

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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



AF	or th	e 2019 calendar year, or tax year beginning and	ending						
B c a	heck if pplicab	e: C Name of organization	D Employer identification number						
	Addre	FOUNDATION FOR SARCOIDOSIS RESEARCH							
	Name Chang			36-43782	32				
	Initial	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number					
	Final return		304	312-341-					
	termir ated	, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	3,941,187.				
	Amen return	CHICAGO, IL 60614		H(a) Is this a group re					
	Applic tion	F Name and address of principal officer: KEADING WILSON		for subordinates	? Yes X No				
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No				
		empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1)	or 📃 527	If "No," attach a	list. (see instructions)				
		te: WWW.STOPSARCOIDOSIS.ORG		H(c) Group exemption	n number 🕨				
KF	orm o	f organization: 🚺 Corporation 🔄 Trust 🦳 Association 🔄 Other 🕨	L Year	of formation: 2000 N	I State of legal domicile: IL				
Pa	nrt I	Summary							
¢,	1	Briefly describe the organization's mission or most significant activities: DEDI							
nce n		SARCOIDSIS PATIENTS AND TO FINDING A CURE	FOR '	THIS DISEASE	•				
Governance	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass					
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	12				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			11				
es é	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	13				
vitie	6	Total number of volunteers (estimate if necessary)		6	120				
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated business taxable income from Form 990-T, line 39	·····	7b	0.				
				Prior Year	Current Year				
θ	8	Contributions and grants (Part VIII, line 1h)		3,812,061.	1,958,614.				
nue	9	Program service revenue (Part VIII, line 2g)		0.	110,795.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		217,975.	113,633.				
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		28,824.	-10,890.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,058,860.	2,172,152.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,307,303.	1,265,548.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
ŝ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		529,683.	679,930.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ed x		Total fundraising expenses (Part IX, column (D), line 25)							
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		617,442.	721,413.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,454,428.	2,666,891.				
		Revenue less expenses. Subtract line 18 from line 12		1,604,432.	-494,739.				
s or			B	eginning of Current Year	End of Year				
t Assets	20	Total assets (Part X, line 16)		4,456,932.	4,488,567.				
t As d B	21	Total liabilities (Part X, line 26)		157,738.	231,043.				
-SE	22	Net assets or fund balances. Subtract line 21 from line 20		4,299,194.	4,257,524.				
Pa	nt II	Signature Block							

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date					
Here	READING WILSON, TREASU	RER							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date						
Paid	JAMES ROBBS	JAMES ROBBS		/20 self-employed P01266623					
Preparer	Firm's name 🕒 SASSETTI LLC			Firm's EIN 🕨 36-2239746					
Use Only	Firm's address 🖕 6611 NORTH AVENU	E							
	OAK PARK, IL 603	02		Phone no. (708) 386-1433					
May the IRS discuss this return with the preparer shown above? (see instructions)									
932001 01-2	B32001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)								

orm	990 (2019) FOUNDATION FOR SARCOIDOSIS RESEARCH 36-4378232 Page 2
Par	t III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III X
1	
•	Briefly describe the organization's mission: THE FOUNDATION FOR SARCOIDOSIS RESEARCH IS THE NATION'S LEADING
	NONPROFIT ORGANIZATION DEDICATED TO FINDING A CURE FOR THIS DISEASE
	AND TO IMPROVING CARE FOR SARCOIDOSIS PATIENTS. SINCE ITS
	ESTABLISHMENT IN 2000, FSR HAS FOSTERED OVER \$3 MILLION IN
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
0	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 \$445,778. including grants of \$\$ (Revenue \$) (Revenue \$)
ти	EDUCATION AND AWARENESS - IN 2019, FSR AWARENESS AND EDUCATION PROGRAMS
	PROVIDED OVER 40,000 PATIENTS WITH UP TO DATE, EVIDENCED BASED
	MATERIALS AS WELL AS SUPPORTING PATIENTS AROUND THE GLOBE WITH
	RESOURCES, ONLINE TOOLS, AND COMMUNICATION AND NETWORKING FORUMS. OVER
	1,000 PATIENTS AND CAREGIVERS ATTENDED FSR'S 9 PATIENT CONFERENCES HELD
	ACROSS NORTH AMERICA. 38 STATE AND 46 LOCAL GOVERNMENTS AWARDED
	PROCLAMATIONS RECOGNIZING APRIL AS SARCOIDOSIS AWARENESS MONTH. OVER
	1,900 INDIVIDUALS JOINED TEAM KISS DURING APRIL, INCLUDING VIRTUAL
	WALKERS, FUNDRAISERS, AND SATELLITE WALK PARTICIPANTS. OVER 87
	LANDMARKS IN 2 COUNTRIES WERE ILLUMINATED PURPLE ON WORLD SARCOIDOSIS
	DAY (#LITFORSARC) INCLUDING ONE WORLD TRADE CENTER. 72 AMBASSADORS
	ATTENDED A TRAINING RETREAT IN WASHINGTON DC, PREPARING THEM TO SPREAD
41.	
4b	(Code:) (Expenses \$1,658,101. including grants of \$1,265,298.) (Revenue \$10,795. RESEARCH - IN 2019, THE FSR FELLOWSHIP GRANT PROGRAM CONTINUED TO FUND
	4 FELLOWS INTO THEIR SECOND AND FINAL YEAR OF FELLOWSHIP WORK AND
	SARCOIDOSIS RESEARCH. FSR'S SMALL GRANT PROGRAM FOCUSES ON AWARDING
	FUNDS TO NEW OR EARLY STAGE RESEARCH ON SARCOIDOSIS. IN 2019, \$50,000
	WAS PROVIDED TO SMALL GRANT AWARDEES. FSR'S CLINICAL STUDIES NETWORK
	(CSN) AND SARCONNECT PROGRAMS CONTINUED TO ENGAGE AND PARTNER WITH
	PHARMACEUTICAL COMPANIES THROUGH PATIENT OUTREACH AND RECRUITMENT FOR
	LARGE MULTI- CENTER TRIALS. BOTH PROGRAMS HELP CARRY OUT MULTIPLE
	STUDIES WITH FOCUS IN CARDIAC AND PULMONARY SARCOIDOSIS. IN ADDITION,
	400 SURVEYS WERE COLLECTED TO ADVANCE UNDERSTANDING OF ATTITUDES TOWARD
	RESEARCH FROM POPULATIONS TRADITIONALLY UNDERREPRESENTED IN RESEARCH
	AND CLINICAL TRIALS. FSR CONTINUED GROWING THE PATIENT REGISTRY AND
4 -	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 2,103,879.
	Form 990 (2019
32002	SEE SCHEDULE O FOR CONTINUATION(S)
11	2 12 707170 6522 2019.05000 FOUNDATION FOR SARCOIDOSI 6522
ᆠᆠ	TT 101710 0227 Z017403000 LOUNDATION FOR DARCOIDODI 0322

Form 990 (-	SARCOIDOSIS	RESEARCH
Part IV	Checklist of F	Required Schedule	es		

			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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
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?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	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.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		.,	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	
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		v	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
18		18	x	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10	~~	
13	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I, Parts I and II</i>	21	x	
932003	01-20-20			(2019)

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			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	
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			37
	Schedule J	23		X
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			v
	Schedule K. If "No," go to line 25a	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	0.5%		х
00	Schedule L, Part I	25b		
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%	0		х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
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	07		х
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	000	х	
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>	200		
C		28c		х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 23	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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2019.05000 FOUNDATION FOR SARCOIDOSI 6522___1

<u>Form 990 (</u> 2019)	FOUNDATION FOR		
Part V Statements	Regarding Other IRS Fi	ings and Tax Com	pliance (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	13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	ο		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	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	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		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	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	rvices p	provided to the payor?	7a		X
				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			-		x
d	to file Form 8282?	7d		7c		
u	, 3 , .					
f	 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 					
g						
9 h						
8						
-	sponsoring organization have excess business holdings at any time during the year?					
9						
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	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:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	-			13a		
Ŀ.	Note: See the instructions for additional information the organization must report on Schedule O.					
α	Enter the amount of reserves the organization is required to maintain by the states in which the	13b				
~	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13D				
	Did the second state of th	•	1	14a		x
				14b		
15 15	b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>					
	excess parachute payment(s) during the year?			15		x
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		х
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2019)

Form 990 (2019)
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FOUNDATION FOR SARCOIDOSIS RESEARCH

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.

