| Form 990 |
|----------------------------|
| Department of the Treasury |
| Internal Revenue Service |

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)





| A For the 2012 calendar year, or tax year beginning and endin | | | ending | _ | |
|---|-------------------|---|---------------|-----------------------------|---|
| B C a | heck if pplicab | le: C Name of organization | | D Employer identifie | cation number |
| X | Addre | FOUNDATION FOR SARCOIDOSIS RESEARCH | | | |
| | Name | 36-4 | 378232 | | |
| | Initial return | | Room/suite | E Telephone numbe | r |
| |]Termi ated | | 304 | | 341-0500 |
| | Amen returr | ded City, town, or post office, state, and ZIP code | | G Gross receipts \$ | 406,035. |
| | Appli tion | CHICAGO, IL 60614 | | H(a) Is this a group re | |
| | pendi | ^{ng} F Name and address of principal officer: GINGER SPITZER | | for affiliates? | Yes X No |
| | | SAME AS C ABOVE | | H(b) Are all affiliates inc | luded? Yes No |
| | | empt status: 🚺 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 exemptio | |
| | | f organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨 | L Year | of formation: 2000 | I State of legal domicile: ${	t IL}$ |
| Pa | rt I | | | | |
| ø | 1 | Briefly describe the organization's mission or most significant activities: DEDI | CATED | TO IMPROVIN | G CARE FOR |
| Activities & Governance | | SARCOIDOSIS PATIENTS AND TO FINDING A CU | RE FOF | R THIS DISEA | SE. |
| ern | 2 | Check this box 🕨 📖 if the organization discontinued its operations or dispo | sed of more | e than 25% of its net as | |
| Ň | 3 | | | | 12 |
| ن مە | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 12 |
| ies | 5 | Total number of individuals employed in calendar year 2012 (Part V, line 2a) | | | 4 |
| ivit | 6 | Total number of volunteers (estimate if necessary) | | 50 | |
| Act | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| _ | b | Net unrelated business taxable income from Form 990-T, line 34 | | | 0. |
| | | | | Prior Year | Current Year |
| e | 8 | Contributions and grants (Part VIII, line 1h) | | 279,439. | 344,952. |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 0. | 0. |
| Rev | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 10,918. | 13,536. |
| _ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 30,612. | 12,339. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 320,969. | 370,827. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 83,000. | 40,000. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | |
| ses | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 155,695. | 105,667. |
| Expenses | | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| ц. | | Total fundraising expenses (Part IX, column (D), line 25) 68,6 | | | 100 200 |
| | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 177,199. | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 415,894. | 324,026. |
| <u>, s</u> | 19 | Revenue less expenses. Subtract line 18 from line 12 | | <94,925. | > 46,801. |
| is of | | | Be | eginning of Current Year | End of Year |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | ······ | 773,063. | 877,553. |
| et A ind I | 21 | Total liabilities (Part X, line 26) | | 29,788. | 35,117. |
| | | Net assets or fund balances. Subtract line 21 from line 20 | | 743,275. | 842,436. |
| | rt II | Signature Block | a and -+-+ | and and to the back of | denomination of the Bet 21 |
| | | alties of perjury, I declare that I have examined this return, including accompanying schedule | | | y knowledge and belief, it is |
| uue, | corre | ct, and complete. Declaration of preparer (other than officer) is based on all information of w | nich preparei | nas any knowledge. | |
| | | | | | |

| Type or print name and title | |
|---|------|
| Print/Type preparer's name Preparer's signature Date Check PTIN Paid JAMES E. ROBBS Preparer's signature Date P012666 | 523 |
| Preparer Firm's name SASSETTI LLC Firm's EIN 36-2239 | 746 |
| Use Only Firm's address 6611 W. NORTH AVE. OAK PARK, IL 60302 Phone no. (708)386-2 | 1433 |
| May the IRS discuss this return with the preparer shown above? (see instructions) | No |

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

| THE FOUNDATION FOR SARCOIDOSIS RESEARCH IS THE NATION® LEADING NONPROFIT ORGANIZATION DEDICATED TO FINDING A CURE FOR THIS DISEASE AND TO IMPROVING CARE FOR SARCOIDOSIS PATIENTS. SINCE ITS ESTAELISHMENT IN 2000, FSR HAS FUNDED NUMEROUS DOMESTIC AND Did the organization undertake any significant program services during the year which were not listed on □ \vs. (Station the these new services on Schedule 0. Did the organization conducting, or make significant changes in how it conducts, any program services. □ \vs. (Station to colers, the value accompletiments for each of its three largest program services. as measured by expenses. Section SU(3) and 501(60) cognizations are required to report the amount of grants and allocations to them, the total expenses, and resource, if which were program services. [were 1 \text{ bit} bi | orm | 990 (2012) FOUNDATION FOR SARCOIDOSIS RESEARCH 36-4378232 P |
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| PARTNERSHIPS WITH THE PHARMACEUTICAL INDUSTRY, BIOTECH COMPANIES, MEDICAL INSTITUTES AND PROFESSIONALS, ACADEMIC INSTITUTES, RESEARCHER AND PATIENTS FROM ACROSS THE GLOBE, FSR IS PRODUCING GAME-CHANGING INITITITIVES TOWARD A CURE. TO DATE, FSR HAS FOSTERED MORE THAN \$1 MILLION IN SARCOIDOSIS-SPECIFIC RESEARCH. IN THE YEARS AHEAD, THE FOUNDATION LOOKS FORWARD TO INCREASING OUR INVESTMENT TO FIND INNOVATIVE BREAKTHROUGHS WHICH WILL PROVIDE TREATMENTS, THERAPIES AND CURE FOR THE DISEASE. C (code:)(Expenses \$ | | |
| MEDICAL INSTITUTES AND PROFESSIONALS, ACADEMIC INSTITUTES, RESEARCHER AND PATIENTS FROM ACROSS THE GLOBE, FSR IS PRODUCING GAME-CHANGING INITIATIVES TOWARD A CURE. TO DATE, FSR HAS FOSTERED MORE THAN \$1 MILLION IN SARCOIDOSIS-SPECIFIC RESEARCH. IN THE YEARS AHEAD, THE FOUNDATION LOOKS FORWARD TO INCREASING OUR INVESTMENT TO FIND INNOVATIVE BREAKTHROUGHS WHICH WILL PROVIDE TREATMENTS, THERAPIES AND CURE FOR THE DISEASE. c (code:)(Expenses \$) (Revenue \$) | | |
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| INITIATIVES TOWARD A CURE. TO DATE, FSR HAS FOSTERED MORE THAN \$1 MILLION IN SARCOIDOSIS-SPECIFIC RESEARCH. IN THE YEARS AHEAD, THE FOUNDATION LOOKS FORWARD TO INCREASING OUR INVESTMENT TO FIND INNOVATIVE BREAKTHROUGHS WHICH WILL PROVIDE TREATMENTS, THERAPIES AND CORE) (Expenses \$) (Revenue \$ | | |
| MILLION IN SARCOIDOSIS-SPECIFIC RESEARCH. IN THE YEARS AHEAD, THE FOUNDATION LOOKS FORWARD TO INCREASING OUR INVESTMENT TO FIND INNOVATIVE BREAKTHROUGHS WHICH WILL PROVIDE TREATMENTS, THERAPIES AND CURE FOR THE DISEASE. c (Code:) (Expenses \$ including grants of \$) (Revenue \$ | | |
| FOUNDATION LOOKS FORWARD TO INCREASING OUR INVESTMENT TO FIND INNOVATIVE BREAKTHROUGHS WHICH WILL PROVIDE TREATMENTS, THERAPIES AND CURE FOR THE DISEASE. c (Code:) (Expenses \$ including grants of \$) (Revenue \$) c (Code:) (Expenses \$) (Revenue \$) c | | INITIATIVES TOWARD A CURE. TO DATE, FSR HAS FOSTERED MORE THAN SI |
| INNOVATIVE BREAKTHROUGHS WHICH WILL PROVIDE TREATMENTS, THERAPIES AND CURE FOR THE DISEASE. c (Code:) (Expenses \$ including grants of \$) (Revenue \$ | | |
| CURE FOR THE DISEASE. c (Code:) (Expenses \$ including grants of \$) (Revenue \$ | | |
| c (Code:) (Expenses § including grants of §) (Revenue §) (| | |
| d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) e Total program service expenses ≥ 201,047. ¹⁰⁰² 3 SEE SCHEDULE O FOR CONTINUATION(S) 2 | | |
| (Expenses \$ including grants of \$) (Revenue \$) e Total program service expenses ▶ 201,047. 2002 10-12 SEE SCHEDULE O FOR CONTINUATION(S) 2 | 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
| (Expenses \$ including grants of \$) (Revenue \$) e Total program service expenses ▶ 201,047. 2002 10-12 SEE SCHEDULE O FOR CONTINUATION(S) 2 | | |
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| (Expenses \$ including grants of \$) (Revenue \$) e Total program service expenses ▶ 201,047. 2002 10-12 SEE SCHEDULE O FOR CONTINUATION(S) 2 | | |
| (Expenses \$ including grants of \$) (Revenue \$) e Total program service expenses ▶ 201,047. 2002 10-12 SEE SCHEDULE O FOR CONTINUATION(S) 2 | | |
| e Total program service expenses ► 201,047. Form 990 SEE SCHEDULE O FOR CONTINUATION(S) 2 | 4d | |
| Form 990 SEE SCHEDULE O FOR CONTINUATION(S) 2 | 4 c | |
| ²⁰⁰² ¹⁰⁻¹² SEE SCHEDULE O FOR CONTINUATION(S) 2 | 40 | |
| — | 32002 2-10-1 | SEE SCHEDULE O FOR CONTINUATION(S) |
| | 404 | _ |

