Linguistic equal treatment: Personal and functional designations in these Articles of Association apply to all genders. The use of the masculine form serves solely the purpose of improved readability.

PREAMBLE

The word “sarcoma” is derived from the Greek words “sarcos” (flesh) and “oma” (tumor). Sarcomas are rare tumours that can occur either in the bones or in soft tissues – i.e. muscle, fat, cartilage, and connective tissue. They comprise a broad spectrum of well over 100 different tumours, which differ considerably in terms of their biological behaviour, prognosis, and response to various therapies. The number of malignant (cancerous) new sarcoma cases in Germany is estimated at approximately 6,000 per year (GIST + soft tissue sarcomas + bone sarcomas). This corresponds to about 1% of all new cancer cases in adults and about 15% of new cancer cases in children in Germany.

Unfortunately, these tumours are often detected late, as the possibility of a soft tissue or bone sarcoma is not initially considered. However, early and accurate diagnosis and interdisciplinary cooperation among experienced sarcoma experts in managing the disease are crucial for the course and (over-)survival prognosis of patients. Furthermore, sarcomas do not constitute a single disease entity: well over 100 histological subtypes can be classified, of which approximately 20 malignant subtypes occur more frequently. Many sarcoma subtypes are considered life-threatening.

Sarcomas can occur in virtually all regions of the body. Accordingly, the symptoms with which the tumours present vary widely. The most important objective must be that every patient receives the correct diagnosis as early as possible and the most appropriate therapy for their specific tumour situation. This justifies the demand by patient organizations and leading sarcoma experts worldwide that patients with such diagnoses must be treated in specialized centres. Currently, there are only a few qualified sarcoma centres in Germany, which means that care close to the patient’s place of residence is often not guaranteed.

The main symptom of most soft tissue sarcomas is a mass, i.e. swelling or growth, which often does not cause specific complaints. As a result, diagnosis often occurs only in patients with already locally advanced tumours or existing metastases. Metastasis to the lungs is predominant – metastases in bones or other organs occur less frequently. The degree of tumour differentiation, in addition to size and location as well as the presence of metastases, is of great importance for treatment planning. Depending on stage and subtype, treatment includes surgery, radiation therapy, chemotherapy or targeted therapies (medicinal or systemic therapies, precision oncology), as well as, under certain circumstances, specialized procedures such as ILP (isolated limb perfusion), regional deep hyperthermia or proton therapy.

While targeted drug therapies (targeted therapies, immunotherapies, precision oncology, etc.) are now used in many types of cancer, classical chemotherapy remains the backbone of systemic treatment for many sarcoma subtypes. For some subtypes, there are no or only few approved therapies that can be successfully offered to patients – especially after disease progression. Therefore, intensified research initiatives at both international and national levels are urgently needed. This applies, on the one hand, to basic research in order to better understand the genetic and molecular biological causes of many sarcoma subtypes. On the other hand, it applies to clinical research: to achieve better therapies through clinical trials and to create a better knowledge base for research and treatment through the establishment of registries and biobanks.

In many European countries – including Germany – sarcomas are almost a “forgotten cancer.” Many patients have no access to information about their specific sarcoma subtype, to qualified (interdisciplinary) diagnosis and treatment, to addresses of experienced “sarcomologists,” and to clinical trials – especially if they do not have access to the internet. There is also insufficient awareness within healthcare systems that rare cancers such as sarcomas should be treated in specialized centres and that significantly better outcomes can thereby be achieved. Numerous studies show that timely treatment in interdisciplinary sarcoma centres results in clear differences in outcomes and prognosis for many patients. At the same time, enormous financial resources are wasted in healthcare systems on inadequate diagnoses and treatments of sarcomas by non-specialists.

Our Vision

Sarcoma diseases must one day be curable! Until then, patients and experts work together in a joint organization in a committed, quality-oriented, outcome-oriented and patient-oriented manner so that more patients in Germany survive or live longer and better with a diagnosis of sarcoma.