						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		12			
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	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						
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea						
a	The governing body?		0		8a	х	
b	Each committee with authority to act on behalf of the governing body?				8b		x
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
-	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 Re	venue	Code)	<u></u>			
		venue	0000.)	-		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		e ming the		110		
	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				12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y				120	23	
C					12c		x
40	in Schedule O how this was done				13	Х	
13 14	Did the organization have a written desument retention and destruction policy?				14	X	
14 15	Did the organization have a written document retention and destruction policy?				14	<u></u>	
15	Did the process for determining compensation of the following persons include a review and approva		dependent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				45-	v	
	The organization's CEO, Executive Director, or top management official				15a	X X	
b	Other officers or key employees of the organization				15b	Δ	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen						v
_	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		•				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	i'S				
	exempt status with respect to such arrangements?			<u></u>	16b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed IL		T (0 ''	E01(-)(0)			la J -
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	10 990	-1 (Section	501(C)(3)9	s only)	avalla	bie
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain		,				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest p	olicy, and	finano	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 boo	oks and	d records	▶			
	<u>READING WILSON - 312-341-0500</u>						
	1820 W. WEBSTER SUITE 304, CHICAGO, IL 60614						
					-	990	

Form 990 (2	1019) FOUNDATION FOR SARCOIDOSIS RESEARCH	36-4378232	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
· · · · · ·	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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending v	vith or within the organization's	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 instructions for definition of "key employee."

(D)

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

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

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

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

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

(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average	(do		Pos			ne	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)				n an	compensation	compensation	amount of
	week		cer an I	nd a d I	irecto	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e.			ated		organization	(W-2/1099-MISC)	from the
	related	stee	truste		e	pense		(W-2/1099-MISC)		organization
	organizations	ial tru	onal		ploye	e com				and related
	below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ANDREA WILSON	10.00	드	드	6	ъ Ж	포동	Fo			
CHAIRWOMAN		x		x				0.	0.	0.
(2) READING WILSON	10.00									
PRESIDENT		x		x				0.	Ο.	0.
(3) LESLIE SERCHUCK	5.00									
VICE PRESIDENT		х		x				0.	0.	0.
(4) LOUIE HONDROS	5.00									
TREASURER		х		x				0.	0.	0.
(5) KIRK ALLEN	1.00									
DIRECTOR		Х						0.	0.	0.
(6) JIM DAVIS	1.00									
DIRECTOR		Х						0.	0.	0.
(7) MARY ELLEN CARROLL	1.00									
DIRECTOR		Х						0.	0.	0.
(8) MARY COBB	1.00									-
DIRECTOR		Х						0.	0.	0.
(9) CRAIG LIPSET	1.00								•	•
DIRECTOR	1 00	X						0.	0.	0.
(10) AZMI NABULSI	1.00								0	0
DIRECTOR	1 00	X						0.	0.	0.
(11) LOUISE M. PERKINS DIRECTOR	1.00	x						0.	0.	0.
(12) DANIEL CULVER	1.00	^			<u> </u>			0.	0.	0.
DIRECTOR	1.00	x						10,000.	0.	0.
(13) GINGER SPITZER	40.00							10,000		U •
EXECUTIVE DIRECTOR	10000	1		x				114,809.	0.	0.
		1								
932007 01-20-20										Form 990 (2019)

932007 01-20-20

Form **990** (2019)

Т

20351112 707170 6522

	<u>990 (2019) FOUNDATIC</u>	ON FOR S	SAR	lCO	DID	05	SIS	R	RESEARCH	36-43	<u>.782</u>	232	Pa	age 8
Pa	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unles	Pos heck i ss per	more rson i) than o s both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	ר ו	am	(F) timate ount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	I	com fr orga and	pensa om the anizati d relate nizatio	e ion ed
											\square			
											-+			
											-+			
			-											
1b	Subtotal								124,809.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
d	Total (add lines 1b and 1c)								124,809.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,0	000 of reportable				4
	compensation from the organization												V	1
3	Did the organization list any former officer,	-		-	•	•		Ŭ	• • •				Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3	_	X
-	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," corr	plete Schedule	e J fe	or sı	ich i	oers	on .				<u></u>	5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for										ensati	ion fro	m	
	(A)								(B)			(C		
	Name and business	address	NC	ONE	3				Description of s	ervices	C	omper	nsatior	<u>ו</u>
	Total number of independent contraction "	adudiaa butu	ot !!	nite	1+	the		tod		vra than				
2	Total number of independent contractors (in \$100,000 of compensation from the organized strength of the organized strength			niteo	1 (0)	thos (rea						
	¥										[Form	990 (2	2019)

orm 99				FOR SARCOII	DOSIS RESEA	ARCH	36-4378	232 Page
Part V	VIII							
		Check if Schedule O	contains a respo	nse or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue exclude
						function revenue	business revenue	from tax under
								sections 512 - 51
contributions, onus, orants and Other Similar Amounts		Federated campaigns						
		Membership dues						
Am		Fundraising events						
ar la	d	Related organizations	<u>1d</u>					
ini,	е	Government grants (contr	ributions) 1e					
S S	f	All other contributions, gifts,	grants, and					
n the		similar amounts not included	d above 1f	1,958,614.				
	g	Noncash contributions included in	lines 1a-1f	6				
an	h	Total. Add lines 1a-1f		🕨	1,958,614.			
				Business Code				
ມ 2	2 a	RESEARCH FUND AND F.	ACILITY MANGE	SM 900099	110,795.	110,795.		
	b							
	с							
	d							
Program Service Revenue N	e							
	f	All other program service	revenue					
		Total. Add lines 2a-2f			110,795.			
3		Investment income (inclue			, -			
	,	other similar amounts)			74,981.			74,98
4		Income from investment of			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, , , , , , , , , , , , , , , , , , , ,
			-	-				
5)	Royalties	(i) Real	(ii) Personal				
				(II) Personal				
6		Gross rents	6a					
		Less: rental expenses	6b					
		Rental income or (loss)	6c					
		Net rental income or (loss		····· •				
7	Га	Gross amount from sales of						
		assets other than inventory	7a 1,767,1	17.				
	b	Less: cost or other basis						
ani		and sales expenses						
venue	с	Gain or (loss)	7c 38,6	52.				
Re	d	Net gain or (loss)			38,652.			38,652
	3 a	Gross income from fundraisi	ing events (not					
ŧ		including \$	of					
		contributions reported on	line 1c). See					
		Part IV, line 18		8a 24,240.				
	b	Less: direct expenses		8b 40,570.				
		Net income or (loss) from			-16,330.			-16,330
g		Gross income from gamir						· ·
	-	Part IV, line 19		9a				
	h	Less: direct expenses		9b				
		Net income or (loss) from						
10				, P				
	/ d	Gross sales of inventory,		10-				
		and allowances		10a				
		Less: cost of goods sold		10b				
	С	Net income or (loss) from	sales of inventor					
s			_	Business Code				_
ອ <u></u> 11	l a	MISCELLANEOUS INCOM	Е	900099	5,440.			5,440
enu	b							
le vi	С							
miscellaneous Revenue L1	d	All other revenue						
=		Total. Add lines 11a-11d			5,440.			
12		Total revenue. See instruction			2,172,152.	110,795.	0.	102,743
		20						Form 990 (20 ⁻