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8232 Page **3**

| 12) | FOUNDATION | FOR | SARCOIDOSIS | RESEARCH | 36-437 |
|------------|---------------------|-----|-------------|----------|--------|
| hecklist o | f Required Schedule | es | | | |
| | | | | | |

| Form | 990 (2012) FOUNDATION FOR SARCOIDOSIS RESEARCH 36-4378 | 232 | Р | age 3 |
|------|---|-----|-----|--------------|
| Pa | t IV Checklist of Required Schedules | | | |
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | <u> </u> |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | 37 |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | 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 | | x |
| 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 | | X |
| 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, | | | |
| | 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? <i>If "Yes," complete Schedule D, Part III</i> | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | x |
| 10 | It "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | 5 | | <u> </u> |
| 10 | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | x |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | 37 |
| | Part VI | 11a | | x |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> | 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 | | X |
| 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 | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | 37 |
| | 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 | | X |
| 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 | | x |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | | | |
| | or entity located outside the United States? 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 assistance to individuals | | | _ |
| | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | v |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> | 18 | | x |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," | | | |
| | complete Schedule G, Part III | 19 | | x |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

Form **990** (2012)

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| 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 | | | |
| | Schedule K. If "No", go to line 25 | 24a | | X |
| b | 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | Х |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified | | | |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | x |
| 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 | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | 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 | |
| | | Form | 990 | (2012) |

FOUNDATION FOR SARCOIDOSIS RESEARCH

Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the

United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Schedule J

Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,

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

36-4378232 Page 4

Yes

Х

21

22

23

No

Х

Х

| Part IV | Checklis | t of Required Schedule | es (cont | inued) |
|----------|----------|------------------------|----------|--------|
| Form 990 | (2012) | FOUNDATION | FOR | SAF |

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23

| | | | | Yes | NO |
|----------|--|------------------------------|------|-------------|----------|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 2 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 4 | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and re | | | | |
| | (gambling) winnings to prize winners? | | 1c | | |
| 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 | 1 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retur | | 2b | Х | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions |) | | | 37 |
| | | | 3a | | <u> </u> |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | | | 37 |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country: | | | | |
| _ | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A | | _ | | v |
| | 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 transa | | 5b | | |
| | 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 | | | | х |
| L | any contributions that were not tax deductible as charitable contributions? | | 6a | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribut | | 6b | | |
| 7 | were not tax deductible? Organizations that may receive deductible contributions under section 170(c). | | 00 | | |
| ' 3 | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices provided to the payor? | 7a | х | |
| h | | | 7b | X | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | |
| Ū | to file Form 8282? | - | 7c | | х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c | | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr | | 7f | | Х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | orm 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | tion file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Di | d the supporting | | | |
| | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at | any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| а | Did the organization make any taxable distributions under section 4966? | | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | I | | | |
| 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: | 44. | | | |
| a L | 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 | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | 120 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | |
| с | Enter the amount of reserves on hand | 13c | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule | e O | 14b | | |
| | | | Form | 9 90 | (2012) |

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Form 990 (2012)

Part V

5 2012.03020 FOUNDATION FOR SARCOIDOSIS 6522___1

| 012) | FOUNDATION | FOR | SARCOIDOSIS | RESEARCH | |
|---|------------|-----|-------------|----------|--|
| Statements Regarding Other IRS Filings and Tax Compliance | | | | | |

Check if Schedule O contains a response to any question in this Part V

36-4378232

| 232 | Page 5 |
|-----|--------|
| | |

Yes

No

FOUNDATION FOR SARCOIDOSIS RESEARCH

36-4378232 Page 6

| 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 in Schedule O. See instructions. |

X

| Sec | tion A. Governing Body and Management | | | |
|------------------|---|----------|-------------|--------|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 12 | 2 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 12 | 2 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | 1 | | |
| | officer, director, trustee, or key employee? | 2 | Х | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | Х |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | 37 | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | 37 |
| | in Schedule O how this was done | 12c | | X X |
| 13 | Did the organization have a written whistleblower policy? | 13 | v | Δ |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | v | |
| | The organization's CEO, Executive Director, or top management official | 15a | X X | |
| b | Other officers or key employees of the organization | 15b | ~ | |
| 16 - | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| loa | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | 10- | | х |
| h | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | 16a | | - 23 |
| b | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | | 16b | | |
| Sec | exempt status with respect to such arrangements? | 100 | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed IL | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | availah | | |
| 10 | for public inspection. Indicate how you made these available. Check all that apply. | avanac | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar | nd finar | ncial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of | tion: | • | |
| | READING WILSON - $312-341-0500$ | | | |
| | 1820 W. WEBSTER SUITE 304, CHICAGO, IL 60614 | | | |
| 232000 12-10- | | Form | 9 90 | (2012) |
| | б | | | , |