Our Mission

Committed innovative research, high-quality diagnostics and treatment by interdisciplinary sarcoma expert teams, as well as patient-oriented support, are decisive factors for better prognoses for sarcoma patients. Patients and experts jointly pursue this in six fields of action (FA):

FA1 Sarcoma Research
FA2 Healthcare Structures
FA3 Diagnostic/Treatment Quality
FA4 Knowledge Transfer
FA5 Patient Support
FA6 Sarcoma Awareness

Our Values

- **Teamwork & Networking:** With a high level of cooperative awareness…
  Foundation: Patients and physicians work together as equals
  Sarcoma Centres: Not “competitive coexistence,” but committed cooperation in the interest of patients and a community of quality and shared interests
  Healthcare system: Constructive and outcome-oriented cooperation with all stake-holders / partners
  International: Within already well-established patient and expert structures or in internationally initiated/supported projects
- **Patient/practice orientation:** Close to the real needs of patients and experts/centres
- **Quality awareness:** In all areas, projects, initiatives, measures…
- **Innovative capacity:** e.g. research – with and not only on/about patients, communication channels resource-conscious and outcome-oriented
- **Economic efficiency:** Sensible and efficient use of resources in accordance with the foundation’s purpose
- **Neutrality & independence:** Despite close cooperation with commercial enterprises

We hereby establish the “German Sarcoma Foundation” with its registered office in Wölfersheim as a legally capable foundation under civil law.

• The purpose of the foundation is the promotion of science and research, the promotion of public health and public healthcare, as well as the promotion of education, popular and vocational education (including student support) in the field of oncology – specifically sarcoma, GIST and desmoid diseases as well as other rare soft tissue and bone tumours (e.g. TGCT/PVNS or chordomas).

• We endow the foundation with initial assets in the amount of EUR 160,000.

The 20 founding donors are – in alphabetical order (without academic titles):

Arndt, Karin	Patient Representative, Dresden	EUR 1,500
Bauer, Sebastian	Oncologist, Essen	EUR 1,500
Baumgarten, Christina	Patient Representative, Veitshöchheim	EUR 1,500
Dirksen, Uta	Paediatric Oncologist, Münster	EUR 1,500
Dürr, Hans-Roland	Surgeon, Finning	EUR 2,000
Gutermuth, Susanne	Patient Representative, Darmstadt	EUR 2,500
Haller, Florian	Pathologist, Neunkirchen am Brand	EUR 1,500
Hohenberger, Peter	Surgeon, Mannheim	EUR 2,500
Jakob, Jens	Surgeon, Mannheim	EUR 2,000
Kasper, Bernd	Oncologist, Heidelberg	EUR 1,500
Lindner, Lars	Oncologist, Munich	EUR 1,500
Montemurro, Michael	Oncologist, Lausanne	EUR 1,500
Pilgermann, Kai	Patient Representative, Dinslaken	EUR 2,500
Pink, Daniel	Oncologist, Rauen	EUR 1,500
Reichardt, Peter	Oncologist, Panketal	EUR 1,500
Schwarzbach, Matthias	Surgeon, Königstein	EUR 1,500
Tunn, Per-Ulf	Surgeon, Berlin	EUR 1,500
Wardelmann, Eva	Pathologist, Münster	EUR 1,500
Wartenberg, Markus	Patient Representative, Wölfersheim	EUR 2,500
Das Lebenshaus e.V.	Wölfersheim	EUR 126,500

- The German Sarcoma Foundation represents the direct successor organization of the sarcoma/GIST division of the non-profit association “Das Lebenshaus e.V.” In addition to the founding contribution of EUR 126,500, the association provides the foundation with a capital reserve of (…currently estimated…) approx. EUR 320,000. The exact (final) amount will result from coordination with the representatives of the kidney cancer division and the resulting separation agreement. The capital reserve does not form part of the foundation’s initial assets but serves the operational development and liquidity of the foundation.

- The bodies of the foundation are the Executive Board and the Foundation Board. Further details are regulated in the attached Articles of Association, which form part of this foundation deed.

