill supporting organization	Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities 1 to	1	Net short-term capital gain	1		
4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Aggregamenthly value of securities 1 Average monthly value of securities 1 b Average monthly value of securities 1 b Average monthly value of securities 1 c d Total (add lines 1a, 1b, and 1c) 1 e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Well production of the prior year of them line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	2	Recoveries of prior-year distributions	2		
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2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Enter greater of line 2 or line 3. 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).	Secti	, , , , , , , , , , , , , , , , , , ,			Current Year
Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). Minimum asset amount for prior year (from Section B, line 8, column A) Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	2	Enter 0.85 of line 1.	2		
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	3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 6	4	Enter greater of line 2 or line 3.	4		
emergency temporary reduction (see instructions).	5	Income tax imposed in prior year	5		
	6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization		emergency temporary reduction (see instructions).	6		
	7		ally int	egrated Type III suppo	rting organization

(see instructions).

EEA Schedule A (Form 990) 2023

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continue	ed)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	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 Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)

Secti	on 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 Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	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: \$			
а	Applied to underdistributions of prior years			
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			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
C	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

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 G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization The Paula Takacs Foundation For Sarcoma Research 27-3366677 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations e Solicitation of non-government grants а ☐ Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a Yes No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be b compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (i) Name and address of individual (or retained by) custody or control of (or retained by) (ii) Activity from activity or entity (fundraiser) fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2023 The Paula Takacs Foundation For Sarcoma Research 27-3366677 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (a) Event #1 (c) Other events (d) Total events (add col. (a) through SarcomaStomp BakerStrong 2 col. (c)) (total number) (event type) (event type) Revenue Gross receipts 458,859 1 268,978 66,417 123,464 2 Less: Contributions 3 Gross income (line 1 minus line 2) 268,978 66,417 123,464 458,859 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses Food and beverages 8 Entertainment Other direct expenses 9 10 11 Net income summary. Subtract line 10 from line 3, column (d) 458,859 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor No No 7

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a If "Yes," explain:

Enter the state(s) in which the organization conducts gaming activities:

8

If "No," explain:

9

EEA Schedule G (Form 990) 2023

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization						Employer identificat	ion number
The Paula Takacs Foundation F	or Sarcoma					27-3366677	
Part I General Information or	n Grants and Assis	tance					
1 Does the organization maintain records	to substantiate the amou	ınt of the grants or assi	stance, the grantees' eli	gibility for the grants or	assistance, and		
the selection criteria used to award the	grants or assistance?						. 🛛 Yes 🗌 N
2 Describe in Part IV the organization's p							
Part II Grants and Other Assista	-			•	•	"Yes" on Form 99	D,
Part IV, line 21, for any rec	ipient that received mo	ore than \$5,000. Pa	rt II can be duplicate	d if additional space			
(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 gran
(1)Atrium Health Foundation							
208 East Blvd							SARCOMA
Charlotte NC 28203	56-6060481		300,000				RESEARCH
(2)							
(3)							
.,							
(4)							
(5)							
(6)							
(7)							
(8)							
(0)							
(9)							
(10)							1
(10)							
2 Enter total number of section 501(c)(3)	and government organize	tions listed in the line	 1 table .		1		
3 Enter total number of other organization							

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
	recipients	cash grant	noncash assistance	FMV, appraisal, other)	·
V Supplemental Information. P	rovide the information re	equired in Part I, li	ne 2; Part III, colum	n (b); and any other addi	tional 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.

OMB No. 1545-0047

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

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

Open to Public Inspection

Employer identification number

27-3366677 The Paula Takacs Foundation For Sarcoma Research 01. Member election for additional members (Part VI, line 7a) NEW MEMBERS OF THE BOARD OF DIRECTORS ARE ELECTED BY MAJORITY VOTE OF THE DIRECTORS. 02. Form 990 governing body review (Part VI, line 11) THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 FOR SUBMISSION. 03. Conflict of interest policy compliance (Part VI, line 12c) THE ORGANIZATION CAREFULLY MONITORS ITS CONFLICT OF INTEREST POLICY ("POLICY") BY DISALLOWING ANY FINANCIAL BENEFITS, EITHER PERSONALLY OR PROFESSIONALLY, BY ANY BOARD MEMBER OR OFFICER, RELATED TO ANY AND ALL ACTIVITIES OF THE FOUNDATION. ALL FINANCIAL TRANSACTIONS ARE MONITORED AND REVIEWED DURING REGULAR FINANCE COMMITTEE MEETINGS, AND BY THE FULL BOARD DURING ALL REGULAR BOARD MEETINGS, TO ENSURE POLICY COMPLIANCE. PROCEDURES RELATED TO THE POLICY ARE FOUND IN ARTICLE III OF THE POLICY. 04. CEO, executive director, top management comp (Part VI, line 15a) THE BOARD OF DIRECTORS REVIEWS STAFF COMPENSATION ANNUALLY. IT TAKES INTO CONSIDERATION PERFORMANCE AND SALARY COMPARABILITY. 05. Other officer or key employee compensation (Part VI, line 15b THERE IS NO ADDITIONAL STAFF OR EMPLOYEES. 06. Governing documents, etc, available to public (Part VI, line 19) THE GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST. 07. Part IX, response or note to any line in Part IX

THE ORGANIZATION'S EXECUTIVE DIRECTOR EVALUATES THE METHODS, PROCESSES AND PROGRESS OF THE