Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									
			dar year, or tax year beginning	-	and ending		Inspection		
	Check if applicab	C Name o	of organization			D Employer identifie	cation number		
	Addre	ess FOIIN	IDATION FOR SARC	OIDOSIS RESEARCH					
F	Name	,	ousiness as	OIDODID REDEFICE		36-43782	32		
	Initial return		r and street (or P.O. box if mail is	not delivered to street address)	Room/suite	E Telephone number			
Г	Final	320	0500						
	termir ated	n_	town, state or province, countr	300	G Gross receipts \$	4,886,421.			
	Amen return	nded CUTC	CAGO, IL 60654		H(a) Is this a group re	eturn			
	Application	F Name a	and address of principal officer:	MARY COBB		for subordinates			
	pendi	SAME	AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
<u>ı</u>	Tax-ex	empt status:) (insert no.) 4947(a)	(1) or 527	If "No," attach a	list. See instructions		
_	Websi		STOPSARCOIDOSIS	•ORG		H(c) Group exemptio			
			X Corporation Trust	Association Other	L Year	of formation: 2000 Λ	1 State of legal domicile: IL		
Pa	art I	Summary							
a	1	Briefly descril	be the organization's mission o	r most significant activities: THE	E FOUNDA	TION FOR SAI	RCOIDOSIS		
S S				LEADING INTERNATI					
Governance	2	Check this bo		discontinued its operations or dis	posed of more	1 1			
Š	3		ting members of the governing	, , , , , , , , , , , , , , , , , , , ,		3	13		
≪	4			the governing body (Part VI, line 1			13		
Activities &	5			endar year 2023 (Part V, line 2a)			18 130		
Ĭ	6			ssary)			0.		
Ą	/ a		ed business revenue from Part		7a	0.			
_	l D	Net unrelated	Dusiness taxable income from	Form 990-T, Part I, line 11		Prior Year	Current Year		
	8	Contributions	and grants (Part VIII, line 1h)			1,291,209.	2,411,412.		
шe	9		ice revenue (Part VIII, line 2g)		341,425.	252,937.			
Revenue	10	•	, ,	es 3, 4, and 7d)		39,590.	-22,783.		
æ	11			6d, 8c, 9c, 10c, and 11e)		1,375.	-67,462.		
	12			equal Part VIII, column (A), line 12		1,673,599.	2,574,104.		
	13			lumn (A), lines 1-3)		354,750.	323,706.		
	14		to or for members (Part IX, col			0.	0.		
S	15	Calarian atha	or componentian ampleyee her	ofite (Port IV column (A) lines 5.1	0)	1,049,644.	1,217,231.		
Expenses	16a	Professional 1	fundraising fees (Part IX, colum	n (A), line 11e)		0.	0.		
ē	b	Total fundrais	sing expenses (Part IX, column	(D), line 25)186 ,	645.				
û	17	Other expens	es (Part IX, column (A), lines 11	a-11d, 11f-24e)		623,551.	861,499.		
	18	Total expense	es. Add lines 13-17 (must equal	Part IX, column (A), line 25)		2,027,945.	2,402,436.		
	19	Revenue less	expenses. Subtract line 18 fro	m line 12		-354,346.	171,668.		
Net Assets or	9				Ве	ginning of Current Year	End of Year		
Sset	20					4,929,854.	5,742,895.		
at A	21		s (Part X, line 26)			384,856.	455,899.		
	22 art II	Net assets or Signatur		1 from line 20		4,544,998.	5,286,996.		
		_					. I.waladaa and baliaf it is		
				return, including accompanying scheon officer) is based on all information o			knowledge and belief, it is		
uue	, corre	ci, and complete	. Deciaration of prepater (other tha	ui onicei) is daseu oli ali IIIIOIIIIation o	willeli preparer	nas any knowieuge.			
Çi~	n	Signature of o	fficer			I Date			
Sig Her		_	BB, PRESIDENT						
1 101		Type or print							
		Print/Type pre		Preparer's signature	[Date Check	PTIN		
Paid	d		POLUDNIAK	IZABELA POLUDN	IIAK 1	.0/31/24 if self-employ	P01959192		