Form 990 (2019)

FOUNDATION FOR SARCOIDOSIS RESEARCH Part IX Statement of Functional Expenses

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

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 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	1,054,800.	1,054,800.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	51,248.	51,248.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	159,500.	159,500.		
4	Benefits paid to or for members		-		
5	Compensation of current officers, directors,				
	trustees, and key employees	114,809.	68,885.	22,962.	22,962.
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	490,285.	303,706.	76,507.	110,072.
8	Pension plan accruals and contributions (include			,	
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	17,222.	10,605.	2,831.	3,786.
10	Payroll taxes	57,614.	35,476.	9,471.	12,667.
11	Fees for services (nonemployees):	.,	,	-,-,-	,
'' a					
b	Legal				
c	Accounting				
d					
e					
f	Investment management fees				
g	column (A) amount, list line 11g expenses on Sch O.)	190,756.	30,545.	135,921.	24 290.
12	Advertising and promotion	7,324.	6,576.	155,5210	<u>24,290.</u> 748.
12	Office expenses	7,5240	0,5701		/ 10 .
		47,246.	18,511.	6,874.	21,861.
14	Information technology	47,240.	10,511.	0,0/1	21,001.
15	Royalties	48,606.	26,247.	13,124.	9,235.
16		5,989.	4,598.	285.	1,106.
17	Travel Payments of travel or entertainment expenses	5,505.	±,550•	205.	1,100.
18	5				
40	for any federal, state, or local public officials	78,667.	76,374.	1,616.	677.
19 00	Conferences, conventions, and meetings	70,007.	/0,5/4.	1,010.	077•
20	Interest				
21	Payments to affiliates	15,021.	3,433.	11,588.	
22	Depreciation, depletion, and amortization	6,356.	5,433.	5,916.	440.
23		0,550.		5,910.	440.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) SPECIAL EVENTS	150,318.	145 010	1 005	2 11/
a			145,219.	1,985.	3,114.
b	FEES AND LICENSES	56,444.	29,268.	9,317.	17,859.
С	POSTAGE AND PRINTING	48,409.	31,868.	1,042.	15,499.
d	RESEARCH	34,719.	32,901.	11 004	1,818.
	All other expenses	31,558.	14,119.	11,884.	5,555.
25	Total functional expenses. Add lines 1 through 24e	2,666,891.	2,103,879.	311,323.	251,689.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2019)

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Form 990 (2019)
Part X Balance Sheet

FOUNDATION FOR SARCOIDOSIS RESEARCH

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		Check if Schedule O contains a response or not	e to an	y line in this Part X					
					(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing			1,881,620.	1	323,307.		
	2	Savings and temporary cash investments				2			
	3	Pledges and grants receivable, net			100,000.	3	688,726.		
	4	Accounts receivable, net				4			
	5	Loans and other receivables from any current or							
		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%					
		controlled entity or family member of any of thes	e pers	ons		5			
	6	Loans and other receivables from other disqualif	fied per	rsons (as defined					
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6			
ts	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use				8			
Ä	9	Prepaid expenses and deferred charges				9			
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D							
	b	Less: accumulated depreciation			26,331.	10c	34,503.		
	11	Investments - publicly traded securities			11				
	12	Investments - other securities. See Part IV, line 1		2,397,476.	12	3,384,140.			
	13	Investments - program-related. See Part IV, line -		13					
	14	Intangible assets				14			
	15	Other assets. See Part IV, line 11		51,505.	15	57,891.			
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	33)	4,456,932.	16	4,488,567.		
	17	Accounts payable and accrued expenses			29,337.	17	52,031.		
	18	Grants payable		88,401.	18	25,000.			
	19	Deferred revenue	40,000.	19	154,012.				
	20	Tax-exempt bond liabilities	·····		20				
	21	Escrow or custodial account liability. Complete F				21			
es	22	Loans and other payables to any current or form							
Liabilities		trustee, key employee, creator or founder, subst							
iab		controlled entity or family member of any of thes	se pers	ons		22			
	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23			
	24	Unsecured notes and loans payable to unrelated	-			24			
	25	Other liabilities (including federal income tax, page	-						
		parties, and other liabilities not included on lines							
		of Schedule D		······ -	159 930	25	001 040		
	26		<u></u>		157,738.	26	231,043.		
s		Organizations that follow FASB ASC 958, che	ck her	e ▶ 🔼					
JCe		and complete lines 27, 28, 32, and 33.			4 200 104				
alar	27			······	4,299,194.	27	4,257,524.		
dBå	28			·····		28			
n		-	Organizations that do not follow FASB ASC 958, check here 🕨 📃						
Net Assets or Fund Balances		and complete lines 29 through 33.							
ts (29	Capital stock or trust principal, or current funds				29			
sse	30	Paid-in or capital surplus, or land, building, or eq				30			
¢t A	31	Retained earnings, endowment, accumulated inc			1 200 104	31			
Ne	32			·····	4,299,194.	32	4,257,524.		
	33	Total liabilities and net assets/fund balances			4,456,932.	33	4,488,567.		

Form **990** (2019)

	990 (2019) FOUNDATION FOR SARCOIDOSIS RESEARCH	36-43	378232	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,172		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,660		
3	Revenue less expenses. Subtract line 2 from line 1	3	-494		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,299		
5	Net unrealized gains (losses) on investments	5	453	3,0	69.
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	4,25	7,5:	24.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
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	Х	L
	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	e 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 Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				Ĺ
				000	

Form **990** (2019)

SCHEDULE	ΕA
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Department of the Treasury

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2019
Open to Public Inspection

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mern	ai F	leven	lue Service		Go to www.irs.go	v/Form990 for instruction	ons and th	ne latest ir	nformation.		Inspection		
Nan	ne	of t	he organization								identification numb		
Da			Decem for F	FOUN	DATION FOR	SARCOIDOSIS	RESE	ARCH			6-4378232		
Pa						(All organizations must co			e instructions	S			
	or	gani				(For lines 1 through 12, c							
1	Ļ					on of churches described			l)(A)(i).				
2	Ļ					(Attach Schedule E (Forn							
3	Ļ		•	•		anization described in s			•				
4				n organiza	ation operated in co	onjunction with a hospital	described	in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,		
	_	_	city, and state:										
5			-			ollege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
	_		section 170(b)(1)	(A)(iv). (C	Complete Part II.)								
6	Ē			-	-	mental unit described in							
7			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). (Co	omplete Part II.)								
8	Ļ		-)(1)(A)(vi). (Complete Par	-						
9	L		An agricultural rese	earch org	anization described	d in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college		
			or university or a n	ion-land-g	rant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	e or		
	_	_	university:										
10		X	-		•	e than 33 1/3% of its sup				-	•		
						ect to certain exceptions,							
						e (less section 511 tax) fro	om busines	sses acquii	red by the org	ganization a	after June 30, 1975.		
	_		See section 509(a										
11	Ļ		•	•	•	sively to test for public sa					_		
12	L					sively for the benefit of, to							
						ed in section 509(a)(1) o					Check the box in		
		_			• •	of supporting organization		-		-			
а	1				-	supervised, or controlled	• • •	-					
						egularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting		
		_	7		omplete Part IV, S								
b)				-	d or controlled in connec			-		-		
			-	-		anization vested in the s	ame perso	ns that coi	ntrol or mana	ge the supp	ported		
_			7			, Sections A and C.			un al fu un attinum al		- al i tha		
С	;			-		ng organization operated				lly integrate	ed with,		
ام				-		s). You must complete				itad argani-	- otion (o)		
d		L		-		porting organization oper zation generally must sat				-			
				•	• •	• •	•		•	an allenin	Veness		
			7			mplete Part IV, Sections written determination fro							
е	,	L		-		onally integrated supporti			турет, туре	п, туре п			
f		=nto	r the number of sur		rachizationa			ation.					
			vide the following int	•	•	ed organization(s)							
9			i) Name of supported	Iomation	(ii) EIN	(iii) Type of organization	(iv) Is the org in your govern	anization listed	(v) Amount o	f monetary	(vi) Amount of other		
			organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instruction		