2012.03020 FOUNDATION FOR SARCOIDOSIS 6522___1

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** Check if Schedule O contains a response to any guestion in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

| | | l | | | | npei | ioui | | | (E) |
|-------------------------------------|--|--------------|---|---------|---------------------|---------------------------------|--------|---------------------|----------------------------------|--------------------------|
| (A) | (B) (C) Average Position | | | | | , | | (D) | (E) | (F) |
| Name and Title | Average | (do not chec | | | check more than one | | | Reportable | Reportable | Estimated |
| | hours per | | box, unless perso officer and a direct | | | | | compensation | compensation | amount of |
| | week | | | | | | | from | from related | other |
| | (list any hours for related organizations | irecto | | | | | | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | related | e or d | tee | | | sated | | (W-2/1099-MISC) | (00-2/1099-00130) | organization |
| | organizations | ruste | l trus | | ee | npen | | (00-2/1033-101130) | | and related |
| | below | lual t | tiona | | nploy | st cor yee | | | | organizations |
| | line) | Individual 1 | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizationio |
| (1) ANDREA WILSON | 10.00 | - | | 0 | × | e T | щ | | | |
| PRESIDENT | | x | | x | | | | 0. | Ο. | 0. |
| (2) READING WILSON | 10.00 | | | | | | | | | |
| TREASURER | 10000 | x | | x | | | | 0. | Ο. | 0. |
| (3) KIRK ALLEN | 1.00 | | | | | | | | | |
| DIRECTOR | | x | | | | | | 0. | 0. | 0. |
| (4) ANJAN CHATTERJI, MBC, D.D., LL. | 1.00 | | | | | | | | | |
| DIRECTOR | | x | | | | | | 0. | 0. | 0. |
| (5) DANIEL CULVER, DO FCCP | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (6) LOUIE HONDROS, MD | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (7) YVONNE JAMES | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (8) KAREN LAMBROS | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) CRAIG LIPSET | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) MCGHEE WILLIAMS OSSE | 1.00 | | | | | | | | | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (11) SUSAN PEARLSTINE | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (12) LESLIE SERCHUCK, MD | 1.00 | | | | | | | | | • |
| DIRECTOR | 40.00 | Х | | | | | | 0. | 0. | 0. |
| (13) GINGER SPITZER | 40.00 | | | | | | | 24 710 | 0 | 0 |
| EXECUTIVE DIRECTOR | | | | X | | | | 34,719. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | ł | | | | | | | | |
| | | - | | | | - | | | | |
| | | 1 | | | | | | | | |
| | | - | | | | | | | | |
| | | 1 | | | | | | | | |
| 232007 12-10-12 | I | | | | | | | 1 | | Form 990 (2012) |

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| Form 990 (2012) FOUNDATI | ON FOR | SAI | RCC | DII | 00 | SIS | 5 1 | RESEARCH | 36-43 | 782 | 32 | Page 8 |
|---|---|--------------------------------|------------------------|--|--------------|---------------------------------|---|--|---------------------------------|------------------------------|--|-----------------------------------|
| Part VII Section A. Officers, Directors, True | Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | |
| (A) Name and title | (B) Average hours per week | | | osition ok more than one person is both ar | | h an | (D) Reportable compensation from | (E) Reportable compensation from related | | (F Estima amour oth | ated nt of | |
| | (list any hours for related organizations below line) | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | organizations (W-2/1099-MISC |) | compen from organiz and re organiz | isation the zation lated |
| | | | | | | | | | | | | |
| | | | | | | | | | | _ | | |
| | | | | | | | | | | | | |
| | | - | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | _ | | |
| | | | | | | | | | | | | |
| 1b Sub-total c Total from continuation sheets to Part V | | | | | | | | 34,719. | | 0. | | 0. |
| d Total (add lines 1b and 1c) | | | | | | Ň | | 34,719. | | 0. | | 0. |
| 2 Total number of individuals (including but in compensation from the organization | not limited to th | nose | liste | ed al | bove | e) wł | סר no r | eceived more than \$100 | 0,000 of reportable | | Ye | 0 s No |
| 3 Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> a second | | | | - | - | - | | highest compensated e | | | 3 | X |
| 4 For any individual listed on line 1a, is the s and related organizations greater than \$15 | | | omp | ensa | atior | n and | d ot | her compensation from | | | 4 | x |
| 5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," con | | | | | - | | | - | | | 5 | X |
| Section B. Independent Contractors 1 Complete this table for your five highest co | ompensated in | dene | ende | ent c | onti | racto | ors t | that received more than | \$100,000 of comp | ensat | ion from | <u>ו</u> |
| the organization. Report compensation for | | | | | | | | | | | | |
| (A) Name and business | | | | | | | | | Cor | (C) mpensa | tion | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors \$ \$100,000 of compensation from the organ | u u | not li | mite | d to | | se li: 0 | stec | d above) who received m | nore than | | | |
| 232008 12-10-12 | | | | | | | | | | Fo | orm 99(|) (2012) |

| Form | | | | | R SARCOI | DOSIS RESE | ARCH | 36-4378 | 232 Page 9 |
|---|-----------|---|--|-----------------|-----------------|----------------------|--|--|---|
| Pa | rt VI | | | | | | | | |
| _ | | _ | Check if Schedule O cont | ains a response | to any question | | (5) | | |
| | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| nts nts | 1 a | a | Federated campaigns | 1a | | | | | |
| Grai | | | Membership dues | | | | | | |
| ts, (Am | C | С | Fundraising events | 1c | | | | | |
| ilar | C | d | Related organizations | 1d | | | | | |
| ns, Sim | | | Government grants (contribut | | | | | | |
| utio | f | | All other contributions, gifts, grant | | 244 052 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | similar amounts not included abov | | 344,952. | | | | |
| uo | | - | Noncash contributions included in lines | | | 344,952. | | | |
| 0.0 | 1 | n | Total. Add lines 1a-1f | | Business Code | 511,552. | | | |
| e | 2 a | a | | | Business Code | | | | |
| Program Service Revenue | | b | | | | | | | |
| Sei | | c | | | | | | | |
| am | | d | | | | | , | | |
| -ogr | e | е | | | | | | | |
| P | f | F | All other program service reve | nue | | | | | |
| | ç | g | Total. Add lines 2a-2f | | ► | | | | |
| | 3 | | Investment income (including | | | 11.005 | | | 14 000 |
| | | | other similar amounts) | | | 14,986. | | | 14,986. |
| | 4 | | Income from investment of tax | • • | | | | | |
| | 5 | | Royalties | | | | | | |
| | 6. | _ | Cross rests | (i) Real | (ii) Personal | • | | | |
| | 0 c | | Gross rents Less: rental expenses | | | | | | |
| | | | Rental income or (loss) | | | | | | |
| | Ċ | | Net rental income or (loss) | L | | | | | |
| | | | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | | assets other than inventory | 33,338. | | | | | |
| | k | b | Less: cost or other basis | | | | | | |
| | | | and sales expenses | 34,788. | | | | | |
| | C | С | Gain or (loss) | <1,450. | | 1 450 | 1 450 | | |
| | | | Net gain or (loss) | | > | <1,450. | > <1,450. | > | |
| ani | 8 8 | | Gross income from fundraising | | | | | | |
| ven | | | including \$ contributions reported on line | | | | | | |
| Other Revenue | | | Part IV, line 18 | - | 8,153. | | | | |
| thei | ł | | Less: direct expenses | | 420. | • | | | |
| Ó | | | Net income or (loss) from func | | | 7,733. | | | 7,733. |
| | | | Gross income from gaming ac | | | | | | |
| | | | Part IV, line 19 | | | | | | |
| | | | Less: direct expenses | | | | | | |
| | | | Net income or (loss) from gam | | <u> </u> | | | | |
| | 10 a | | Gross sales of inventory, less | | | | | | |
| | | | and allowances | | | | | | |
| | | | Less: cost of goods sold | | | | | | |
| | (| C | Net income or (loss) from sale Miscellaneous Revenu | | Business Code | | | | |
| | 11 : | a | OTHER INCOME | 6 | 900099 | 4,606. | 4,606. | | |
| | | b | | | | , | , | | |
| | | c | | | | | | | |
| | c | d | All other revenue | | | | | | |
| | | е | Total. Add lines 11a-11d | | ► | 4,606. | | | |
| 22200 | 12 | | Total revenue. See instructions. | | ► | 370,827. | 3,156. | 0. | 1 |
| 23200 12-10- | 12 | | | | | | | | Form 990 (2012) |