Firm's EIN 36-2239746 Preparer Firm's name SASSETTI LLC Firm's address 2107 SWIFT DRIVE, SUITE 210 Use Only Phone no. (708) 386-1433 OAK BROOK, IL 60523 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u>Z</u>
1	Briefly describe the organization's mission:	
	THE FOUNDATION FOR SARCOIDOSIS RESEARCH (FSR) IS THE LEADING	
	INTERNATIONAL ORGANIZATION DEDICATED TO FINDING A CURE FOR SARCOIDOSIS	
	AND IMPROVING CARE FOR SARCOIDOSIS PATIENTS THROUGH RESEARCH,	
	EDUCATION, AND SUPPORT. SINCE ITS ESTABLISHMENT IN 2000, FSR HAS	_
2	Did the organization undertake any significant program services during the year which were not listed on the	_
_		ما
	prior Form 990 or 990-E∠? If "Yes," describe these new services on Schedule O.	
2	· — —	۱.
3	<u> </u>	10
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	_
4a	(Code:) (Expenses \$1, 256, 486. including grants of \$16, 206.) (Revenue \$	_)
	PATIENT AND CLINICIAN SUPPORT AND PROGRAMMING:	
	FSR PROVIDES PATIENTS WITH DIRECT SUPPORT THROUGH OUR PEER-LED TRAINED	
	VOLUNTEER COMMUNITY GROUPS, SUPPORT GROUPS, OUR ONE-ONE-ONE PATIENT	
	NAVIGATOR SUPPORT PROGRAM, AND COMMUNITY OUTREACH ACTIVITIES. FSR	
	PROVIDES DIRECT PATIENT EDUCATION THROUGH FSR'S WEBINAR AND TOWN HALL	
	EDUCATIONAL SERIES, FSR SARC FIGHTER PODCAST, AND MULTI-DAY VIRTUAL	
	EDUCATIONAL SUMMIT CONSISTING OF 23 EDUCATIONAL SESSIONS FOR OVER 300	
	PATIENTS WORLD-WIDE. FSR HAS ALSO PROVIDED A SPECIFIC EMPHASIS ON	
	IMPROVING DIVERSITY EQUITY AND INCLUSION IN SARCOIDOSIS DIAGNOSIS,	
	CARE, AND INCREASING DIVERSITY IN CLINICAL TRIALS THROUGH OUR IGNORE NO	
	MORE EFFORTS.	_
		_
4b	(Code:) (Expenses \$ 409,890 • including grants of \$ 307,500 •) (Revenue \$	
	FSR PROVIDES RESEARCH FUNDING THROUGH OUR FELLOWSHIP, CARDIAC GRANT,	- '
	AND PILOT GRANT FUNDING PROGRAM. THROUGH THE FSR CLINICAL STUDIES	_
	NETWORK, FSR FUNDS AND FACILITATES A 12 SITE INTERNATIONAL STUDY	_
	SEEKING TO UNDERSTAND THE DIAGNOSIS OF CARDIAC SARCOIDOSIS. FSR HAS	_
	ALSO SIGNIFICANTLY INCREASED PARTICIPATION IN THE FSR PATIENT REPORTED	_
	OUTCOMES REGISTRY IN ORDER TO INCREASE UNDERSTANDING OF PATIENT'S LIVED	_
	EXPERIENCE WITH SARCOIDOSIS.	_
	EXPERIENCE WITH SARCOIDOSIS.	_
		_
		_
		_
		_
	(Code:) (Expenses \$ 100,891. including grants of \$) (Revenue \$ 263,337.	_
4c	(Code:) (Expenses \$100,891. including grants of \$) (Revenue \$263,337. FSR WORKS DIRECTLY WITH INDUSTRY PARTNERS LEVERAGING THEIR EXPERTISE,	_)
	CONTACTS, THE FSR PATIENT REPORTED OUTCOMES REGISTRY, AND ITS DATABASE	
		_
	IN SUPPORT OF ACADEMIC AND INDUSTRY SPONSORED RESEARCH EFFORTS. THROUGH	_
	THIS PROGRAM FSR HELPS TO REVIEW PROTOCOLS, CONNECT INDUSTRY WITH	
	POSSIBLE INVESTIGATORS AND RESEARCH SITES, AND SUPPORT THE RECRUITMENT	
	AND ENROLLMENT OF SARCOIDOSIS-RELATED INDUSTRY SPONSORED TRIALS.	
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	_
4e	Total program service expenses 1,767,267.	
	Farma 990 (200	00

			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	X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	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			х
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,		Х	
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	445		Х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		Х
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's slability 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	-		
124	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<u></u>		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

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Form 990 (2023) FOUNDATION FOR SAR
Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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			77
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See 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			
а	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
00	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
5 4	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
. u	Check if Schedule O contains a response or note to any line in this Part V			
	Elizabeth Selization of contained a respective of free to any into in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form 990 (2023) FOUNDATION FOR SARCOIDOSIS RESEARCH
Part 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	18						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	X				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		_X_			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account	accou	nt)?	4a		_X_			
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR).						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		_ <u>x</u> _			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		_X_			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit	6a		х			
	any contributions that were not tax deductible as charitable contributions?								
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
_	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).	nuiono i	arouided to the never?	7-	х				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sel			7a 7b	X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		uirod	7.0	-25				
C	to file Form 8282?	as req	ulled	7c		Х			
Ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		•	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f					
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h					
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?								
9	9 Sponsoring organizations maintaining donor advised funds.								
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?								
10	Section 501(c)(7) organizations. Enter:		1						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	ı	ı						
	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	l							
40-	amounts due or received from them.)	11b	•	40-					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	1	12a					
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	12b	L						
	Is the organization licensed to issue qualified health plans in more than one state?			13a					
a	Note: See the instructions for additional information the organization must report on Schedule O.			IJa					
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
-	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
			•	14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune								
	excess parachute payment(s) during the year?			15		X			
	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 investmen	t inco	me?	16		X			
	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 actions.								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.								

Form **990** (2023) 332005 12-21-23

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			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.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
	This dection b requests information about policies not required by the internal nevertice dode.		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? 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	Х								
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	Х								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	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	Х								
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 filed										
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)	availal	ole							
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial								
	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										
	PORTE BROWN - 847-956-1040										
	845 OAKTON ST, ELK GROVE VILLAGE, IL 60007										
			000	(0000)							

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.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck i ss per	more rson i	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MARY MCGOWAN	40.00	_		Х				255 000	0.	14 650
(2) TRICHA SHIVAS	40.00			^				255,000.	0.	14,652.
CHIEF STRATEGY OFFICER	40.00	1			х			161,000.	0.	12,444.
(3) LOUISE M. PERKINS	10.00				^			101,000.	0.	14,444.
PRESIDENT	10.00	Х		х				0.	0.	0.
(4) CRAIG LIPSET	5.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) MARY COBB	5.00									
SECRETARY		Х		Х				0.	0.	0.
(6) MICHAEL KAPLAN	5.00									
TREASURER		Х		Х				0.	0.	0.
(7) YVETTE C. COZIER	1.00									
DIRECTOR		Х						0.	0.	0.
(8) EMERSON "RANDY" HALL, JR.	1.00									
DIRECTOR		Х						0.	0.	0.
(9) CALVIN HARRIS	1.00									
DIRECTOR		Х						0.	0.	0.
(10) HEIDI W. JUNK	1.00	1								
DIRECTOR		Х						0.	0.	0.
(11) MICHAEL KLINGHER	1.00									
DIRECTOR		Х						0.	0.	0.
(12) JEFFREY RAICH	1.00	1							_	_
DIRECTOR		Х						0.	0.	0.
(13) JOEL ROSEN	1.00	l								_
DIRECTOR		Х						0.	0.	0.
(14) LESLIE SERCHUCK	1.00	1								_
DIRECTOR	1	Х	_			_		0.	0.	0.
(15) REV. MICHAEL A WALROND, JR.	1.00	. ,							_	_
DIRECTOR		Х						0.	0.	0.
-		<u> </u>		<u> </u>	<u> </u>		<u> </u>	1		Form 990 (2022)