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION FOR SARCOIDOSIS RESEARCH Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						I
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	(4) 2010	(6) 2010	(0) 2011			
	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties,						
0	and income from similar sources Net income from unrelated business						
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						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10		1 、			40	
	Gross receipts from related activities,		,				
13	First five years. If the Form 990 is for				2		
Se	organization, check this box and stor ction C. Computation of Publi	c Support Per	rcentage	<u></u>			
				aluma (f))		14	0/
	Public support percentage for 2019 (I		•			14	<u>%</u>
	Public support percentage from 2018 33 1/3% support test - 2019. If the o						
102							
L	stop here. The organization qualifies		-			· · · · · · · · · · · · · · · · · · ·	······
Ľ	33 1/3% support test - 2018. If the o						
47	and stop here. The organization qual						
1/2	10% -facts-and-circumstances test	-	-				
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"						
k	10% -facts-and-circumstances test	-	-				
	more, and if the organization meets th						•
	organization meets the "facts-and-circ		-		• • • •		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17		and see instructions	

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION FOR SARCOIDOSIS RESEARCH 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.) Section A. Public Support

	5011						
Calendar year (or fiscal year beç	ginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributio	ns, and						
membership fees receive	ed. (Do not						
include any "unusual gra	ants.")	773,178.	1369674.	2065871.	3812061.	1958614.	9979398.
2 Gross receipts from adm merchandise sold or sen formed, or facilities furni- any activity that is relate organization's tax-exemption	vices per- shed in d to the						
3 Gross receipts from activ are not an unrelated trac							
iness under section 513							
4 Tax revenues levied for t ization's benefit and eith or expended on its beha	er paid to						
 5 The value of services or furnished by a governme the organization without 	facilities ental unit to						
6 Total. Add lines 1 through	•	773,178.	1369674.	2065871.	3812061.	1958614.	9979398.
7a Amounts included on lin			20090,20	20000/20			
3 received from disgualit		65,000.	40,000.	27,025.	16,000.	34,000.	182,025.
b Amounts included on lines 2 and from other than disqualified perso exceed the greater of \$5,000 or 1	3 received ons that % of the		632,316.				
amount on line 13 for the year		155,892.	672,316.	1423245.	2902945. 2918945.	1081374. 1115374.	<u>6130772.</u> 6312797.
		155,092.	0/2,310.	1450270.	2910945.	1115574.	3666601.
8 Public support. (Subtract lin Section B. Total Support							30000UI.
Calendar year (or fiscal year beg		(-) 2015	(h) 0016	(-) 0017	(4) 2019	(a) 2010	
	,	(a) 2015 773,178.	(b)2016 1369674.	(c)2017 2065871.	(d)2018 3812061.	(e)2019 1958614.	(f) Total 9979398.
 9 Amounts from line 6 10a Gross income from interdividends, payments reconsecurities loans, rents, read income from similar 	eived on oyalties,	137,647.			217,975.		
b Unrelated business taxable		-	-	-	-	-	
(less section 511 taxes) from acquired after June 30, 197							
 c Add lines 10a and 10b 11 Net income from unrelat activities not included in whether or not the busin regularly carried on 	ed business line 10b,	137,647.	72,434.	53,630.	217,975.	113,633.	595,319.
12 Other income. Do not inc or loss from the sale of c assets (Explain in Part V	capital				11,027.	5,440.	16,467.
13 Total support. (Add lines 9, 10		910,825.	1442108.	2119501.	4041063.		10591184.
14 First five years. If the Fo		•					·
check this box and stop	here	- 0					
Section C. Computation							24 62
15 Public support percenta	•			olumn (f))		15	34.62 %
16 Public support percenta						16	35.30 %
Section D. Computatio							F 60
17 Investment income perce						17	<u>5.62 %</u>
18 Investment income perce							<u>6.38 %</u>
19a 33 1/3% support tests -							N V
more than 33 1/3%, che		-	•				
b 33 1/3% support tests -		-					
line 18 is not more than							
20 Private foundation. If th	ne organizatio	n did not check a l	box on line 14, 19a	a, or 19b, check th			
932023 09-25-19					Sche	edule A (Form 990	or 990-EZ) 2019

15 2019.05000 FOUNDATION FOR SARCOIDOSI 6522___1

SCHEDULE D)
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Department of the Treasury Internal Revenue Service

(Form	990)
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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.



Nam	e of the organization FOUNDATION FOR SARCOIDOSIS RESEARCH	Employer identification number 36-4378232
Par		
	organization answered "Yes" on Form 990, Part IV, line 6.	
		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 writing that the assets held in donor advised fund-	s
•	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used or	
-	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferrir	
	impermissible private benefit?	
Par		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		rically important land area
	Protection of natural habitat	• •
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con	servation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiz	ation during the tax
	year 🕨	-
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
	▶	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	ements during the year
	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i	i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statemet	ent and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	t describes the
_	organization's accounting for conservation easements.	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other Si	milar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balan	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherand	ce of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	► \$
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	rovide
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
	Assets included in Form 990, Part X	► \$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2019