Articles of Association “German Sarcoma Foundation”

§ 1 Name, Logo, Legal Form, Registered Office, Financial Year

1. The foundation bears the name “German Sarcoma Foundation” as well as the logo, the word/device mark.

2. It is a legally capable foundation under civil law.

3. It has its registered office in Wölfersheim.

4. The financial year of the foundation is the calendar year.

§ 2 Purpose of the Foundation

1. The purpose of the foundation is the promotion of science and research, the promotion of public health and public healthcare, as well as the promotion of education, popular and vocational education (including student support) in the field of oncology – specifically sarcoma, GIST and desmoid diseases as well as other rare soft tissue and bone tumours (e.g. TGCT/PVNS or chordomas).

2. The foundation’s purpose is realized in particular through foundation activities in the following six fields of action (FA):

FA1 Sarcoma Research

Objectives: Promotion of sarcoma research through the initiation of or participation in research activities.

- This may include, for example, basic research, preclinical research, clinical research/ studies, the establishment and operation of registries/databases, generation of “real world evidence,” biobanking, as well as the preparation and publication of research results.
- Digital technologies and AI could also be used and promoted more specifically for sarcomas – e.g. in pathology, radiology, data-based research (registries, real world evidence), improved analysis of clinical data, personalized therapies, as well as the transfer of research findings into healthcare.
- As research today is extremely internationally interconnected, cooperation of the German Sarcoma Foundation with international partners and participation in international networks/projects (such as EU-funded projects) are essential.
- The investigation and measurement of patient-reported outcomes, e.g. with regard to measures for measuring/improving the quality of life of sarcoma patients (…in coordination with other fields of action such as FA3 and FA5…) should be given greater importance than in the past.
- Promoting sarcoma research also means that patients and experts jointly make efforts to generate funding for research projects or to establish their own research funding.

FA2 Healthcare Structures

Objectives: Patients are treated earlier and more extensively than before in specialized and interdisciplinary sarcoma centres (with proven expertise).

- This includes, for example, supporting the identification, establishment, certification, and visibility of sarcoma centres.
- Under the umbrella of the foundation, German sarcoma centres are to cooperate more closely in the future: the aim is committed cooperation in the sense of a working/interest/quality community of certified sarcoma centres.
- For some sarcoma subtypes, there are “interface problems” with other medical specialties (e.g. uterine sarcomas with gynaecologists, skin sarcomas with dermatologists). Here, solutions must be found through dialogue and cooperation that lead to better patient care.
- To improve healthcare structures, measures such as healthcare research, cooperation concepts for sarcoma centres and referring physicians, health policy cooperation, or advocacy measures are also possible.
- Digitalization and AI-supported solutions may in the future help to optimize healthcare structures in sarcomas, identify gaps in care, standardize processes, and make data usable for continuous quality improvement and research.
- A strengthened connection should also be established with European initiatives aimed at improving the treatment situation of rare tumours such as Rare Cancers Europe (ESMO), Eurordis, the European Reference Networks (ERN EURACAN), Joint Action on Rare Cancer (JARC), SELNET, their successor projects or other useful initiatives.

FA3 Diagnostic/Treatment Quality

Objectives: The diagnosis "sarcoma" must be made earlier and more accurately; innovative treatments and follow-up/monitoring correspond to evidence-based and jointly defined quality principles.

- This includes, for example, improving the correct diagnosis of "sarcoma" and "sarcoma subtype" in pathological institutes and establishing a second-opinion system (reference pathology).
- Support of measures for the establishment and implementation of personalized oncology, in particular the use of modern molecular genetic diagnostics (e.g. NGS, liquid biopsy, etc.) to improve diagnostic certainty and to identify targeted therapy options. The aim is to pave the way for innovative and evidence-based treatment approaches into healthcare at an early stage.
- The foundation supports international and national efforts to develop and implement evidence-based treatment guidelines.
- To establish, secure and promote guidelines and quality standards, the foundation may initiate and/or support measures/activities/projects such as:
  - establishment and operation of disease-specific registries,
  - working groups for the collection, coordination and publication of "expert evidence,"
  - surveys and/or focus groups in medicine or among/with affected persons,
  - measurement and publication of quality criteria/results,
  - development of standardized processes (e.g. SOPs for sarcoma centres),
  - establishment of quality conferences for exchange of experience/error prevention.
- To optimize healthcare structures and diagnostic/treatment quality, the foundation will also pursue innovative concepts/measures made possible by the increasing digitalization of healthcare.
- The term "treatment quality" also includes measures aimed at enabling all sarcoma patients to have fair and rapid access to demonstrably effective, innovative sarcoma therapies or clinical trials.