08040426 707170 6522 2012.03020 FOUNDATION FOR SARCOIDOSIS 6522___1

Part IX Statement of Functional Expenses

FOUNDATION FOR SARCOIDOSIS RESEARCH

(B)

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

Check if Schedule O contains a response to any question in this Part IX

(C)

(D) (A) Do not include amounts reported on lines 6b. Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and 1 40,000. 40,000. organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 2 the United States. See Part IV, line 22 3 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 33,333. 23,333. 5,000. 5,000. trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 72,334. 50,632. 10,851. 10,851. 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): 11 Management а b Legal С Accounting d Lobbying Professional fundraising services. See Part IV. line 17 ρ Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 67,780 31,178. 18,301. 18,301. column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 33,466. 20,037. 1,759. 11,670. 13 Office expenses Information technology 14 15 Royalties 28,242. 9,602. 9,320. 9,320. 16 Occupancy 273. 9,092. 6,728. 2,091. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 1,842. 1,290. 276. 276. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 8,900. 4,005. 2,047. 2,848. TECHNOLOGY а TELEPHONE 6,418. 2,182. 2,118. 2,118. h 1,489. 5,955. 3,573. 893. WEBSITE С 3,396. FEES AND LICENSES 4,852. 728. 728. d 11,812. 5,091. 2,741. 3,980. All other expenses е 324,026. 201,047. 54,307. 68,672. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 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 (2012) 232010 12-10-12

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10 2012.03020 FOUNDATION FOR SARCOIDOSIS

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11 2012.03020 FOUNDATION FOR SARCOIDOSIS 6522___1

Form 990 (2012)
Part X Balance Sheet F

| | | Check if Schedule O contains a response to any question in this Part X | | | |
|---------------|------|---|---|----------|---------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 60,280. | 1 | 87,193. |
| | 2 | Savings and temporary cash investments | 270,275. | 2 | 270,301. |
| | 3 | Pledges and grants receivable, net | 0. | 3 | 13,019. |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. Complete | | | |
| | | Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under | | | |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| | | employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| As | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a | | | |
| | b | Less: accumulated depreciation 10b | | 10c | |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | 442,508. | 12 | 503,053. |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 0. | 15 | 3,987. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 773,063. | 16 | 877,553. |
| | 17 | Accounts payable and accrued expenses | 29,788. | 17 | 10,524. |
| | 18 | Grants payable | 0 | 18 | 24 502 |
| | 19 | Deferred revenue | 0. | 19 | 24,593. |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| ies | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to current and former officers, directors, trustees, | | | |
| Lial | | key employees, highest compensated employees, and disqualified persons. | | | |
| _ | | Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X of | | 05 | |
| | 26 | Schedule D | 29,788. | 25 26 | 35,117. |
| | 26 | Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and | 25,700. | 20 | 55,117. |
| s | | complete lines 27 through 29, and lines 33 and 34. | | | |
| jce. | 27 | Unrestricted net assets | 743,275. | 27 | 842,436. |
| alar | 28 | Temporarily restricted net assets | , 10 / 1 / 0 / | 28 | 012,1000 |
| Fund Balances | 29 | Permanently restricted net assets | | 29 | |
| ŭ | | Organizations that do not follow SFAS 117 (ASC 958), check here | | 25 | |
| | | and complete lines 30 through 34. | | | |
| ts c | 30 | Capital stock or trust principal, or current funds | | 30 | |
| sse | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | <u> </u> |
| Net Assets or | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| Ne | 33 | Total net assets or fund balances | 743,275. | 33 | 842,436. |
| | 34 | Total liabilities and net assets/fund balances | 773,063. | 34 | 877,553. |
| | - 54 | ו טנמו וומטווונוסט מווע ווכו מטטכנט/ועווע שמומוונטט | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | -04 | 677,333 |

Form **990** (2012)

| OUNDATION FOR | SARCOIDOSIS | RESEARCH |
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Form 990 (2012)

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Part XI Reconciliation of Net Assets

12 2012.03020 FOUNDATION FOR SARCOIDOSIS 6522___1

| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | | 3,2 | | | |
|----|--|----|-----|-----|--|--|
| 5 | Net unrealized gains (losses) on investments | 5 | 2,3 | 60. | | |
| 6 | Donated services and use of facilities 6 | | | | | |
| 7 | Investment expenses 7 | | | | | |
| 8 | Prior period adjustments 8 | | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) 9 | | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | | |
| | column (B)) | 84 | 2,4 | 36. | | |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response to any question 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 O. | | | | | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | |
| | 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 | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, | | | | | |
| | consolidated basis, or both: | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | 2c | | X | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit | | | | | |
| | Act and OMB Circular A-133? | 3a | | Х | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit | | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | | | | |

Form 990 (2012)

Check if Schedule O contains a response to any question in this Part XI

Total revenue (must equal Part VIII, column (A), line 12)

Total expenses (must equal Part IX, column (A), line 25)

Revenue less expenses. Subtract line 2 from line 1

1

2

3

L

370,827.

324,026.

46,801.