Section A. Officers, Directors, Trustese, Key Employees, and Highest Compensated Employees. (Continued). Average Provision Provisi	Form 990		ON FOR S	AR	.CO	ID	OS	IS	R	RESEARCH	36-43	78232	Page 8
Name and title Average Nours per No	Section A. Onicers, Directors, Trustees, Key Employees, and Trighest Compensated Employees (CONTINUED)												
1b Subtotal 1b Subtotal 1c Total from continuation sheets to Part VII, Section A 1d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If Y'es, "complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000" If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from the organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a the person for the calendar year ending with or within the organization's tax year.		Name and title Average hours per week			Position (do not check more than one box, unless person is both an officer and a director/trustee)				n an	Reportable compensation from	Reportable compensation	am	timated nount of
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2			hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/	(W-2/1099-MISC	C/ fro	om the anization d related
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2													
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c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2 Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)													
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Total (add lines 1b and 1c)													
compensation from the organization Yes No													
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)		· · · · · · · · · · · · · · · · · · ·	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)												3	
rendered to the organization? If "Yes." complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	4 Fo	r any individual listed on line 1a, is the su d related organizations greater than \$150	m of reportable,	e co " <i>co</i>	mpe mple	ensa ete S	tion Sche	and and	oth <i>J f</i>	ner compensation from to for such individual	he organization		
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	rer	ndered to the organization? If "Yes," com										5	Х
	1 Co	emplete this table for your five highest con	•	-							· · · · · · · · · · · · · · · · · · ·	ensation fro	om
			address	NC	NE	3					ervices		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0 Form 990 (2023)		·	•	ot lin	nited	d to t	_		ted	above) who received mo	ore than	Fa	990 (2222)

332008 12-21-23

08391031 707170 6522

Form 990 (2023) FOUNDAT
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		<u> </u>	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated	Revenuè excluded from tax under
					Turiction revenue	business revenue	sections 512 - 514
SΩ	1 :	a Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b	95,000.				
ନ୍ଦ୍ର ପ୍ର		c Fundraising events 1c	124,100.				
ffts, r A		d Related organizations 1d	,				
nia Big		e Government grants (contributions) 1e	196,935.				
Sir		f All other contributions, gifts, grants, and	, -				
uti Je		similar amounts not included above 1f	1,995,377.				
ĢË		g Noncash contributions included in lines 1a-1f	63,413.				
on Pud		h Total. Add lines 1a-1f	, , , , , , , , , , , , , , , , , , , ,	2,411,412.			
<u> </u>		1 Total. Add lines 1a 11	Business Code				
	2	a PROGRAM SERVICE FEES	541700	217,830.	217,830.		
Şi		b MEMBERSHIP DUES & ASSESSMENTS	900099	20,070.	20,070.		
Ser		C PATIENT EVENTS	541900	15,037.	15,037.		
z S		d		- · , · · · ·			
gra Re		e					
Program Service Revenue		f All other program service revenue					
		g Total. Add lines 2a-2f		252,937.			
-	3	Investment income (including dividends, interes		202,507.			
	3			143,978.			143,978.
	4	other similar amounts) Income from investment of tax-exempt bond pr		210,570.			
	5	Royalties					
	J	(i) Real	(ii) Personal				
	6		(1) 1 0.001141				
		a Gross rents 6a 6b 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	•	assets other than inventory 7a 2,061,394.	(-)				
		b Less: cost or other basis					
ō	,	and sales expenses 7b 2,228,155.					
nue		c Gain or (loss) 76 -166,761.					
her Revenue		d Net gain or (loss)		-166,761.			-166,761.
F		a Gross income from fundraising events (not		, -			,
Đ Đ		including \$ 124,100. of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	6,300.				
		b Less: direct expenses 8b	84,162.				
		c Net income or (loss) from fundraising events	, , , , , , , , , , , , , , , , , , , ,	-77,862.			-77,862.
		a Gross income from gaming activities. See		, ,			
		Part IV, line 19 9a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
		and allowances 10a	4,168.				
		b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory		4,168.	4,168.		
		. ,	Business Code				
snc	11 :	a MISCELLANEOUS INCOME	900099	6,232.	6,232.		
nec		b		·	•		
Miscellaneous Revenue		c					
lsc Be		d All other revenue					
2		e Total. Add lines 11a-11d		6,232.			
	12	Total revenue. See instructions		2,574,104.	263,337.	0.	-100,645.

332009 12-21-23

Form 990 (2023) FOUNDATION FO

.551	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			ipioto odiamii (rij.	
<u></u>	not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	282,500.	282,500.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	16,206.	16,206.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	25,000.	25,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	416,000.	283,655.	93,972.	38,373
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	620,601.	423,164.	140,190.	57,247
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	964.	657.	218.	9,081
9	Other employee benefits	98,447.	67,127.	22,239.	9,081
0	Payroll taxes	81,219.	55,380.	18,347.	7,492
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	77,933.	2,969.	74,562.	402
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	23,533.		23,533.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	148,908.	121,990.	22,013.	4,905
2	Advertising and promotion	5,430.	5,430.		
3	Office expenses	118,273.	70,775.	10,380.	37,118
4	Information technology	125,884.	91,992.	13,602.	20,290
5	Royalties				
6	Occupancy	34,821.	23,743.	7,866.	3,212
7	Travel	85,836.	58,528.	19,390.	7,918
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	188,105.	188,105.		
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	947.		947.	
3	Insurance	5,601.	3,818.	1,265.	518
4	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	DECEMBER DECCEMBER	46,228.	46,228.		
b					
С					
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	2,402,436.	1,767,267.	448,524.	186,645
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)	127,519.	43,357.	0.	84,162