FA4 Knowledge Transfer

Objectives: Promotion of the transfer of knowledge/experience within the "sarcoma community" as well as ensuring the next generation of professional experts in the field of sarcomas through targeted education and training.

- This shall be achieved through measures such as regular conferences/symposia, workshops, education and training (in-person and online such as webinars), mentoring programs or publications. This may apply to the entire interdisciplinary field of "sarcomas" or specifically to certain subtypes or areas (e.g. paediatric/adult sarcomas) as well as to discipline-specific target/interest groups (e.g. pathologists, surgeons, radiation oncologists, oncologists, psycho-oncologists, etc.).
- Knowledge/experience transfer should also be offered to target/interest groups that are directly responsible for non-medical care and treatment, such as nursing staff, study nurses/study coordinators or experts in psychosocial support as well as in important complementary areas such as rehabilitation, physiotherapy or prosthetics/orthotics, epidemiology and public health.

FA5 Patient Support

Objectives: Strengthening patient competence, improving the "patient experience," involving patients in research as well as representing the interests of those affected (patients and caregivers) in the healthcare system.

- An essential basis for this is low-threshold, target group-oriented and quality-assured information offers for patients and caregivers (relatives) via all communication channels: e.g. in the form of consultations, online/social media offerings, printed materials, own events with patients and/or experts, regional patient groups or presence at selected events/congresses.
- Furthermore, counselling, information and support services may be useful for those affected – on disease-related complementary topics, to strengthen patient competence or to enable them to become dialogue partners in "shared decision-making."
- Increasingly, digital tools (e.g. apps, platforms, AI-based information services) can strengthen patient competence, improve communication and facilitate access to support services.
- In close cooperation with the sarcoma centres, the foundation analyses, designs and implements initiatives that improve the "patient experience" in sarcoma centres. This includes, for example, joint patient surveys or measures to promote the communication skills of the "care teams."
- Patient support also includes the early involvement of experienced patient representatives in the conception/design of clinical trials as well as joint information/communication activities before, during and after clinical trials. Keyword: Patients as research partners!
- The foundation also sees itself as an "audible voice" of sarcoma patients when it comes to their rights, perspectives and interests within the healthcare system.

FA6 Sarcoma Awareness

Objectives: General and specific increase in awareness of sarcomas (rare cancers) with key topics/messages for specific target/dialogue groups.

- ▪ Awareness is the English term for "consciousness" or "attention." The aim here is to bring the topic of sarcomas more into the awareness of specific target/dialogue groups. Sarcoma awareness can also simply mean increasing the level of recognition of the topic of sarcomas. Key topics/messages may include:
    - Sarcomas – the "forgotten"/overlooked/neglected type of cancer.
    - The problem area of "rare cancers" using sarcomas as an example.
    - In the case of masses or corresponding criteria, consider a sarcoma!
    - Sarcoma treatment belongs in expert hands/sarcoma centres!
    - What does it mean for patients to live/survive with a diagnosis of sarcoma?
    - The necessity to provide more funding for sarcoma research!
    - Patients as research partners – especially in rare cancers such as sarcomas.
- For this purpose, the foundation uses modern possibilities of corporate and marketing communication tailored to target groups.
- It is also important to integrate the topic of sarcomas (as part of rare cancers) more strongly into medical education.

3. The Executive Board of the foundation decides on the allocation of foundation funds. Further details are set out in the guidelines for the allocation of foundation funds.