932051 10-02-19

32	2	
~	0 F 0 0 0	

Partial Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets		dule D (Form 990) 2019 FOUNDAT								36-43			age 2
collection terms (check all that apply): Collection terms (check all that apply): Scholarly research Other	Par	t III Organizations Maintaining C	olleo	ctions of Ar	t, His	torical Tre	easures, or	^r Other	Similar	Assets	(contin	ued)	
a Public schulttion d □ can or exchange program b Schulary research e □ Otter	3	Using the organization's acquisition, accession	on, ar	nd other record	ls, cheo	ck any of the	following that	make sig	nificant u	se of its			
b Scholarly research e Other c Preservation for future generations 4 4 Provide a description of the organization's collections and explain how they further the organization's acenter statiliar assets to be soft orise funds rating and the organization's collection? Yes No 7 Provide a description of the organization's collection? Yes No 7 Provide a description of the organization's collection? Yes No 7 Is the organization on agent, furstee, custodian or other intermediary for contributions or other assets not included on form 900, Part X, line 21, line 10. Yes No 9 If 'Yes', explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No 9 Control organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 9 Control organization include an amount on Form 990, Part X, line 21, line 40, and part XIII. Periodial part asset. (a) form years back. (a) form years back. (b) form years back. (c) Three years back. (c) form years back. (d) Three years back. (e) four years back. (d) Three years back. (e) four years back. </td <td></td> <td>collection items (check all that apply):</td> <td></td>		collection items (check all that apply):											
c Preservation for future generations 4 Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 6 Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 7 Part IV Exercement 42 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. 16 Is the organization an agent, trustee, custodial or order intermediary for contributions or other assets not included on Form 990, Part X, line 21. In Section 42 Custodial Arrangement in Part XIII and complete the following table: 17 Yes, "explain the arrangement in Part XIII and complete the following table: Intermediatory in the same section 10 Custodial Arrangement in Part XIII. Check here if the section answered "Yes" on Form 990, Part IV. Ine 10. 18 Ending balance Intermediatory Part X, line 21, for secret on or custodial account liability? INe 19 If Yes," explain the arrangement in Part XIII. Check here if the scipanation has been provided on Part XIII. Intermediatory explanator has been provided on Part XIII. 19 If Administrative expenses Intermediatory explanaton has been provided in Part XIIII. Check here if the e	а	Public exhibition		c	1 🗌] Loan or exc	hange progra	m					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization alloit or receive donations of at, historical reasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part W Escrew and Custodial Arrangements. Complete if the organization answered "Ves" on Form 900, Part X, line 9, or reported an amount on Form 900, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Is be organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Is be organization include an amount on them 1990, Part X, line 21, for escrew or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Subtitue organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Ves No b If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Part V Indowment Funds. Complet if the organization answered "Yes" on Form 900, Part X, line 20, for years back (e) four years back (four years balance (four years back (four years back (fouryee	b	Scholarly research		e	• 🗌	Other							
S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds reture than to be maintained as pard of the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custoclain or other intermediary for contributions or other assets not included on Form 990, Part X / Ine 21. Steering balance	с	Preservation for future generations											
S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds reture than to be maintained as pard of the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custoclain or other intermediary for contributions or other assets not included on Form 990, Part X / Ine 21. Steering balance	4	Provide a description of the organization's co	ollectio	ons and explai	n how [.]	they further th	ne organizatio	n's exem	pt purpos	e in Part	XIII.		
To be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answared 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Is 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. Immediate account liability? Immediate account liability? Is a Beginning of year balance [a] Current	5												
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 990, Part X // Ime 21, for contributions or other assets not included on Form 990, Part X // Ime 21, for contributions of units		to be sold to raise funds rather than to be ma	aintair	ned as part of t	he org	anization's co	llection?				Yes		No
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 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 10 11 10	Par										ine 9, or		
on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d g Distributions during the year 1d e Distributions during the year 1d g Distributions during the year 1d g Distributions during the year 1d g Distributions during the year 1e g Distributions during the year 1e g Distributions 1e explant the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 1e Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1d f Beginning of year balance (a) Current year (b) Prior year back. (c) Ture years back. (e) Four years back. i End of year balance iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii						Ū.							
on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d g Distributions during the year 1d e Distributions during the year 1d g Distributions during the year 1d g Distributions during the year 1d g Distributions during the year 1e g Distributions during the year 1e g Distributions 1e explant the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 1e Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1d f Beginning of year balance (a) Current year (b) Prior year back. (c) Ture years back. (e) Four years back. i End of year balance iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	1a	Is the organization an agent, trustee, custodi	an or	other intermed	liarv fo	r contribution	s or other ass	ets not in	cluded				
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year f Ending balance b Distributions during the year f Ending balance b If "Yes," explain the arrangement in Part XIII Check here if the explanation tables per provided on Part XIII b If "Yes," explain the arrangement in Part XIII. Check here if the explanation tables per provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. a Beginning of year balance b Contributions c Net investment earnings, gains, and losses c Net expenditures for facilities and programs c Term endowment ▶% b Permanent endowment ▶% c Term endowment funds not in the possession of the organization that are held and administered for the organization b; c Term endowment funds not in the possession of the organization that are held and administered for the organization b; c Term endowment funds, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization endowment funds. b if "Yes" on line 3a(i), are the related organizations listed as required on Schedule R? complete if the organizations answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. b Earch Distance of the organization instered organization device the organization basis (investment) b Basis (investment) b Basis (investment) b Basis (investment) b											Yes		No
c Beginning balance Id d Additions during the year Id e Distributions during the year Id 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation naws been provided on Part XIII. Image: Check here if the explanation naws been provided on Part XIII. Image: Check here if the explanation naws been provided on Part XIII. Image: Check here if the explanation naws been provided on Part XIII. Image: Check here if the explanation naws been provided on Part XIII. Image: Check here if the explanation naws been provided on Part XIII. Image: Check here if the explanation naws been provided on Part XIII. Image: Check here if the explanation naws been provided on Part XIII. Image: Check here if the explanation naws been provided on Part XIII. Image: Check here if the explanation naws been provided on Part XIII. Image: Check here if the explanation naws been provided on Part XIII. Image: Check here if the explanation naws been provided on Part XIII. Image: Check here if the explanation naws been provided on Part XIII. Image: Check here if the explanation naws been provided on Part XIII. Image: Check here if the explanation naws been provided on part XIII. Image: Check here if the explanation naws been provided on part XIII. Image: Check here if the explanation naws been provided on part XIII. Check here if the explanation	b												
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d Additions during the year id e Distributions during the year id f Ending balance if 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10. a Beginning of year balance Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10. a Grants or scholarships Image: Complete if the organization that are held and administered for the organization by: Image: Complete if the organization that are held and administered for the organization by: 9 Port and companizations Image: Cost or other organization for the organization for the organization sendowment threade uses of the organization sendowment tunds. Image: Cost or other organization or the organization answered 'Yes' on Form 990, Part X, line 10. 10 Unrelated organizations Image: Cost or other organization answered 'Yes' on Form 990, Part X, line 10. 10 Unrelated organizations isted as required on Schedule	с	Beginning balance							1c				
e Distributions during the year Ie f Ending balance If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: State													
f Ending balance 1f 2a Did the organization include an anount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b f**es, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back c Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back (e) Four years back c Orthor expenditures for facilities (a) Current year end balance (e) Four years (f) Contretyee (f) Conor onter (f													
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b. If Yes, * explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships (c) Two years (c) Two years (c) Two years (c) Four years back (c) Four years back c Net investment earnings, gains, and losses (c) Two years (c) Two years (c) Four years four (c) Four years four (c) Four years four (c) Four years four four four four four four four four four									v?		Yes		No
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b Contributions	1a	Beginning of vear balance										2	
c Net investment earnings, gains, and losses													
d Grants or scholarships	c												
e Other expenditures for facilities and programs	d												
and programs f f definition 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 Permanent endowment ▶ % c Term endowment ▶ % c Term endowment ▶ % there endowment ▶ % i) Unrelated organizations iii) Related organizations iii) Related organizations iii) Pat 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 b Buildings c Leasehold improvements 29, 030. 9, 738. 19, 292. d Equipment 8, 284. 1, 908. 6, 376. Cher 38, 860. 30, 025. 8, 835. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.													
f Administrative expenses	•												
g End of year balance	f												
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% 3a Are there endowment ▶% (i) Unrelated organizations													
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term 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			ent ve	ear end balanc	e (line '	1 a. column (a)) held as:						
b Permanent endowment ▶ % c Term 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:			-			. 9, 00.000 (0.	,,,						
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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 (iiii) Related organizations (iii) Related organizations are the related organizations listed as required on Schedule R? (iii) 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 (b) Cost or other (c) Accumulated (d) Book value (d) Book value (d) Book value (e) Cost or other (f) Solo (f) (f) (f) (f) (f) (f) (f) (f) (f) (f)				_/ 0									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 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	•		<i>,</i> -	oual 100%.									
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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. (c) Accumulated depreciation Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	4											1	
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Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land). Part	IV. line 11a. S	See Form 990	. Part X. li	ne 10.				
Image: Second system Image: Second system Image: Second system Image: Second system 1a Land Image: Second system Image: Second system Image: Second system Image: Second system b Buildings Image: Second system c Leasehold improvements Image: Second system										d		value	e
b Buildings 29,030. 9,738. 19,292. c Leasehold improvements 8,284. 1,908. 6,376. e Other 38,860. 30,025. 8,835. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.) 34,503.				• •				• •		-	()		
b Buildings 29,030. 9,738. 19,292. c Leasehold improvements 8,284. 1,908. 6,376. e Other 38,860. 30,025. 8,835. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.) 34,503.	1 a	Land			-								
c Leasehold improvements 29,030. 9,738. 19,292. d Equipment 8,284. 1,908. 6,376. e Other 38,860. 30,025. 8,835. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.) 34,503.													
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e Other 38,860. 30,025. 8,835. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.) > 34,503.													
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)													
				Form QQA Davt	X col								
			<u>yuu I</u>	onn ooo, i alt	<u>, , , , , , , , , , , , , , , , , , , </u>	<u></u>	<u></u>			Schedule			