332010 12-21-23

Form 990 (2023)
Part X | Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		618,781.	1	959,707.	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		382,943.	3	322,714. 7,284.	
	4	Accounts receivable, net		4	7,284.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	sons (as defined			
		under section 4958(f)(1)), and persons describ		6			
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			70,934.	9	49,489.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	45,703. 45,649.			
	b	Less: accumulated depreciation			1,001. 3,856,195.	10c	54. 4,403,647.
	11	Investments - publicly traded securities		3,856,195.	11	4,403,647.	
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	4 000 054	15	F 740 00F		
	16	Total assets. Add lines 1 through 15 (must e			4,929,854.	16	5,742,895.
	17	Accounts payable and accrued expenses		1	209,856.	17	142,399.
	18	Grants payable	175,000.	18	313,500.		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		- (O - I I - I - D		20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sul				00	
Lial	00	controlled entity or family member of any of the				22 23	
	23 24	Secured mortgages and notes payable to unrule Unsecured notes and loans payable to unrula				23 24	
	25	Other liabilities (including federal income tax,				24	
	23	parties, and other liabilities not included on lin					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			384,856.	26	455,899.
		Organizations that follow FASB ASC 958, or	heck her	e X			,
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			3,345,460.	27	4,205,506.
Bal	28				1,199,538.	28	1,081,490.
pu		Organizations that do not follow FASB ASC	958, che	ck here			
Ŀ		and complete lines 29 through 33.					
o or	29	Capital stock or trust principal, or current fun-	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Net	32	Total net assets or fund balances		4,544,998.	32	5,286,996.	
	33	Total liabilities and net assets/fund balances			4,929,854.	33	5,742,895.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	,57	4,1	04.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,40	2,4	<u>36.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3		17	1,6	<u>68.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	,54	4,9	98.		
5	Net unrealized gains (losses) on investments	5		57	0,3	30.		
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	5	,28	6,9	96.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C) .					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		dit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

FOUNDATION FOR SARCOIDOSIS RESEARCH 36-4378232 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar 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.")	1958614.	1137781.	1943444.	1461209.	2331449.	8832497.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1958614.	1137781.	1943444.	1461209.	2331449.	8832497.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3062457.
6	Public support. Subtract line 5 from line 4.						5770040.
	ction B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1958614.	1137781.	1943444.	1461209.	2331449.	8832497.
	Gross income from interest,	13300111	11377011	13131110	11012031	23311130	00321371
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	113,633.	446 799	154 644	119,287.	143 978	978 341
۵	Net income from unrelated business	113,033.	440,7000	131,011.	110,207.	143,3700	370,341.
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	5,440.	470.	320.	1,375.	6,232.	13,837.
	assets (Explain in Part VI.)	3,440.	470.	340.	1,3/3.	0,232.	9824675.
	Total support. Add lines 7 through 10	-1- /	1			40	696,889.
	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12	090,009.
13	First 5 years. If the Form 990 is for th						
80	organization, check this box and stor						·····
	ction C. Computation of Publi			. (6)			E0 72
	Public support percentage for 2023 (I					14	58.73 % 50.57 %
	Public support percentage from 2022					15	,-
16a	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	op here. Explain in	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	
						Calandula A	(Form 990) 2023

332022 12-21-23

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

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

Se	ction A. Public Support	elow, please comp	olete i ait ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12)	(5)===	(-7	(5) = 5 = 5	χ,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support				T	1	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		*	•		· —
80	check this box and stop here	c Support Day	rcentage				<u> </u>
	•			I (A)		145	
	Public support percentage for 2023 (I	, ,,,		.,,		15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves					16	<u>%</u>
	•			ine 13 column (f))		17	3.0
	Investment income percentage for 20 Investment income percentage from					18	<u>%</u>
	a 33 1/3% support tests - 2023. If the						
136	more than 33 1/3%, check this box ar					-4:	
k	33 1/3% support tests - 2022. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in did not check a	nox on line 14 19	a or 10h check th	nis hox and see in	structions	

332023 12-21-23

Schedule A (Form 990) 2023

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
<u> </u>		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
U		
7		
8		
9a		
9b		
9с		
10a		
10b		

332024 12-21-23 Schedule A (Form 990) 2023

Par	rt IV 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		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion 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			
	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		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III 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			
	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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Seci	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	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			
L	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations						
1									
	All other Type III non-functionally integrated supporting organizations must								
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)					
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3.	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or								
	collection of gross income or for management, conservation, or								
	maintenance of property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see								
	instructions for short tax year or assets held for part of year):								
а	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
С	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
е	Discount claimed for blockage or other factors								
	(explain in detail in Part VI):								
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,								
	see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Sect	ion C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2	Enter 0.85 of line 1.	2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4	Enter greater of line 2 or line 3.	4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to								
	emergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see					
	instructions).			•					