4. The foundation is not obliged to pursue the individual purpose areas at all times and in a balanced manner. It is reserved to the competent foundation bodies to decide when and to what extent foundation measures are brought to resolution and implementation.

5. Beneficiaries (persons and organizations/institutions) are not entitled to a legal claim to grants. Recipients are obliged to provide proof of the proper use of funds and to report to the foundation in writing.

§ 3 Non-Profit Status

1. The foundation exclusively and directly pursues non-profit purposes within the meaning of the section “Tax-privileged purposes” of the German Fiscal Code (AO).

2. It operates altruistically and does not primarily pursue its own economic interests. The funds of the foundation may only be used for purposes in accordance with the Articles of Association.

3. No person may be favoured by expenses that are alien to the purpose of the foundation or by disproportionately high remuneration.

4. Benefits to founders pursuant to § 58 No. 6 AO are excluded. This means that the income of the foundation may not, for example, be used to support the founders and their close relatives, to maintain their graves or to honour their memory.

5. The foundation fulfils its tasks itself or through an auxiliary person within the meaning of § 57 para. 1 sentence 2 AO, unless it operates by way of raising funds pursuant to § 58 No. 1 AO.

6. The foundation may grant honorary allowances or trainer allowances within the meaning of the applicable tax regulations (§§ 3 No. 26, 26a EStG). The prerequisite is that they are appropriate, serve the realization of the foundation’s purpose, are approved by the Executive Board in each individual case and do not impair the non-profit status of the foundation.

§ 4 Foundation Assets

1. At the time of establishment, the basic assets consist of initial assets amounting to a total of EUR 160,000 (in words: one hundred sixty thousand euros). Through endowments, basic assets of at least EUR 1,000,000 (in words: one million euros) are to be achieved. The value of the basic assets must be preserved without diminution.

2. Endowments (contributions to the basic assets) are permissible. Donations without a designated purpose based on a disposition upon death may be allocated to the basic assets unless the testator has expressly designated them for the timely fulfilment of the foundation's purpose.

3. The basic assets may be reallocated within the framework of proper economic management, in particular to preserve value or strengthen earning capacity. Reallocation gains may be used in whole or in part to realize the foundation's purpose, provided that the preservation of the basic assets is ensured, or may be allocated to a reallocation reserve, which may be dissolved in favour of foundation funds or the basic assets. Reallocation gains are not part of the assets to be preserved; this applies accordingly to reserves pursuant to § 62 para. 1 No. 3 AO and to those amounts that are allocated to the foundation assets pursuant to § 62 para. 4 AO.

§ 5 Foundation Funds

1. The income from the foundation assets and the contributions and revenues not accruing to them are to be used within the framework of tax regulations to fulfil the foundation's purpose.
2. Free or earmarked reserves may be formed, insofar as permitted under tax law. Free reserves may be allocated in whole or in part to the basic assets.

§ 6 Foundation Bodies

1. The bodies of the foundation are
   a. the Executive Board (§§ 7–10)
   b. the Foundation Board (§§ 11–12)
   (Please note: Various terms exist in English for the German term "Stiftungsrat." In this document, the term "Foundation Board" is used. Other terms that are often used with a similar meaning include "Foundation Council" or "Board of Trustees.")

2. (1) The members of the Executive Board and the Foundation Board serve the foundation on an honorary basis.
   (2) Grants from the foundation's funds to members of the Executive Board and the Foundation Board as well as to founders are permissible pursuant to § 14 (4) only for project-related activities of these persons that clearly go beyond their honorary activities in nature and scope. The grants must be appropriate and require approval by the Executive Board and documentation. Details are regulated by rules of procedure.
   (3) Members of the Executive Board and the Foundation Board are entitled to appropriate reimbursement of expenses and damages incurred in the exercise of their office.