Schedu	ule D (Form 99	90) 2019	FOUNDATION	FOR	SARCOIDOS	IS RESEARCH	36	-4378232 Page 3
Part			Other Securities.					*
	 Comple	ete if the org	anization answered "Yes"	on For	m 990, Part IV, line	11b. See Form 990, Pa	rt X, line 12.	
(a) De			OTY (including name of security)		(b) Book value			d-of-year market value
(1) Fin	ancial derivat	ives						
• •	sely held equ							
(3) Oth	•	,						
		STOCK	AND EQUITY					
	MUTUAL		~		2,833,820.	END-OF-YEA	AR MARKET	VALUE
(C)			MUTUAL FUNDS		550,320.			
(D)					•			
(E)								
(F)								
(G)								
(H)								
Total. (Col. (b) must ec	qual Form 990), Part X, col. (B) line 12.) 🕨		3,384,140.			
Part	VIII Invest	tments - I	Program Related.					
	Comple	ete if the ora	anization answered "Yes"	on For	m 990, Part IV, line	11c. See Form 990, Pa	t X, line 13.	
		escription of			(b) Book value			d-of-year market value
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
), Part X, col. (B) line 13.) 🕨					
Part		Assets.						
	Comple	ete if the org	anization answered "Yes"			11d. See Form 990, Pa	rt X, line 15.	I
			(a)	Descri	ption			(b) Book value
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (<u>Column (b) m</u>	<u>ust equal Fo</u> Liabilitie	orm 990. Part X. col. (B) line	e <u>15.)</u>			••••••••••••••••••••••••••••••••••••••	
Tart				on F a		110 or 116 Car Fame 0		
	Comple		anization answered "Yes" escription of liability	on For	m 990, Part IV, line	11e or 11f. See Form 9	90, Part X, line 25	. (b) Book value
<u>1.</u>		. ,	escription of hability					
(1)	Federal inco	me taxes						
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9) Totol	<u> </u>			05.				
	• • •		o <u>rm 990, Part X, col. (B) lin</u>	,				
	-	-	sitions. In Part XIII, provide			-		· · · · · · · · · · · · · · · · · · ·
org	anization's lia	which the real second	certain tax positions under	LA2R	ASU 140. UNECK he	re II LITE LEXT OF THE TOOT	note has been pro	

Schedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 FOUNDATION FOR SARCOIDOSIS	RESEA	RCH	36-4	4378232 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With I			¥
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	L .			
1	Total revenue, gains, and other support per audited financial statements			1	2,665,791.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	453,069.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		40,570.		
е	Add lines 2a through 2d			2e	493,639.
3	Subtract line 2e from line 1			3	2,172,152.
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	. 4 a			
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,172,152.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		Expenses per F	leturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	2,707,461.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				27/0//1010
а					
a	Donated services and use of facilities	. 2a			27,07,1010
b					
	Donated services and use of facilities	2b			
b	Donated services and use of facilities Prior year adjustments	2b 2c	40,570.		
b c	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2b 2c 2d	, 	2e	40,570.
b c d	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2b 2c 2d	, 	2e 3	
b c d e	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2b 2c 2d	, 		40,570.
b c d e 3	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	2b 2c 2d	, 		40,570.
b c d e 3 4	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:	2b 2c 2d 4a	, 		40,570.
b c d 3 4 a b	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	2b 2c 2d 4a 4b	· · · · · · · · · · · · · · · · · · ·	3 4c	<u>40,570.</u> 2,666,891. 0.
b c d 3 4 a 5	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 Other (Describe in Part XIII.)	2b 2c 2d	· · · · · · · · · · · · · · · · · · ·	3	40,570.

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 XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS DIRECT EXPENSE

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS DIRECT EXPENSE

20351112 707170 6522

40,570.

40,570.

	in the region	agents, and independent contractors in the region	gram services, investments, grants to recipients located in the region)	describe specific type of service(s) in the region	for and investments in the region
3 a Subtotal	0	0			0.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			0.
HA For Paperwork Reduct	ion Act Notice, s	see the Instruct	tions for Form 990.	Schedule F (Form 990) 2019
32071 10-12-19			36)SI 6522_

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2

2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistant
	United States.

partment of the Treasurv	Attach to Form 990.
ernal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.

Form 990, Part IV, line 14b.

FOUNDATION FOR SARCOIDOSIS RESEARCH

De Inte Na

SCHEDULE F (Form 990)

lame d	of the	organization	

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.

36-4378232 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,X Yes 🗌 No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (f) Total nditures

Employer identification number

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	 (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region) 	 (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region

_1



Inspection

36-4378232

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 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) -						
		ALBANIA, ANDORRA,	RESEARCH GRANT	75,000.	WIRE	٥.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	RESEARCH GRANT	40,000.	WIRE	٥.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	RESEARCH GRANT	20,000.	WIRE	0.		
2 Enter total number of	recipient organization	ns listed above that are r	recognized as charities by the	oreign country,	recognized as tax-ex	empt		•
			tion 501(c)(3) equivalency letter					
						▶		

Schedule F (Form 990) 2019

FOUNDATION FOR SARCOIDOSIS RESEARCH Schedule F (Form 990) 2019

36-4378232

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) 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	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2019

Page 3

Schedule F (Form 990) 2019 FOUNDATION FOR SARCOIDOSIS RESEARCH 36 Part IV Foreign Forms 36

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 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 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? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	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? <i>If</i> "Yes," <i>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 Instructions for Form 8621)</i>	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 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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2019

932074 10-12-19

Schedule F (Form 990) 2019 FOUNDATION FOR SARCOIDOSIS RESEARCH	36-4378232	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accourt	nting method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting meth		
(estimated number of recipients), as applicable. Also complete this part to provide any additional infor	mation. See instructions.	
PART I, LINE 2:		
FSR HAS A WELL DOCUMENTED, THOROUGH PROGRAM FOR SOLICITAT	ING AND	
EVALUATING REQUESTS FOR RESEARCH AND RESEARCH FELLOWSHIP	GRANTS. THE	
PROCESS IS OVERSEEN BY FSR'S SCIENTIFIC ADVISORY BOARD. TH	HEIR EVALUATIO	NS
OF RESEARCH APPLICATIONS AND RECOMMENDATIONS FOR FUNDING A	ARE PRESENTED '	ТО
THE FSR GOVERNING BOARD OF DIRECTORS WHICH DETERMINES WHIC	CH REQUESTS WI	LL
BE FUNDED. FOR ALL MULTIYEAR FUNDING, THE COMMITMENT BEY	OND THE INITIA	L
YEAR(S) IS CONTINGENT UPON RECEIPT AND EVALUATION BY FSR (OF A	
SATISFACTORY ANNUAL PROGRESS REPORT. FSR REQUIRES ONGOING	REPORTING	

PROGRESS OF RECRUITMENT/ENROLLMENT IN RESEARCH STUDIES.