e Excess from 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

FOUNDATION FOR SARCOIDOSIS RESEARCH

Employer identification number 36-4378232

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or	Accounts. Co	omplete if the	
	organization answered Tes On Form 990, Fait IV, line	(a) Donor advise	d funds	(b) Funds and	other accounts	
1	Total number at end of year	(,,		()		
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	vriting that the assets he	ld in donor advised f	funds		
_	are the organization's property, subject to the organization's	-		_	Yes	No
6	Did the organization inform all grantees, donors, and donor ac					
_	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?	· ·			Yes	No
Par						
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a h	nistorically importa	nt land area	
	Protection of natural habitat		Preservation of a c	certified historic str	ructure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	ition in the form of a	conservation ease	ement on the las	st
	day of the tax year.			Held at	the End of the Tax	(Year
а	Total number of conservation easements			2a		
b				1 4. 1		
С	Number of conservation easements on a certified historic stru	octure included on line 2a	ı	2c		
d	Number of conservation easements included on line 2c acquire	red after July 25, 2006, a	and not			
	on a historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the org	ganization during t	he tax	
	year					
4	Number of states where property subject to conservation ease					
5	Does the organization have a written policy regarding the peri			_		_
	violations, and enforcement of the conservation easements it				Yes	_ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, an	d enforcing conserv	ation easements o	luring the year	
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and on	forcing consorvation	oasomonts during	the year	
′	Amount of expenses incurred in monitoring, inspecting, handi	iing or violations, and em	ording conservation	easements during	ille year	
8	Does each conservation easement reported on line 2d above	satisfy the requirements	of section 170(h)(4)('B)(i)		
Ū	and section 170(h)(4)(B)(ii)?			_	Yes	No
9	In Part XIII, describe how the organization reports conservation					
_	balance sheet, and include, if applicable, the text of the footnot				е	
	organization's accounting for conservation easements.	g				
Par	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Othe	r Similar Asse	ts.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its reve	nue statement and l	balance sheet wor	ks	
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education,	or research in furthe	erance of public		
	service, provide in Part XIII the text of the footnote to its finan-	cial statements that desc	cribes these items.			
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	statement and bala	nce sheet works o	of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furthera	nce of public servi	ice,	
	provide the following amounts relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1			\$		
2	If the organization received or held works of art, historical treat	asures, or other similar as	ssets for financial ga			
	the following amounts required to be reported under FASB AS	SC 958 relating to these	items:			
а	Revenue included on Form 990, Part VIII, line 1			\$		
				\$		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedu	le D (Form 990)	2023

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection flows (check all that apply). Using the organization is acquisition, accession, and other records, check any of the following that make significant use of its collection flowers and program and prog		t III Organizations Maintaining Col	lections of Ar					r Sir			1043.		age ∠
collection terms (check all that apply). a Public exhibition d Loan or exchange program b Scholarly reasearch e Other C Preservation for future generations 4 Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold for raise funds rather than to be maintained as part of the organization and ecoletion? Yes No Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 950, Part X? Yes No b If "Yes, "Explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c Amount c Beginning balance 1c Amount c Bridging balance 1c Amount d Bridging balance 1c Amount c Bridging balance 1c Amount d Bridging balance 1c Amount c Bridging balance 1c Amount d Bridging bala		·									COITE	<i>lucu)</i>	
a Public exhibition d	Ū												
b Scholarly research e Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Story and Custodial Arrangements of the organization collection? Yes No	•												
c Preservation for future generations 4 Provide a description of the organization sollections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization sollicit or receive donations of art, historical treasures, or other similar assets 1 During the year, did the organization sollicit or receive donations of art, historical treasures, or other similar assets 1 During the year, did the organization sollicit or receive donations of art, historical treasures, or other similar assets 2 During the year, did the organization sollicit or receive donations of art, historical treasures, or other similar assets 2 Test an amount on Form 990, Part XI, line 9.1 a Is the organization an agent, furstee, custodian, or other intermediary for contributions or other assets not included 3 on Form 990, Part XY. 4 Description of Form 990, Part XY. 5 Bi 1'Yes, "explain the arrangement in Part XIII and complete the following table: 4 Ending belance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 4 Ending belance 4 Ending belance 5 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 5 Ves No 5 I'Yes," explain the arrangement in Part XIII. Check here if the explaination has been provided in Part XIII. 6 Default V Endowment Funds Complete if the organization has been provided in Part XIII. 6 Default V Endowment Endowment (a) Complete if the organization has been provided in Part XIII. 6 Orthibutions 6 No Contributions 7 Orthibutions 7 Orthibutions 8 Orthibutions 8 Orthibutions 9 O													
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Part IV Escrow and Custodial Arrangements Complete if the organization's collection? Yes No			е	,,	Other								
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be ministrained as part of the organization's collection? Part IV			ctions and ovnlair	how th	ov further th	o organizatio	on's over	mnt r	urnoc	o in Dart	VIII		
To be sold to raise funds rather than to be maintained as part of the organization scollection?										e iii ait	AIII.		
Secrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part IV? Ves	J										Yes		No
Tesported an amount on Form 990, Part X, line 21. Tesported an any agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XP Pyes No	Par												
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance					9				, .		,		
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance		Is the organization an agent, trustee, custodian	or other intermed	diary for	contribution	s or other as	sets not	inclu	ıded				
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Itel Itel											Yes		No
Amount	b										_		_
d Additions during the year Eliminary of Ending Jalance 1d 1e 1 1e 1 1e 1 1e 1 1		, ,	·	· ·				Γ			Amoun	t	
e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Endowmen	С	Beginning balance						[1c				
e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Endowmen	d	Additions during the year						[1d				
## Ending balance 10 the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1	е								1e				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	f							- 1	1f				
Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	2a									\square	Yes		No
a Beginning of year balance Contributions Contribution	b												
Beginning of year balance	Par	t V Endowment Funds Complete if the	e organization and	wered "	Yes" on For								
b Contributions			a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) [⊺]	hree ye	ars back	(e) Fou	r years	back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	1a	Beginning of year balance											
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	b	Contributions											
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	С	Net investment earnings, gains, and losses											
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	d	Grants or scholarships											
f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	е	Other expenditures for facilities											
g End of year balance		and programs											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f	Administrative expenses											
a Board designated or quasi-endowment	g	End of year balance											
b Permanent endowment	2	Provide the estimated percentage of the curren	t year end balance	e (line 1g	ı, column (a)) held as:							
The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other 38(i) Yes No Yes No (a) Yes No (a) Sa(ii) Ag(ii) Ag(ii) Ag(iii) A	а	Board designated or quasi-endowment		_%									
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) In a 3a(ii) 3	b	Permanent endowment	%										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iiii) Related organizations? (iiii) Related organizations? (iiii) Related organizations? (iiii) Related organizations? (iiiii) Related organizations? (iiiiii) Related organizations? (iiiiiiiii) Related organizations? (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	С	Term endowment%											
Organization by: Yes No		The percentages on lines 2a, 2b, and 2c should	equal 100%.										
(i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings c Leasehold improvements d Equipment 6,841 6,787 54 6	За	Are there endowment funds not in the possessi	on of the organiza	tion that	are held ar	nd administer	red for th	ne			1		
(ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 13(ii) 34(ii) 3b 4 Obecause of the organization sendowment funds. (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 54. 6,787. 54. 6,787.		,										Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other One Part XIII the intended uses of the organization's endowment funds. (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 6, 841. 6, 787. 54.													
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land (b) Buildings (c) Leasehold improvements (c) Leasehold improvements (d) Equipment (e) Cost or Other basis (other) (d) Book value (d)													
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	b										3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 38,862. 38,862.	4 Do:			wment fu	unds.								
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (e) Accumulated depreciation (f) Accumulated depreciation (g) Accumulated depreciation (h) Cost or other basis (other) (h) Accumulated depreciation (h) Book value (h) Book value (h) Book value (h) Cost or other basis (other)	Par) Dort IV	line 11e C	aa Farm 000	Dort V	lina	10				
basis (investment) basis (other) depreciation b Buildings C Leasehold improvements		<u> </u>	T							. 1	/-N-D		_
1a Land b Buildings c Leasehold improvements d Equipment 6,841. 6,787. 54. e Other 38,862. 38,862.		Description of property	1 ' '		. ,					d	(d) Boo	k valu	е
b Buildings C Leasehold improvements c Leasehold improvements 6,841. 6,787. 54. e Other 38,862. 38,862. 0.		Land	Dasis (illivestri	n c nt)	Dasis	(Uti l e l)	ue	hieci	auUH				
c Leasehold improvements 6,841. 6,787. 54. d Equipment 38,862. 38,862. 0.	_												
d Equipment 6,841. 6,787. 54. e Other 38,862. 38,862. 0.	b		<u> </u>										
e Other 38,862. 38,862. 0.	C		1			6 8/1		-	7.2	7			5/
		- · ·											
			al Form COO Do t	V lin = 44			<u> </u>			4 •			