3. The Executive Board and the Foundation Board adopt their own rules of procedure.

§ 7 Executive Board

1. The Executive Board consists of 4 (four) persons. It elects from among its members a Chair and a Deputy Chair.

2. The Executive Board is elected by the Foundation Board for a term of 2 (two) years. Re-election is permissible. After expiration of the term of office, the incumbent Executive Board continues to conduct the business until a new Executive Board has been elected. The members of the first Executive Board are appointed by the founders of the foundation for a period of 6 years in accordance with paragraph 3 below, in order to provide continuity during the establishment and development phase of the foundation.

3. If a member of the Executive Board leaves office before the expiration of the term, a replacement member shall be elected for the remaining term of office.

4. Members of the Executive Board may be removed from office for good cause by resolution of the Foundation Board. By way of deviation from § 12 para. 2 sentence 2, such a resolution requires a majority of three quarters of the members of the Foundation Board.

5. In order to ensure sufficient patient experience expertise in the Executive Board and foundation work, two representatives of patients shall be members of the Executive Board. These may be patients, relatives, former patients, bereaved persons or patient representatives.

6. Ideally, the Executive Board jointly defines various Executive Board divisions (areas of responsibility, fields of activity/action, responsibilities) necessary for the foundation and assigns them to the members of the Executive Board. Details are regulated by the rules of procedure

7. (1) To support its work, the Executive Board may appoint up to 2 (two) additional persons for a period of up to 2 (two) years. Extensions of this period by up to 2 (two) years each are permissible.
   (2)The supporting persons participate in Executive Board meetings in an advisory capacity, but do not have voting rights and are not members of the Executive Board within the meaning of these Articles of Association. Such an advisory function may in particular be assumed by former Executive Board members (e.g. following changes in the Executive Board) or by experts for specific objectives, tasks or projects of the foundation. Details are regulated by the rules of procedure.
   (3)The supporting persons serve the foundation on an honorary basis. If they perform project-related activities that clearly go beyond their honorary activities in nature and scope, they may receive project-related compensation pursuant to § 14 (4). The grants must be appropriate and require approval by the Executive Board and documentation. Details are regulated by the rules of procedure. In all cases, they are entitled to appropriate reimbursement of expenses and damages incurred in the exercise of their function.

§ 8 Executive Board: Duties and Mode of Operation

1. The Executive Board is responsible for the management of the foundation and the performance of all tasks.

2. Within the framework of the foundation law and these Articles of Association, the Executive Board shall fulfil the will of the founders as effectively as possible. Its duties include in particular:
   a. the conscientious and economical management of the foundation assets and other funds;
   b. the preparation of the budget;
   c. resolutions on the use of income from the foundation assets and contributions not accruing to them;
   d. the preparation of the annual financial statements or annual accounts, including an overview of assets;
   e. the annual preparation of a report on the fulfilment of the foundation's purpose.

3. Provided that and insofar as the fulfilment of the foundation's purpose is not jeopardized and the financial situation of the foundation allows it, the Executive Board may delegate its tasks/divisions to third parties (e.g. managing directors, secretaries, coordinators, etc.) for appropriate remuneration, who are responsible to it and bound by its instructions. Members of the Executive Board may not be employees of the foundation.

4. The Executive Board represents the foundation in and out of court by at least one of its members.

5. Real estate transactions and legal transactions obligating the foundation in individual cases in excess of EUR 25,000 require prior approval by the Executive Board by simple majority.

§ 9 Executive Board: Resolutions

1. The Executive Board adopts its resolutions by simple majority of the members present. It has a quorum if at least three quarters of its members are present. In the event of a tie, the vote of the member elected as chair of the meeting and presiding over it shall be decisive.

2. In the case of resolutions adopted by written circulation procedure (by post, fax, email, etc.), the participation of at least three quarters of the members of the Executive Board is required.

§ 10 Management

1. The Executive Board shall be convened by the Chair or the Deputy Chair for meetings as often as appears necessary for proper management, but at least twice a year for in-person meetings. Invitations to these in-person meetings shall be issued stating the agenda and observing a period of at least 4 (four) weeks. Further Executive Board meetings or regularly held jour fixe meetings may be convened at shorter notice and using modern communication technologies online. In these cases, the agenda may be communicated at short notice and, if necessary, supplemented or amended at the beginning of the meetings. The Executive Board shall also be convened if at least half of the members of the Executive Board so request.