SCHEDULE G	Suppleme	ntal Inform	ation Regarding	Fund	raisi	ng or Gaming A	ctiv	rities	OMB No. 1545-0047
(Form 990 or 990-EZ)			answered "Yes" on ntered more than \$1				or 19,	or if the	2019
		-	Attach to Form 990						Open to Public
Department of the Treasury Internal Revenue Service	► Go	F	ov/Form990 for instr				on.		Inspection
Name of the organization									entification number
			SARCOIDOSI					36-4378	
	complete this part		ne organization answe	ered "Y	es" or	n Form 990, Part IV, I	line 1	7. Form 990-E	Z filers are not
c Phone solici d In-person so 2 a Did the organization key employees list	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	r oral agreeme art VII) or entit viduals or entit	e Solicita f Solicita g Special	tion of tion of fundra (includ	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye	
(i) Name and address or entity (fund		(i	i) Activity	(iii) fundr have ci or con contribu	aiser ustody trol of	(iv) Gross receipts from activity	tò (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No	•		.,	
							-		
Total 3 List all states in whi	ch the organizatio			contrib	utions	or has been notified	l it is	exempt from r	egistration
or licensing.									
LHA For Paperwork Re	eduction Act Noti	ce, see the In	structions for Form 9	990 or	990-E	Z	Sche	dule G (Form	990 or 990-EZ) 2019

932081 09-11-19

Schedule G ((Form 990 or 990-EZ) 2019	FOUNDATION	FOR	SARCOIDOSIS	RESEARCH	36-4378232	Page 2
Part II	Fundraising Events	Complete if the orga	nization	answered "Ves" on Forr	n 990 Part IV line 18	or reported more than \$15	000

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 gr			÷ .	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FSR KISS		NONE	(add col. (a) through
			WALK			col. (c)
0			(event type)	(event type)	(total number)	COI. (C))
Revenue						
eve	1	Gross receipts	24,240.			24,240.
щ						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	24,240.			24,240.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses						
ben	6	Rent/facility costs				
Ĕ						
ect	7	Food and beverages				
Ē						
	8	Entertainment				40 570
	9	Other direct expenses				40,570.
	10	, , , , , , , , , , , , , , , , , , , ,				<u>40,570</u> . -16,330.
Da	irt I	Net income summary. Subtract line 10 from I		000 Det N/ Kee 40 and		-10,330.
10		II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or i	reported more than	
		\$15,000 0H F0HH 990-EZ, IIIle 6a.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue				bingo, progrocolivo bingo		
Re						
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizos				
EXp	3	Noncash prizes				
sct	4	Rent/facility costs				
Dir	1					
	5	Other direct expenses				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor		□ <u>res</u> ⁷⁰	No 765	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		•	
	'				·····	
	8	Net gaming income summary. Subtract line 7	r from line 1, column (d)			
		Hot gaming moonto baninary. Babilabelino r				
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
		he organization licensed to conduct gaming a		states?		Yes No
		No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax v	/ear?	Yes No
		Yes," explain:				
		· · · ·				
	00 00	-11-19			Schedule G (For	rm 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 FOUNDATION FOR SARCOIDOSIS RESEARCH 36-4	378232	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	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?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
	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?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \blacktriangleright \$		
с	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:		
	s the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
De	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 Part 15, 15, 16, and 17b, as applicable. Also provide any additional information.	t III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
93208	3 09-11-19 Schedule G (Forn	1 990 or 990)-EZ) 2019

Schedule G	i (Form 990 or 990-EZ) Supplemental Infor	FOUNDATION	FOR	SARCOIDOSIS	RESEARCH	36-4378232	Page 4
Part IV	Supplemental Infor	mation (continued)					
						Schedule G (Form 990 or	990-EZ

932084 04-01-19

SCHEDULE I	G	arants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)	Go	vernments, an	d Individual	s in the Ŭni	ted States		2019
	Compi	ete if the organization	Attach to Form		rt IV, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service		Go to www.ir	s.gov/Form990 fo		nation.		Inspection
Name of the organization	N FOD CAD	COIDOSIS RE	-				Employer identification number $36 - 4378232$
Part I General Information on Grants a		COIDOSIS REA	SEARCH				30-4378232
1 Does the organization maintain records		amount of the grants	or assistance the	arantees' eligibility	for the grants or assis	tance and the selecti	
criteria used to award the grants or assis							
2 Describe in Part IV the organization's pro-	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than s	5,000. Part II can	be duplicated if addition	onal space is need	ed.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
STATE UNIVERSITY OF IOWA							
FOUNDATION - PO BOX 4550 - IOWA							
CITY, IA 52244	42-0796760	501C3	10,000.	0.			RESEARCH
UNIVERSITY OF CINCINNATI 2600 CLIFTON AVENUE	21 6000000	504.02					
CINCINNATI, OH 45220	31-6000989	50103	20,000.	0.			RESEARCH
CLEVELAND CLINIC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131	34-0714585	501C3	21,300.	0.			RESEARCH
NORTHWESTERN UNIVERSITY 633 CLARK ST.	26.0165015	504.02					
EVANSTON, IL 60208	36-2167817	50103	20,000.	0.			RESEARCH
UNIVERSITY OF IOWA 118 S CLINTON ST IOWA CITY, IA 52242	42-6004813	501C3	30,000.	0.			RESEARCH
·							
THE OHIO STATE UNIVERSITY WEXNER							
MEDICAL CENTER - 1960 KENNY ROAD -	31-6025986	50103	150,000.	0.			RESEARCH
COLUMBUS, OH 43210			, l'a a d da la la				19
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization: 							
• Enter total number of other organizations							······

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

Schedule I (Form 990) FOUNDATION FOR SARCOIDOSIS RESEARCH

36-4378232 Page 1

		COIDOSIS RE					00-43/0232 Page
Part II Continuation of Grants and Othe	er Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OKLAHOMA MEDICAL RESEARCH							
FOUNDATION - 825 N.E. 13TH ST -							
OKLAHOMA CITY, OK 73104	73-0580274	501C3	125,000.	0.			RESEARCH
VANDERBILT UNIVERSITY							
DEPT. 1236 PO BOX 121236	60.0476000	50102	150.000				
DALLAS, TX 75312	62-0476822	50103	150,000.	0.			RESEARCH
YALE UNIVERSITY							
P.O. BOX 1873							
NEW HAVEN, CT 06508-1873	06-0646973	501C3	325,000.	0.			RESEARCH
,			, ,				
JOHN HOPKINS MEDICAL CENTER							
600 N WOLFE ST							
BALTIMORE, MD 21287	52-0595110	501C3	25,000.	0.			RESEARCH
UNIVERSITY OF WASHINGTON							
1959 NE PACIFIC ST							
SEATTLE, WA 98195	96-6001537	501C3	20,000.	0.			RESEARCH
ATS FOUNDATION 25 BROADWAY							
NEW YORK, NY 10004	20-2138855	50103	20,000.	0.			RESEARCH
NEW TORK, NI 10004	20 2130033	50105	20,000.	••			KEDEAKCH
NATIONAL JEWISH HEALTH							
1400 JACKSON STREET							
DENVER, CO 80206	74-2044647	501C3	20,000.	0.			RESEARCH
,			, ,				
UNIVERSITY OF PENNSYLVANIA							
3451 WALNUT STREET							
PHILADELPHIA, PA 19104	23-1352685	501C3	20,000.	0.			RESEARCH
UNIVERSITY OF ILLINOIS							
506 S WRIGHT ST	27 6000511	50102					
URBANA, IL 61801	37-6000511	501C3	20,000.	٥.			RESEARCH