| | DULE A 90 or 990-EZ) | | Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section | | | | | | | | | |
|--|--|---|--|---|--|--------------------------------------|------------------------------------|---------------|------------------|-------------------------------------|--|--|
| Department c Internal Reve | of the Treasury nue Service | | te if the organization is 4947(a)(1) no tach to Form 990 or Fo | onexempt | charitable | e trust. | | | | Open to Public Inspection | | |
| Name of t | the organizati | on | | | | - | | E | mployer | identification number | | |
| | | FOUNDAT | ION FOR SARC | OIDOS | IS RE | SEARC | н | | 3 | 6-4378232 | | |
| Part I | Reason | for Public Char | ity Status (All organiz | ations mu | st complet | te this parl | .) See inst | ructions. | | | | |
| The organ 1 2 3 4 4 | ization is not a A church, co A school des A hospital or A medical res | a private foundation nvention of churches cribed in section 17 a cooperative hospi search organization o | because it is: (For lines s, or association of churc 0(b)(1)(A)(ii). (Attach Sc tal service organization of operated in conjunction | 1 through ches desc hedule E.) described | 11, check ribed in se in section | only one b ction 170 170(b)(1) | oox.) (b)(1)(A)(i) (A)(iii). | | i). Enter | the hospital's name, | | |
| 5 | city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | | | | | |
| 6 | | | ent or governmental unit | t describe | d in sectio | on 170(b)(1 | I)(A)(v). | | | | | |
| 7 | | | eives a substantial part | | | | | or from the | general | public described in | | |
| | | b)(1)(A)(vi). (Comple | | | | 0 | | | 0 | | | |
| 8 | A community | trust described in s | ection 170(b)(1)(A)(vi). | (Complete | Part II.) | | | | | | | |
| 9 X | An organizati | on that normally rec | eives: (1) more than 33 1 | 1/3% of its | support f | rom contri | butions, m | nembershi | p fees, a | and gross receipts from | | |
| | activities rela | ted to its exempt fur | nctions - subject to certa | ain excepti | ons, and (| 2) no more | than 33 1 | /3% of its | suppor | t from gross investment | | |
| | income and u | Inrelated business ta | axable income (less sect | tion 511 ta | x) from bu | isinesses a | acquired b | y the orga | nization | after June 30, 1975. | | |
| | See section | 509(a)(2). (Complete | e Part III.) | | | | | | | | | |
| 10 | An organizati | on organized and op | perated exclusively to te | st for publ | ic safety. S | See sectio | n 509(a)(4 | ŀ). | | | | |
| 11 🗌 | An organizati | on organized and op | perated exclusively for th | ne benefit | of, to perfo | orm the fur | nctions of, | or to carr | y out the | e purposes of one or | | |
| | more publicly | supported organiza | ations described in section | on 509(a)(⁻ | 1) or section | on 509(a)(2 | 2). See sec | tion 509(| a)(3). Ch | eck the box that | | |
| | describes the | e type of supporting | organization and comple | ete lines 1 | 1e through | n 11h. | | | | | | |
| | a 🗌 Type I | в 🗔 Ту | /pell c Ty | ype III - Fu | nctionally | integrated | d | і 🗔 Тур | e III - No | n-functionally integrated | | |
| е 🗌 | By checking | this box, I certify tha | t the organization is not | controllec | I directly o | r indirectly | by one o | more dise | qualified | persons other than | | |
| | foundation m | anagers and other t | han one or more publicly | , supporte | d organiza | ations des | cribed in s | ection 509 | 9(a)(1) or | section 509(a)(2). | | |
| f | If the organiz | ation received a writ | ten determination from t | the IRS tha | at it is a Ty | pe I, Type | II, or Type | e III | | | | |
| | | rganization, check th | | | | | | | | | | |
| g | Since August | t 17, 2006, has the c | organization accepted ar | ny gift or c | ontributior | n from any | of the follo | owing pers | sons? | | | |
| | (i) A perso | n who directly or ind | irectly controls, either al | one or tog | ether with | persons c | lescribed i | in (ii) and (| iii) below | /, Yes No | | |
| | the gove | erning body of the su | upported organization? | | | | | | | 11g(i) | | |
| | (ii) A family | member of a persor | n described in (i) above? | | | | | | | 11g(ii) | | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) | | | | | | | | 11g(iii) | | | | |
| h | Provide the f | ollowing information | about the supported or | ganization | (s). | | | | | | | |
| ., | of supported anization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | g in col. (i) listed in your organization in col. (i) organized in the governing document? (i) of your support? U.S.? | | | | | | (vii) Amount of monetary support | | |
| | | | | Yes | No | Yes | No | Yes | No | | | |
| | | | | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2012

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Schedule A (Form 990 or 990-EZ) 2012

| 00110000 | |
|----------|-----|
| Part II | Sup |

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

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

| Sec | ction A. Public Support | | | | | | |
|------|--|-----------------------|-----------------------|-----------------------|----------------------|---------------------|------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (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. | | | | | | |
| Sec | ction B. Total Support | | - | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, | , etc. (see instructi | ons) | - | | 12 | |
| 13 | First five years. If the Form 990 is for | r the organization's | s first, second, thir | d, fourth, or fifth t | ax year as a sectio | n 501(c)(3) | |
| | organization, check this box and stor | here | | | | | |
| Sec | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| 14 | Public support percentage for 2012 (| ine 6, column (f) d | ivided by line 11, o | column (f)) | | 14 | % |
| 15 | Public support percentage from 2011 | Schedule A, Part | II, line 14 | | | 15 | 63.83 % |
| 16a | 33 1/3% support test - 2012. If the o | organization did no | ot check the box o | n line 13, and line | 14 is 33 1/3% or r | nore, check this bo | ox and |
| | stop here. The organization qualifies | as a publicly supp | orted organizatior | ۱ | | | ▶□ |
| b | 33 1/3% support test - 2011. If the o | organization did no | ot check a box on | line 13 or 16a, and | l line 15 is 33 1/3% | or more, check th | nis box |
| | and stop here. The organization qual | ifies as a publicly s | supported organiz | ation | | | |
| 17a | 10% -facts-and-circumstances tes | t - 2012. If the org | anization did not o | check a box on lin | e 13, 16a, or 16b, a | and line 14 is 10% | or more, |
| | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | test. The organiza | ation qualifies as a | publicly supporte | d organization | - | |
| b | 10% -facts-and-circumstances tes | - | - | | | | |
| | more, and if the organization meets th | | | | | | |
| | organization meets the "facts-and-cire | | | | | | > |
| 18 | Private foundation. If the organization | | | | | | s |
| | | | · · · · | | | dule A (Form 990 | |

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Schedule A (Form 990 or 990-EZ) 2012 FOUNDATION FOR SARCOIDOSIS RESEARCH Part III Support Schedule for Organizations Described in Section 509(a)(2)

6522___1

(Complete only if you checked the box on line 9 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.)

| | tion A. Public Support | | | | | | |
|-------|--|-----------------------------|-----------------------|------------------------|------------------------|---------------------|-------------------|
| Caler | ndar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 307,135. | 244,621. | 338,566. | 320,969. | 344,952. | 1556243. |
| | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to or expended on its behalf | | | | | | |
| | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 307,135. | 244,621. | 338,566. | 320,969. | 344,952. | 1556243. |
| | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | 83,400. | 60,220. | 109,314. | 85,159. | 25,208. | 363,301. |
| | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | 0. |
| | Add lines 7a and 7b | 83,400. | 60,220. | 109,314. | 85,159. | 25,208. | 363,301. |
| | Public support (Subtract line 7c from line 6.) | | | | | | 1192942. |
| Sec | tion B. Total Support | | | | | | |
| Caler | ndar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 9 | Amounts from line 6 | 307,135. | 244,621. | 338,566. | 320,969. | 344,952. | 1556243. |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties | 30,755. | 12,152. | 6,878. | 10,918. | 65,896. | 126,599. |
| | and income from similar sources | | 12,152. | 0,070. | 10,910. | 05,090. | 120,399. |
| | Unrelated business taxable income (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | * | | | | |
| | | 30,755. | 12,152. | 6,878. | 10,918. | 65,896. | 126,599. |
| 11 | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | 30,733. | 12,192. | 0,070. | 10,910. | 05,050. | 120,333. |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | 4,606. | 4,606. |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 337,890. | 256,773. | 345,444. | 331,887. | 415,454. | 1687448. |
| 14 | First five years. If the Form 990 is for | r the organization's | s first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) organiz | ation, |
| | check this box and stop here | <u></u> | | | | - |) |
| Sec | tion C. Computation of Publ | ic Support Pe | rcentage | | | | |
| 15 | Public support percentage for 2012 (I | line 8, column (f) d | ivided by line 13, o | column (f)) | | 15 | 70.70 % |
| 16 | Public support percentage from 2011 | Schedule A, Part | III, line 15 | | | 16 | 66.83 % |
| Sec | tion D. Computation of Investion | stment Incom | e Percentage | | | | |
| 17 | Investment income percentage for 20 |)12 (line 10c, colur | nn (f) divided by lir | ne 13, column (f)) | | 17 | 7.50 % |
| | Investment income percentage from 2 | | | | | 18 | 7.32 % |
| 19a | 33 1/3% support tests - 2012. If the | organization did n | ot check the box | on line 14, and line | e 15 is more than 3 | 3 1/3% , and line 1 | |
| | more than 33 1/3%, check this box a | nd stop here. The | organization qual | ifies as a publicly s | supported organization | ation | > X |
| | 33 1/3% support tests - 2011. If the | 0 | | | - | | |
| | line 18 is not more than 33 1/3%, che | | | • | | • | |
| 20 | Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check th | | | |
| 23202 | 3 12-04-12 | | | 15 | Sch | edule A (Form 99 | 0 or 990-EZ) 2012 |