2. Minutes of the results of Executive Board meetings shall be kept, which shall be signed by the chair of the meeting and the minute-taker. Resolutions shall be recorded verbatim. The minutes shall be made known to all members of the Executive Board and to the Chair of the Foundation Board.

3. The annual accounts, a report on activities and a statement of assets shall be submitted by the Executive Board to the supervisory authority within nine months after the end of the financial year.

§ 11 Foundation Board

1. The Foundation Board consists of all founding donors, regardless of their membership in another body, for life. A founding donor may at any time waive membership in the Foundation Board. The management of a legal entity may appoint a representative.

2. The persons represented in the Foundation Board may appoint additional persons to the Foundation Board for a term of 4 (four) years. They shall appoint additional persons for the aforementioned period if and to the extent that the number of voting members of the Foundation Board has fallen below 15 (fifteen). The exact process for admitting new members is governed by the rules of procedure.

3. Contributors and other persons who are connected to the foundation in a professional, ideal or material way may be considered as members of the Foundation Board. Reappointments are permissible. In accordance with the interdisciplinary nature of sarcoma treatment, the Foundation Board should ideally include representatives of different disciplines – such as pathology, radiology, surgery, oncology or radiation therapy – as well as patient representatives.

4. The persons represented in the Foundation Board elect from among their members a Chair and a Deputy Chair for a term of 2 (two) years.

5. Members of the Foundation Board who are elected to the Executive Board formally retain their membership in the Foundation Board; however, their rights and obligations are suspended for the duration of their activity on the Executive Board. During this period, they do not have voting rights and do not participate in votes of the Foundation Board. Professional participation in the Foundation Board remains possible insofar as it does not conflict with supervisory duties vis-à-vis the Executive Board. After termination of their Executive Board activity, the rights and obligations in the Foundation Board are automatically reinstated.

§ 12 Foundation Board: Duties, Resolutions

1. The Foundation Board elects, advises and supports the Executive Board, removes members of the Executive Board from office for good cause and adopts the fundamental resolutions specified in § 18. The professional and societal groups represented in the Foundation Board shall, on the one hand, advance the objectives of the foundation through interdisciplinary and cross-interest exchange of ideas. On the other hand, they shall promote strengthening public awareness of the diverse sarcoma diseases and the corresponding need for research to improve the chances of cure. The Foundation Board further supports the work of the foundation through contact with potential additional donors and funders. In addition, members of the Foundation Board should inform the Executive Board about funding opportunities, relevant calls for proposals or the involvement of experts or patients in applications, research projects or studies.

2. The Foundation Board has a quorum if more than half of its voting members are present. It adopts resolutions by simple majority of the votes cast. In the event of a tie, the vote of the member elected as chair of the meeting and presiding over it shall be decisive. The circulation procedure is permissible. The Foundation Board holds its meetings as required. The Chair invites to meetings in due time, stating the agenda.

3. Minutes of the results of Foundation Board meetings shall be kept, which shall be signed by the chair of the meeting and the minute-taker. Resolutions shall be recorded verbatim. The minutes shall be made known to all members of the Foundation Board and to the members of the Executive Board of the foundation.

§ 13 Participations / Establishments / Acquisitions

1. The foundation may participate in other foundations / organizations / associations / companies, establish / acquire / absorb them or integrate their assets into the foundation.

2. Two essential recommendations apply:
   ▪ They should be non-profit foundations/organizations/associations/companies.
   ▪ Their activities should correspond to or complement the foundation's purpose and the current fields of action of the German Sarcoma Foundation.

3. Prior to participations / acquisitions / establishments, the Foundation Board, the responsible tax office and the competent supervisory authority shall be consulted.

4. The decision on participation/acquisition/establishment requires a three-quarter majority in the Executive Board.

§ 14 Advisory Committees and Working Groups

1. The Executive Board may appoint and dismiss advisory committees and working groups.

2. If necessary, rules of procedure may be developed for advisory committees and working groups, regulating in detail composition, chair, objectives, tasks, meetings, resolutions and documentation.