Schedule D (Form 990) 2023 FOUNDATION 1	FOR SARCOIDOSIS	S RESEARCH	36-4378232 Page
Part VII Investments - Other Securities	on Form 000 Port IV line 11	h Cas Farm 000 Part V line 10	
Complete if the organization answered "Yes" ((a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	er and of year market value
	(b) Book value	(c) Method of Valuation. Cost of	T end-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 11	c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1)	,	•	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 11	d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col	(. (B))		
Part X Other Liabilities	5 000 D 1 11/11 11	144 O E 000 B 174 E	0.5
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 11	e or 11f. See Form 990, Part X, lin	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			1

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

(6) (7) (8)

Par	rt XI Reconciliation of Revenue per Audited Financial	Statements With F	Revenue per Ret	turn	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statement	s		1	3,207,676.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	570,330.		
b	Donated services and use of facilities	2b	2,613.		
С	Recoveries of prior year grants	2c			
d			84,162.		
е	Add lines 2a through 2d			2e	657,105.
3	Subtract line 2e from line 1			3	2,550,571.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	23,533.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	23,533.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 12.)		5	2,574,104.
Pa	rt XII Reconciliation of Expenses per Audited Financia	I Statements With	Evnances nor D	A+1 12	•
			Exhelises her u	etur	n
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		etur	
1		IV, line 12a.		1	2,465,678.
1 2	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	IV, line 12a.			
-	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	IV, line 12a.			
2	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	IV, line 12a.			
2	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	IV, line 12a. 2a 2b	2,613.		
2 a b	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	IV, line 12a. 2a 2b 2c			2,465,678.
2 a b c	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	V, line 12a. 2a 2b 2c 2d	2,613.		2,465,678.
2 a b c	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	2,613.	1	
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	2,613.	1 2e	2,465,678.
2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a	2,613.	1 2e	2,465,678.
2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a	2,613.	1 2e	2,465,678. 86,775. 2,378,903.
2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	2,613.	1 2e	2,465,678.

| Part XIII | Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISION OF

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCOUNTING PRINCIPLES

GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO

EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX

LIABILITY IF THE FOUNDATION HAS TAKEN ANY UNCERTAIN POSITIONS THAT MORE

LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL

REVENUE SERVICE OR OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS

ANALYZED TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED THAT

THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN AS OF

DECEMBER 31, 2023. THUS, NO PROVISION FOR INCOME TAX HAS BEEN PROVIDED FOR

IN THE FINANCIAL STATEMENTS. THE FOUNDATION'S FORMS 990, RETURN OF

Schedule D (Form 990) 2023

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

 $\begin{tabular}{lll} \textbf{Go to} & \textit{www.irs.gov/Form990} & \textbf{for instructions and the latest information.} \end{tabular}$

Inspection

Name of the organization

Employer identification number

FOUNDATION FOR	SARCOIDOS	SIS RESEA	ARCH	36-437823	
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Y	es" on
Form 990, Part I\	/, line 14b.				
-	•		ds to substantiate the amount of its gra	The state of the s	
the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance? X	Yes No
2 For grantmakers. Desc	rihe in Part V the	organization's r	procedures for monitoring the use of its	s grants and other assistance outside	de the
United States.	inde ii i ait v tile	organization s p	orocedures for mornitoring the use of its	grants and other assistance outsit	de trie
	ne following Part	I. line 3 table ca	ın be duplicated if additional space is n	eeded.)	
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to	describe specific type of service(s) in the region	investments
		in the region	recipients located in the region)	or service(s) in the region	in the region
				EMPLOYEE DESIGNS AND	
				IMPLEMENTS VOLUNTEER AND	
UROPE (INCLUDING			EDUCATION AND AWARENESS	PATIENT EDUCATION	
CELAND & GREENLAND)	1	1	PROGRAMS	PROGRAMMING. PRIMARILY	18,196.
3 a Subtotal	1	1			18,196.
b Total from continuation		_			_
sheets to Part I	0	0			0.
c Totals (add lines 3a	1	1			18 196.
200.301	, 1				