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2012.03020 FOUNDATION FOR SARCOIDOSIS

Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Employer identification number

| N | lame | of | the | organ | ization |
|---|------|----|-----|-------|---------|
|---|------|----|-----|-------|---------|

| | FOUNDATION FOR SARCOIDOSIS RESEARCH | 36-4378232 |
|------------------------|--|------------|
| Organization type (che | ck one): | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | \fbox 501(c)(3) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Employer identification number

36-4378232

FOUNDATION FOR SARCOIDOSIS RESEARCH

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 AMYE CARRIGAN X Person Payroll 15516 HITCHCOCK ROAD 5,000. Noncash (Complete Part II if there CHESTERFIELD, MO 63017 is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 ANDREA WILSON X Person Payroll 626 W. FULLERTON PARKWAY 12,708. Noncash (Complete Part II if there CHICAGO, IL 60614 is a noncash contribution.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 3 ARTHUR BOND X Person Payroll 5,000. 216 ALLANDALE ROAD APT A Noncash (Complete Part II if there CHESTNUT HILL, MA 02467 is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 CATHY WICK Х Person Payroll 6 GARDNERS LANE 8,300. Noncash (Complete Part II if there MANASQUAN, NJ 08736 is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 5 CEDAR STREET FOUNDATION X Person Payroll **50 CONGRESS STREET** 5,000. Noncash (Complete Part II if there BOSTON, MA 02109 is a noncash contribution.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 FOLEY & LARDNER LLP X Person Payroll 321 N. CLARK STREET STE 2800 5,000. Noncash \$ (Complete Part II if there CHICAGO, IL 60654 is a noncash contribution.) 223452 12-21-12 Schedule B (Form 990, 990-EZ, or 990-PF) (2012) 17

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2012.03020 FOUNDATION FOR SARCOIDOSIS 6522___1

Employer identification number

36-4378232

FOUNDATION FOR SARCOIDOSIS RESEARCH

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 FRED FISCHER X Person Payroll 2308 N. CLEVELAND AVE. 5,000. Noncash (Complete Part II if there CHICAGO, IL 60614 is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 JAMES A. DELANEY X Person Payroll 34,848. 633 ARDSLEY ROAD Noncash (Complete Part II if there WINNETKA, IL 60093 is a noncash contribution.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 9 LESLIE SERCHUCK X Person Payroll 7,500. 2118 PINE STREET Noncash (Complete Part II if there PHILADELPHIA, PA 19103 is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 MCGHEE OSSE Х Person Payroll 1628 N. HERMITAGE AVE 5,000. Noncash (Complete Part II if there CHICAGO, IL 60622 is a noncash contribution.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 11 MORGAN STANLEY FOUNDATION X Person Payroll 440 S. LASALLE STREET STE 380 10,500. Noncash \$ (Complete Part II if there CHICAGO, IL 60605 is a noncash contribution.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 12 NICHOLAS AND MARION MADONNA FOUNDATION X Person Payroll 886 MAIN STREET 5,000. Noncash (Complete Part II if there OSTERVILLE, MA 02655 is a noncash contribution.) 223452 12-21-12 Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

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2012.03020 FOUNDATION FOR SARCOIDOSIS 6

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Employer identification number

36-4378232

FOUNDATION FOR SARCOIDOSIS RESEARCH

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 PFIZER INC. X Person Payroll **18TH FLOOR 3 BLACKFAN CIRCLE** 35,000. Noncash \$ (Complete Part II if there BOSTON, MA 02115 is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution RESPIRATORY HEALTH ASSOCIATION OF 14 METROPOLITAN CHICAGO X Person Payroll 1440 W. WASHINGTON BLVD. 7,759. Noncash (Complete Part II if there CHICAGO, IL 60607 is a noncash contribution.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 15 SLOAN VALVE COMPANY X Person Payroll 11,000. Noncash 10500 SEYMOUR AVE. (Complete Part II if there FRANKLIN PARK, IL 60131 is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 SUSAN PEARLSTINE Х Person Payroll **100 CHADWICK DRIVE** 6,000. Noncash (Complete Part II if there CHARLESTON, SC 29407 is a noncash contribution.) (a) (b) (c) (d) Type of contribution No. **Total contributions** Name, address, and ZIP + 4 17 THE NEW YORK COMMUNITY TRUST X Person Payroll 909 3RD AVE. FL. 22 10,000. Noncash \$ (Complete Part II if there NEW YORK, NY 10022 is a noncash contribution.) (c) (a) (b) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 223452 12-21-12 Schedule B (Form 990, 990-EZ, or 990-PF) (2012) 19

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| Schedule B (Form 990, 990-EZ, or 990-PF) (2012) | Page 3 |
|---|--------------------------------|
| Name of organization | Employer identification number |
| FOUNDATION FOR SARCOIDOSIS RESEARCH | 36-4378232 |

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| | | | |
| (a) No. rom art I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. rom Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. From Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. rom Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |

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| rt III | TION FOR SARCOIDOSIS Exclusively, religious, charitable, etc., i | ndividual contributions to section 501(c)(7), | 36 – 4378232 (8), or (10) organizations that total more than \$1,000 fc | | | | | |
|-------------------|---|--|--|--|--|--|--|--|
| | year. Complete columns (a) through (e) ar the total of exclusively religious, charitable | nd the following line entry. For organizations co , etc., contributions of \$1,000 or less for the y | (8), or (10) organizations that total more than \$1,000 for ompleting Part III, enter 'ear. (Enter this information once.) \$ | | | | | |
| No. | Use duplicate copies of Part III if addit | ional space is needed. | | | | | | |
| om rt I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| | | | | | | | | |
| — · | | - | - | | | | | |
| Ľ | | _ | | | | | | |
| | | (e) Transfer of gift | | | | | | |
| | Transferee's name, address | , and ZIP + 4 | Relationship of transferor to transferee | | | | | |
| . | | | | | | | | |
| - | | | | | | | | |
| No. | | | | | | | | |
| m rt I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| <u> </u> | | | | | | | | |
| — · | | - | - - | | | | | |
| Ľ | | | | | | | | |
| | (e) Transfer of gift | | | | | | | |
| | Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | | | | |
| . | | | | | | | | |
| - | | | | | | | | |
| | | | | | | | | |
| No | | | | | | | | |
| No. om rt I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| m | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| m | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| m | (b) Purpose of gift | | (d) Description of how gift is held | | | | | |
| m | (b) Purpose of gift | (c) Use of gift (e) Transfer of gift | (d) Description of how gift is held | | | | | |
| m | (b) Purpose of gift | (e) Transfer of gift | (d) Description of how gift is held | | | | | |
| m | | (e) Transfer of gift | | | | | | |
| m | | (e) Transfer of gift | | | | | | |
| m | | (e) Transfer of gift | | | | | | |
| m 1 | | (e) Transfer of gift | | | | | | |
| m ti I | Transferee's name, address | (e) Transfer of gift | Relationship of transferor to transferee | | | | | |
| m ti I | Transferee's name, address | (e) Transfer of gift | Relationship of transferor to transferee | | | | | |
| m | Transferee's name, address | (e) Transfer of gift | Relationship of transferor to transferee | | | | | |
| m | Transferee's name, address | (e) Transfer of gift | Relationship of transferor to transferee | | | | | |
| m 1 | (b) Purpose of gift | (e) Transfer of gift (c) Use of gift | Relationship of transferor to transferee (d) Description of how gift is held | | | | | |
| m | Transferee's name, address | (e) Transfer of gift (c) Use of gift | Relationship of transferor to transferee | | | | | |
| m | (b) Purpose of gift | (e) Transfer of gift (c) Use of gift | Relationship of transferor to transferee (d) Description of how gift is held | | | | | |