3. Members of advisory committees and working groups serve the foundation on an honorary basis. They receive no grants from the foundation's funds. They are entitled to appropriate reimbursement of expenses and damages incurred in the exercise of their function.

4. Irrespective of any honorary activity, the Executive Board may in individual cases approve project-related compensation for members of bodies, founders, members of advisory committees and working groups, patient representatives, external experts and other persons, provided that this is appropriate for the respective project-related activity and that the activity clearly goes beyond any honorary activity in nature and scope.

This applies in particular to projects that contribute significantly to the fulfilment of the foundation's purpose, but at the same time require special expertise and a high time commitment that cannot be provided within the framework of purely voluntary work. The non-profit status of the foundation must not be jeopardized. Details (e.g. procedures, maximum rates, documentation) are regulated by the rules of procedure. Such payments require approval by the Executive Board and are recorded in a continuously maintained transparency list, which is made available to the members of the Foundation Board for inspection.

§ 15 Funders/Donors

1. As public means of supporting the purposes of the foundation and contributing to its ongoing financing, the foundation may establish two groups of funders/donors:

A. **Private funders/donors:** These may be individuals such as patients, caregivers (relatives), cured/formerly affected persons, bereaved persons, members of all medical professions, benefactors, other interested persons, etc.

B. **Institutional funders/donors:** These may be institutions such as:
▪ commercial enterprises with a thematic connection to sarcomas (e.g. pharmaceutical companies, medical device manufacturers, prosthesis manufacturers, health insurance companies, etc.)
▪ commercial enterprises without a thematic connection to sarcomas as well as clinics, practices, rehabilitation facilities, associations, organizations, other foundations, etc.

2. Purpose designations associated with funding and donations shall be taken into account by the foundation insofar as they correspond to the purposes of the foundation defined in § 2 para. 1 and 2 of these Articles of Association.

3. The foundation undertakes to inform all funders/donors about the development of the foundation by means of an annual report/activity report (offline or online).

4. All further details such as admission of funders/donors, funding amounts, rights/obligations, termination of support, etc., are regulated by separate statutes on funders/donors.

§ 16 Liability

The members of the foundation bodies are obliged to properly manage the foundation's assets. In the event of intentional or grossly negligent breach of their duties, they are liable to the foundation for damages without prejudice to liability provisions in other laws.

§ 17 Supervision of the Foundation

The foundation is subject to state supervision in accordance with the applicable foundation law.

§ 18 Amendment of the Articles, Change of Purpose, Dissolution and Merger

1. The requirements for amendments to the Articles are governed by the statutory provisions of § 85 para. 1 to 3 BGB. The tax-privileged status of the foundation must not be impaired or revoked by amendments to the Articles.

2. A merger, consolidation or dissolution of the foundation is governed by the statutory provisions of §§ 86 et seq. BGB. The new foundation resulting from a merger must also be tax-privileged.

3. Resolutions pursuant to paragraphs 1 and 2 are adopted by the Foundation Board and, by way of deviation from § 12 para. 2 sentence 2, require a majority of three quarters of the voting members of the Foundation Board.

4. Amendments to the Articles, the dissolution of the foundation and the merger of the foundation with one or more other foundations require the approval of the competent foundation authority to become effective.

§ 19 Transfer of Assets

In the event of termination or dissolution of the foundation or if tax-privileged purposes cease to exist, the assets of the foundation shall be transferred to a legal entity under public law or another tax-privileged body to be determined by the Executive Board of the foundation, for use in promoting science and research in the field of oncology – specifically sarcoma, GIST and desmoid diseases as well as other rare soft tissue and bone tumours (e.g. TGCT/PVNS or chordomas).

§ 20 Entry into Force

These Articles of Association shall enter into force upon approval by the foundation authority.

The German original was sealed and signed on March 18, 2026, by the Regional Council (Regierungspräsidium) in Darmstadt (Hesse, Germany). This is the competent supervisory authority for foundations.