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2023

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
recipient who received more than \$5,000. Part II can be duplicated if additional space is n	needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING						
		ICELAND & GREENLAND) -	FSR PILOT GRANT					
		1	AWARED	25,000.	WIRE TRANSFER	0.		
		,		,				
_		•		1	•			•

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3	Enter total	number	of other	organizations	or entities

			ites. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
		(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
	Part III can be duplicated if a	Part III can be duplicated if additional space is neede	Part III can be duplicated if additional space is needed.	Part III can be duplicated if additional space is needed.	Part III can be duplicated if additional space is needed.	Part III can be duplicated if additional space is needed. (c) Number of recipients (d) Amount of cash grant (e) Manner of cash disbursement (f) Amount of noncash	Type of grant or assistance (b) Region (c) Number of recipients (d) Amount of cash grant (e) Manner of cash disbursement (f) Amount of noncash assistance

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 FOUNDATION FOR SARCOIDOSIS RESEARCH Page 5 Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 3, COLUMN (E): REGION: EUROPE (INCLUDING ICELAND & GREENLAND) (E) SPECIFIC TYPES OF SERVICES IN REGION: EMPLOYEE DESIGNS AND IMPLEMENTS VOLUNTEER AND PATIENT EDUCATION PROGRAMMING. PRIMARILY IN U.S. SCHEDULE F, PART II GRANTS MADE TO ORGANIZATIONS ARE MONITORED THROUGH REPORTS RECEIVED FROM THE GRANT RECIPIENTS INCLUDING FINANCIAL SPEND DOWN.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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

2023

Open to Public Inspection

Name of the organization Employer identification number 36-4378232 FOUNDATION FOR SARCOIDOSIS RESEARCH 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. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 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.

LHA 332081 09-13-23

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2023

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

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	events with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
			GALA			col. (c))
a)			(event type)	(event type)	(total number)	001. (C))
Revenue						
eve	1	Gross receipts	130,400.			130,400.
ш						
	2	Less: Contributions	124,100.			124,100.
	3	Gross income (line 1 minus line 2)	6,300.			6,300.
	4	Cash prizes				
"	5	Noncash prizes				
ses		Double oilibu ooobo	14 007			14 007
Direct Expenses	6	Rent/facility costs	14,997.			14,997.
Ű	_	Food and houseness	25,949.			25,949.
irec	′	Food and beverages	23,343.			23,343.
	۰	Entertainment				
	۵	Other direct expenses				43,216.
	10			<u>I</u>		84,162.
		Net income summary. Subtract line 10 from li				-77,862.
Pa	rt I	Gaming. Complete if the organization		990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		, , ,		
			(a) Dingo	(b) Pull tabs/instant	(a) Other geming	(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
<u> </u>	1	Gross revenue				
Ś	2	Cash prizes				
Direct Expenses						
xbe	3	Noncash prizes				
サビ						
jreć	4	Rent/facility costs				
	5	Other direct expenses				
		Mali intervi labori	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	L No	L No	
	7	Direct expense summary. Add lines 2 through	a E in column (d)			
	′	birect expense summary. Add lines 2 through	15 III Columni (a)			
	R	Net gaming income summary. Subtract line 7	from line 1 column (d)			
		Thet garming moome summary. Subtract into 7	nomine i, column (a)			·
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
а		the organization licensed to conduct gaming a				Yes No
		No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	year?	Yes No
b	lf "	Yes," explain:				
	_					
	_					

332082 09-13-23 Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023 FOUNDATION FOR SARCOIDOSIS RESEARCH 36-4	13782	32	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		es	No
12	Indicate the percentage of gaming activity conducted in:	•	-	
		120		0/
	The organization's facility	13a		<u>%</u>
	An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Y	es	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
_				
C	s If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	ı Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Y	es	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pal	t III. lines	3 9 . 9	b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	· · · · , · · · · · ·	, -	-,,
	100, 100, 10, and 110, as applicable. Also provide any additional illionnation. Oce instructions.			

Schedule G (Form 990)	FOUNDATION	FOR	SARCOIDOSIS	RESEARCH	36-4378232	Page 4
Part IV Suppleme	ental Information (continued)					
<u> </u>						

SCHEDULE I (Form 990)

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.

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

Open to Public Inspection

Name of the organization FOUNDATIO	N FOR SAR	COIDOSIS RE	SEARCH				Employer identification number $36-4378232$
Part I General Information on Grants a							
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?				-		
Part II Grants and Other Assistance to recipient that received more than to	_				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN THORACIC SOCIETY (ATS) 25 BROADWAY NEW YORK, NY 10004	06-1548706	501C3	32,500.	0.			RESEARCH
DUKE UNIVERSITY 2200 W MAIN STREET DURHAM, NC 27705	56-0532129	501 C 3	50,000.	0.			RESEARCH
JOHN HOPKINS MEDICAL CENTER 600 N WOLFE ST BALTIMORE, MD 21287	52-0595110	501C3	50,000.	0.			RESEARCH
UNIVERSITY OF ILLINOIS CHICAGO 1200 W HARRISON ST CHAPEL HILL, IL 60607	36-2177139	501C3	150,000.	0.			RESEARCH
2 Enter total number of section 501(c)(3) a	nd government org	ganizations listed in th	ne line 1 table				
3 Enter total number of other organization	s listed in the line	1 table					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