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| SCHEDULE D |) |
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| (Form 9 | 90) |
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Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

 Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990. ► See separate instructions.

| OMB NO. 1545-0047 |
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| 2012 |
| Open to Public Inspection |

| Part II Organization SMaintaining Donor Advised Funds or Other Similar Funds or Accounts. Compare if the organization answerd "Yes" to Form 300, Part N, Ins 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate contributions to (during year) (a) Conor advised funds (b) Funds and other accounts 3 Aggregate contributions to (during year) (c) Conor advised funds (c) Part II Conor advised funds 4 Aggregate contributions to (during year) (c) Conor advised funds (c) Part II Conor advised funds 6 Did the organization inform all grantees, conors, and donor advises in writing that grant funds can be used only for charalise private purposes and not to the benefit the organization answord 'Yas' to Form 900, Part IV, line 7. 1 Purposel() of conservation Easements. Complete (the organization answord 'Yas' to Form 900, Part IV, line 7. 1 Purposel() of conservation easements. Edu; a consection or education in the lation of an lation is about the organization in relaxed to the benefit? 2 Complete inste 2 through 21 th organization held a qualified conservation casement in biotically important land area 1 Protection of natural head at the organization include (in (a) dougle addite (YZA) doing and on a historic structure 2 Complete inste 2 through 21 th or orga | Nam | of the organization FOUNDATION FOR SA | RCOTDOSTS | RESEARCH | | Employer identification number 36-4378232 |
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| are the organization's property, subject to the organization's exclusive legal control? | _ | | | assets held in donor adv | ised funds | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisor, or for any other purpose conferring | Ŭ | • | • | | | |
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| 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of 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) Revenues included in Form 990, Part VIII, line 1 \$ <l< th=""><th>6</th><th>Staff and volunteer hours devoted to monitoring, inspectin</th><th></th><th></th><th></th><th></th></l<> | 6 | Staff and volunteer hours devoted to monitoring, inspectin | | | | |
| and section 170(h)(4)(B)(iii)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of 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) Revenues included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gian, provide the following amounts relating to these items: a Revenues included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other si | 7 | Amount of expenses incurred in monitoring, inspecting, an | d enforcing cons | ervation easements durin | g the year | \$ |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of 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) Revenues 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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X b As | 8 | Does each conservation easement reported on line 2(d) ab | ove satisfy the re | quirements of section 17 | 0(h)(4)(B)(| i) |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of 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) Revenues 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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X b As | | | | | | |
| conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of 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) Revenues included in 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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X c Assets included in Form 990, Part X c Assets included in Form 990, Part X c Assets included in Form 990, Part X | 9 | | | | | |
| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of 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) Revenues included in 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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part XIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. | | include, if applicable, the text of the footnote to the organiz | ation's financial | statements that describes | s the orga | nization's accounting for |
| Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of 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) Revenues included in Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part X \$ \$ | | | | | - | |
| 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of 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) Revenues included in 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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part X b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2012 | Pai | t III Organizations Maintaining Collections | of Art, Histor | ical Treasures, or C | Other Si | milar Assets. |
| historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of 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) Revenues included in 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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part X b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. | | Complete if the organization answered "Yes" to For | m 990, Part IV, lir | e 8. | | |
| the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of 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) Revenues included in 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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part X b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. | 1 a | If the organization elected, as permitted under SFAS 116 (/ | ASC 958), not to | report in its revenue state | ement and | balance sheet works of art, |
| b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of 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) Revenues included in 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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. | | historical treasures, or other similar assets held for public e | xhibition, educat | ion, or research in further | ance of p | ublic service, provide, in Part XIII, |
| 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) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2012 | | the text of the footnote to its financial statements that des | cribes these item | S. | | |
| relating to these items: (i) Revenues included in 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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2012 | b | If the organization elected, as permitted under SFAS 116 (/ | ASC 958), to repo | ort in its revenue statemer | nt and bal | ance sheet works of art, historical |
| (i) Revenues included in 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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2012 | | treasures, or other similar assets held for public exhibition, | education, or res | earch in furtherance of p | ublic servi | ce, provide the following amounts |
| (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2012 | | relating to these items: | | | | |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 | | (i) Revenues included in Form 990, Part VIII, line 1 | | | | ► \$ |
| the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2012 | | (ii) Assets included in Form 990, Part X | | | | ► \$ |
| a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2012 | 2 | If the organization received or held works of art, historical t | reasures, or othe | r similar assets for financi | ial gain, pi | rovide |
| b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2012 | | | | | | |
| b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2012 | | | | | | ► \$ |
| | b | Assets included in Form 990, Part X | | | | ► \$ |
| | | | | | | |
| | | | ons for Form 990 | | | Schedule D (Form 990) 2012 |

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22 2012.03020 FOUNDATION FOR SARCOIDOSIS

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| Sche | | ION FOR SA | | | | | | 36-43 | | | age 2 |
|------|--|-----------------------|-----------------|----------|-----------------|------------|-------------|--------------|-------------------|---------|--------------|
| Pa | t III Organizations Maintaining C | Collections of A | rt, Histori | cal T | reasures, | or Othe | er Simil | ar Asse | ts (contii | nued) | |
| 3 | Using the organization's acquisition, accessi | ion, and other record | ds, check any | / of the | e following tha | at are a s | ignificant | use of its | collectio | n iterr | าร |
| | (check all that apply): | | | | | | | | | | |
| а | Public exhibition | d | 1 📃 Loar | or exe | change progra | ams | | | | | |
| b | Scholarly research | e | e 🛄 Othe | er | | | | | | | |
| с | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | in how they f | urther | the organizati | ion's exe | mpt purpo | ose in Par | t XIII. | | |
| 5 | During the year, did the organization solicit of | or receive donations | of art, histori | cal trea | asures, or oth | er simila | r assets | | - | | _ |
| | to be sold to raise funds rather than to be m | | | | | | | L | Yes | | No |
| Pa | t IV Escrow and Custodial Arran | | ete if the org | anizati | on answered | "Yes" to | Form 990 | , Part IV, I | ine 9, or | | |
| | reported an amount on Form 990, Pa | rt X, line 21. | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | ian or other intermed | diary for cont | ributio | ons or other as | ssets not | included | | - | _ | - |
| | on Form 990, Part X? | | | | | | | L | Yes | | ∐ No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing table | : | | | | | | | |
| | | | | | | | | | Amoun | t | |
| | Beginning balance | | | | | | | | | | |
| | Additions during the year | | | | | | | | | | |
| е | Distributions during the year | | | | | | | | | | |
| f | Ending balance | | | | | | | | 1 | | |
| | Did the organization include an amount on F | | | | | | | L | Yes | | No |
| _ | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | | |
| Pa | t V Endowment Funds. Complete i | | | | | | | | | | h a al i |
| | | (a) Current year | (b) Prior | /ear | (c) Two yea | rs dack | (d) Three y | ears back | (e) Fou | ryears | раск |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| c | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | 7 | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | ()), | | | | | | |
| 2 | Provide the estimated percentage of the cur | rent year end baland | ce (line 1g, co | olumn | (a)) held as: | | | | | | |
| a | Board designated or quasi-endowment | | _% | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| с | Temporarily restricted endowment | <u>%</u> | | | | | | | | | |
| 0- | The percentages in lines 2a, 2b, and 2c should be the second seco | | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiz | ation that are | e neid i | and administe | erea for t | ne organiz | zation | | V. | N |
| | by: | | | | | | | | 2-(1) | Yes | No |
| | (i) unrelated organizations | | | | | | | | | | |
| h | (ii) related organizations If "Yes" to 3a(ii), are the related organizations | | | | | | | | | | |
| 4 | | | | | | | | | 30 | | |
| Pa | t VI Land, Buildings, and Equipm | | | | | | | | | | |
| | Description of property | (a) Cost or o | | | t or other | | ccumulate | bd | (d) Boo | k valu | <u> </u> |
| | Description of property | basis (investr | | | s (other) | | preciation | | (4) 500 | n valu | G |
| 1a | Land | | | | | | | | | | |
| | Buildings | | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | | |
| | Equipment | | | | | | | | | | |
| | Other | | | | | | | | | | |
| | . Add lines 1a through 1e. (Column (d) must e | | X, column (E | 3), line | 10(c).) | | | | | | 0. |
| | | · · · · | | | | | | <u>.</u> | | 000 | 0040 |