Schedule I (Form 990)

FOUNDATION FOR SARCOIDOSIS RESEARCH Schedule I (Form 990)

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						0-4576252 Pa
er Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sche	edule I (Form 990), Pai	rt II.)	
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
57-6000722	50103	20,000	0			RESEARCH
						RESEARCH
14 1550510	50105	20,000.				
23-1352651	501C3	25,000.	0.			RESEARCH
	(b) EIN 57-6000722 14-1338310	(b) EIN (c) IRC section	(b) EIN (c) IRC section if applicable (d) Amount of cash grant 57-6000722 501C3 20,000. 14-1338310 501C3 20,000.	(b) EIN(c) IRC section if applicable(d) Amount of cash grant(e) Amount of non-cash assistance57-6000722501c320,000.0.14-1338310501c320,000.0.	(b) EIN(c) IRC section if applicable(d) Amount of cash grant(e) Amount of non-cash assistance(f) Method of valuation (book, FMV, appraisal, other)57-6000722501c320,000.0.14-1338310501c320,000.0.	if applicablecash grantnon-cash assistancevaluation (book, FMV, appraisal, other)non-cash assistance57-6000722501c320,0000

Schedule I (Form 990)

Schedule I (Form 990) (2019) FOUNDATION FOR SARCOIDOSIS RESEARCH

36-4378232

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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
RAVEL	1	750.	0.		
ESEARCH & RELATED GRANTS	18	50,498.	0.		
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
SR HAS A WELL DOCUMENTED, THOROU	JGH PROGRAM	FOR SOLIC	ITATING AN	D EVALUATING	
REQUESTS FOR RESEARCH AND RESEARC	H FELLOWSH	ITP GRANTS.	THE PROC	ESS IS	
VERSEEN BY FSR'S SCIENTIFIC ADVI	LSORY BOARD	. THEIR EV	ALUATIONS	OF RESEARCH	
APPLICATIONS AND RECOMMENDATIONS	FOR FUNDIN	IG ARE PRES	ENTED TO T	HE FSR	
OVERNING BOARD OF DIRECTORS WHIC	CH DETERMIN	ES WHICH R	EQUESTS WI	LL BE	

FUNDED. FOR ALL MULTIYEAR FUNDING, THE COMMITMENT BEYOND THE INITIAL

YEAR(S) IS CONTINGENT UPON RECEIPT AND EVALUATION BY FSR OF A SATISFACTORY

ANNUAL PROGRESS REPORT. FSR REQUIRES ONGOING REPORTING PROGRESS OF

36-4378232 Page 2	
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Schedule I (FOR	SARCOIDOSIS	RESEARCH
Part IV	Supple	emental Information	1			

RECRUITMENT/ENROLLMENT IN RESEARCH STUDIES.

Schedule I (Form 990)

932291 04-01-19

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▲ 2019 Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ● Attach to Form 990 or Form 990-EZ. Open To Public Inspection Name of the organization ► OUNDATION FOR SARCOIDOSIS RESEARCH Employer identification number 36 - 4378232 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrected?
Department of the Treasury Internal Revenue Service Construction Inspection Name of the organization FOUNDATION FOR SARCOIDOSIS RESEARCH 36-4378232 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (a) Name of disgualified person (b) Relationship between disgualified person (c) Description of transaction
Name of the organization Employer identification number FOUNDATION FOR SARCOIDOSIS RESEARCH 36-4378232 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (a) Name of disgualified person (b) Relationship between disqualified person and organization of transaction (c) Description of transaction (d) Corrected?
Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (a) Name of disgualified person (b) Relationship between disgualified person (c) Description of transaction
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified percent and organization (c) Description of transaction (d) Corrected?
1 (a) Name of disgualified person (b) Relationship between disgualified person and ergonization (c) Description of transaction (d) Corrected?
(a) Name of disgualified person
 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958
section 4958
Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization
reported an amount on Form 990, Part X, line 5, 6, or 22.
(a) Name of (b) Relationship (c) Purpose of loan or from the principal amount (f) Balance due (g) In (h) Approved (i) Written default? (c) multiple agreement?
To From Yes No Yes No Yes No
Total \$
Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.
(a) Name of interested person(b) Relationship between interested person and the organization(c) Amount of assistance(d) Type of assistance(e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2019

932131 10-21-19

Schedule L (Form 990 or 990-EZ) 2019 FOUNDA	TION FOR SARCOIDOSIS	S RESEARCH	36-4378	232	Page 2
Part IV Business Transactions Involv	ing Interested Persons.				
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DANIEL CULVER	FORMER BOARD MEMBER	10,000.	SCIENTIFIC		X
Part V Supplemental Information.					
Provide additional information for respo	prese to questions on Schodulo L (see i	(netructions)			
		nstructions).			
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:		
(A) NAME OF PERSON: DANIEL	CULVER				
(D) DESCRIPTION OF TRANSAC	TION: SCIENTIFIC ADV	ISURY BUARL) STIPEND		

Schedule L (Form 990 or 990-EZ) 2019

20351112 707170 6522

SCHEDULE O

(Form 990 or 990-EZ) 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 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

Employer identification number

OMB No. 1545-0047

Internal Revenue Service Name of the organization

FOUNDATION FOR SARCOIDOSIS RESEARCH 36-4378232

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SARCOIDOSIS-SPECIFIC RESEARCH EFFORTS AND HAS WORKED DILIGENTLY TO

PROVIDE RESOURCES TO THOUSANDS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AWARENESS, EDUCATION, AND SUPPORT THROUGHOUT THE COUNTRY. 60 PATIENT

SUPPORT GROUPS WERE FACILITATED BY FSR AMBASSADORS THROUGHOUT THE YEAR

AND 32 LOCAL AND NATIONAL SPEAKING ENGAGEMENTS WERE CONDUCTED BY FSR

SARCOIDOSIS AMBASSADORS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

MADE SIGNIFICANT PROGRESS ON THE SCOUT ENDPOINTS PROJECT, IN ADDITION

TO PROVIDING SERVICES AND SUPPORT TO ADVANCE SARCOIDOSIS RESEARCH AND

THE MISSION OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 2:

THE CHAIRWOMAN AND PRESIDENT ARE SPOUSES.

FORM 990, PART VI, SECTION A, LINE 8B:

IN THE FUTURE, THE ORGANIZATION INTENDS TO KEEP FORMAL MINUTES OF THEIR

SCIENTIFIC ADVISORY COMMITTEE.

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 15:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization FOUNDATION FOR SARCOIDOSIS RESEARCH	Employer identification number 36-4378232
THE BOARD OF DIRECTORS SHALL ANNUALLY REVIEW IN WRITING, T	HE PERFORMANCE OF
THE EXECUTIVE DIRECTOR AGAINST PERFORMANCE CRITERIA THAT A	RE LINKED TO THE
ORGANIZATION'S LONG-TERM PLAN. THE EXECUTIVE DIRECTOR SHA	LL 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 EXECUTIVE DIRECTOR'S COMPE	NSATION AND
BENEFITS IN RELATIONSHIP TO INDUSTRY PRACTICES AND FEDERAL	REQUIREMENTS.
FORM 990, PART VI, SECTION C, LINE 18:	
ALL FORMS ARE AVAILABLE UPON REQUEST.	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERE	ST STATEMENT AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQU	EST.

Schedule O (Form 990 or 990-EZ) (2019)