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Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FSR GLOBAL SARCOIDOSIS SUMMIT SCHOLARSHIP	79	5,925.	0.		
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
FSR HAS A WELL DOCUMENTED, THOROUG	H PROGRAM	FOR SOLIC	CITATING AN	D EVALUATING	
REQUESTS FOR RESEARCH AND RESEARCH	FELLOWSH	IIP GRANTS.	THE PROC	ESS IS	
OVERSEEN BY FSR'S SCIENTIFIC ADVIS	ORY BOARD	. THEIR EV	ALUATIONS	OF RESEARCH	
APPLICATIONS AND RECOMMENDATIONS F	OR FUNDIN	G ARE PRES	SENTED TO T	HE FSR	
GOVERNING BOARD OF DIRECTORS WHICH	DETERMIN	ES WHICH F	REQUESTS WI	LL BE	
FUNDED. FOR ALL MULTIYEAR FUNDING					
YEAR(S) IS CONTINGENT UPON RECEIPT	-				
ANNUAL PROGRESS REPORT. FSR REQUIR					

332291

Schedule I (Form 990)

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

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

SEARCH Employer identification number 36-4378232

FOUNDATION FOR SARCOIDOSIS RESEARCH Part I Questions Regarding Compensation

	art queenene negaranig compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
•	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
	Point 990 of other organizations Approval by the board of compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
_	Provide a suppose a suppose to a thorough control or suppose (Control or suppose)	4a		х
		4b		X
	Destricts in a second form on a with heard a second for a second for	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	Tes to any or lines 4a o, list the persons and provide the applicable amounts for each term in art in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ŭ	contingent on the revenues of:			
а	The organization?	5a		х
		5b		X
J	If "Yes" on line 5a or 5b, describe in Part III.	30		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6	contingent on the net earnings of:			
_		60		х
	The organization?	6a		X
D	Any related organization?	6b		Δ
7	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	-		У
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		l

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARY MCGOWAN	(i)	234,000.	21,000.	0.	0.	14,652.	269,652.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TRICHA SHIVAS	(i)	156,000.	5,000.	0.	0.	12,444.	173,444.	0.
CHIEF STRATEGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number

	FOUNDATION FOR SARCOIDOSIS RESEARCH						36-4378232			
Pa	rt I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	•	s		
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property		ļ	40.110						
9	Securities - Publicly traded	X	2	63,413.	FMV					
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other $_{\dots}$									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ()									
26	Other ()									
27	Other ()									
28	Other ()									
29	Number of Forms 8283 received by the organization	zation during	g the tax year for c	ontributions						
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29						
							Yes	No		
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it					
	must hold for at least 3 years from the date of									
	exempt purposes for the entire holding period?	?				30a		X		
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?					31		X		
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				1		
	contributions?					32a		X		
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	ked,					
	describe in Part II.									

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

Internal Revenue Service

Name of the organization

FOUNDATION FOR SARCOIDOSIS RESEARCH

Employer identification number 36-4378232

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:							
TO FINDING A CURE FOR SARCOIDOSIS AND IMPROVING CARE FOR SARCOIDOSIS							
PATIENTS THROUGH RESEARCH, EDUCATION, AND SUPPORT. SINCE ITS							
ESTABLISHMENT IN 2000, FSR HAS FOSTERED OVER \$6.5 MILLION IN							
SARCOIDOSIS SPECIFIC RESEARCH EFFORTS.							
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:							
FOSTERED OVER \$6.5 MILLION IN SARCOIDOSIS SPECIFIC RESEARCH EFFORTS.							
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:							
FSR ALSO PROVIDES CLINICIAN EDUCATION AND SUPPORT THROUGH THE CLINICIAN							
EDUCATION AND ENGAGEMENT SERIES, PEER CASE REVIEWS, AND THE FSR JOURNAL							
CLUB. THESE PROGRAMS PROVIDE CLINICIANS WITH CONTINUING MEDICAL							
EDUCATION CREDITS AND FOSTER BEST PRACTICE SHARING AND OUTCOME							
IMPROVEMENT STRATEGIES.							
FORM 990, PART VI, SECTION B, LINE 11B:							
THE 990 IS DISTRIBUTED TO THE BOARD BEFORE BEING FILED.							
FORM 990, PART VI, SECTION B, LINE 12C							
THE CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED ON AN ANNUAL							
BASIS AS PART OF THE ORGANIZATION'S DUE DILIGENCE.							
FORM 990, PART VI, SECTION B, LINE 12C:							
THE CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED ON AN ANNUAL BASIS							

332211 11-14-23

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

Name of the organization FOUNDATION FOR SARCOIDOSIS RESEARCH	Employer identification number 36-4378232
AS PART OF THE ORGANIZATION'S DUE DILIGENCE.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD OF DIRECTORS SHALL ANNUALLY REVIEW IN WRITING, T	HE PERFORMANCE OF
THE CHIEF EXECUTIVE OFFICER (CEO) AGAINST PERFORMANCE CRIT	ERIA THAT ARE
LINKED TO THE ORGANIZATION'S LONG-TERM PLAN. THE CEO SHAL	L PARTICIPATE IN
THE EVALUATION PROCESS AND REVIEWS, SIGNS AND RESPONDS TO	THE EVALUATION
BEFORE IT IS ENTERED INTO HIS OR HER RECORD. THE BOARD OF	DIRECTORS SHALL
ALSO REVIEW THE FAIRNESS OF THE CEO'S COMPENSATION AND BEN	EFITS IN
RELATIONSHIP TO INDUSTRY PRACTICES AND FEDERAL REQUIREMENT	'S.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT C	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST.
FORM 990, PART XII, LINE 2C:	
THIS PROCESS IS UNCHANGED FROM THE PRIOR YEAR.	

332212 11-14-23 Schedule O (Form 990) 2023