Schedule D (Form 990) 2012

232052 12-10-12

| | FOR SARCOIDOS | | 36-4378232 Page 3 |
|---|-----------------------------|----------------------------|-------------------------------------|
| Part VII Investments - Other Securities. See (a) Description of security or category (including name of security) | | | |
| | (b) Book value | (c) Method of valuation | n: Cost or end-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | | | |
| (3) Other (A) MONEY MARKET | 97,054. | | MARKET VALUE |
| | 152,925. | | MARKET VALUE |
| | 10,046. | | MARKET VALUE |
| | 243,028. | | MARKET VALUE |
| | 243,020. | END-OF-IEAR | MARKEI VALUE |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► | 503,053. | | |
| Part VIII Investments - Program Related. Se | | | |
| (a) Description of investment type | (b) Book value | (c) Method of valuation | n: Cost or end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨 | | | |
| Part IX Other Assets. See Form 990, Part X, line | 15. | | |
| (a) [| Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 15) | | |
| Part X Other Liabilities. See Form 990, Part X, li | | | ····· |
| 1. (a) Description of liability | | b) Book value | |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| (11) | 25.) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | | | |
| 2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex | | | |
| liability for uncertain tax positions under FIN 48 (ASC 74 | 40). Check here if the text | of the footnote has been p | |
| 232053 12-10-12 | | | Schedule D (Form 990) 2012 |

| | dule D (Form 990) 2012 FOUNDATION FOR SARCOIDOSIS | | | | 4376232 Page 4 |
|----|--|-----------|---------------|-------|----------------|
| Pa | t XI Reconciliation of Revenue per Audited Financial Stateme | ents With | Revenue per R | eturn | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 423,607. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains on investments | 2a | 52,360. | | |
| b | Donated services and use of facilities | 2b | | | |
| с | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | | 420. | | |
| е | Add lines 2a through 2d | | | 2e | 52,780. |
| 3 | Subtract line 2e from line 1 | | | 3 | 370,827. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| 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 | 370,827. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Statem | ents With | Expenses per | Retu | rn |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 324,446. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | | | | |
| с | Other losses | | | | |
| d | Other (Describe in Part XIII.) | | 420. | | |
| е | Add lines 2a through 2d | | | 2e | 420. |
| 3 | Subtract line 2e from line 1 | | | 3 | 324,026. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| с | Add lines 4a and 4b | | | 4c | 0. |
| | | | | | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | <u></u> | 5 | 324,026. |

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Complete this part to 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 EXPENSE

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE

Schedule D (Form 990) 2012

420.

420.

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232054 12-10-12

| SCHEDULE I | | | | | | | | OMB No. 1545-0047 |
|--|--|----------------------|----------------------------------|--|---|---|--|---|
| (Form 990) | | | | l Other Assistance s, and Individuals | - | | | 2012 |
| Department of the Treasury Internal Revenue Service | | Comp | lete if the organizatio | on answered "Yes" Attach to For | | rt IV, line 21 or 22. | | Open to Public Inspection |
| | | | | | | | | Employer identification number 36-4378232 |
| FOUNDATION FOR SARCOIDOSIS RESEARCH 36-437823 | | | | | | | | 30-43/8232 |
| | | | amount of the grants | or assistance the | arantees' eligibilit | v for the grants or as | sistance and the selec | tion |
| - | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No | | | | | | | |
| | IV the organization's pro | | | | | | | |
| Part II Grants an | d Other Assistance to | Governments and | d Organizations in the | e United States. C | complete if the org | anization answered " | Yes" to Form 990, Part | IV, line 21, for any |
| recipient tl | hat received more than | \$5,000. Part II can | be duplicated if addit | ional space is need | ded. | | | |
| | ddress of organization vernment | (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 |
| CLEVELAND CLINIC 9500 EUCLID AVENU | | 01 0152072 | E01/(0)/(2) | 10.000 | | | | |
| CLEVELANCE, OH 44 | 1195 | 91-2153073 | 501(C)(3) | 10,000. | 0. | NA | NA | SARCOIDOSIS RESEARCH |
| AMERICAN THORACIC 61 BROADWAY NEW YORK, NY 1000 | | 06-1548706 | 501(C)(3) | 30,000. | 0. | NA | NA | SARCOIDOSIS RESEARCH |
| , | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 3 Enter total numb | per of section 501(c)(3) a per of other organizations Reduction Act Notice | s listed in the line | 1 table | he line 1 table | | | , | ≥ 2 . Schedule I (Form 990) (2012) |

FOUNDATION FOR SARCOIDOSIS RESEARCH Schedule I (Form 990) (2012)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance |
|---|--------------------------|---------------------------------|---------------------------------------|---|--|
| | | | | | |
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| | | | | | |
| | | 31 | | | |
| Part IV Supplemental Information. Complete this part to provide | de the informatio | n required in Part I, | line 2, Part III, colum | n (b), and any other additional in | formation. |
| SCHEDULE I, PART I, LINE 2: ALL GR | ANTEES A | RE REQUIRE | D TO SUBMI | T ANNUAL | |

REPORT DETAILING PROGRESS AND EXPENDITURES. PROGRESS REPORTS ARE REVIEWED

BY THE FOUNDATION FOR SARCODSOSIS RESARCH'S SCIENTIFIC ADVISORY BOARD AND

SUBMITTED FOR DISCUSSION AMONG THE SCIENTIFIC EVALUATION COMMITTEE.

36-4378232

Page **2**

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

990, Part IV, lines 29 or 30. Attach to Form 990.

Employer identification number 36-4378232

Name of the organization

FOUNDATION FOR SARCOIDOSIS RESEARCH

| Pa | rt I Types of Property | | | | | | | |
|----------|--|---------------|-------------------------------|---|---------------------|------------|--------|-------|
| | | (a) | (b) | (c) | (d) | | | |
| | | Check if | Number of contributions or | Noncash contribution amounts reported on | Method of de | | - | _ |
| | | applicable | | Form 990, Part VIII, line 1g | noncash contribi | ution an | lount | 5 |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | X | 4 | 49,672. | FAIR MARKET | ' VAI | LUE | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | |
| •• | trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| | Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | r | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 23 24 | Archeological artifacts | | | | | | | |
| 25 | - · · · · · · · · · · · · · · · · · · · | | | | | | | |
| 25 26 | Other ► () Other ► () | | - | | | | | |
| 27 | Other () | | | | | | | |
| 28 | Other () | | | | | | | |
| 29 | Number of Forms 8283 received by the organi | zation durin | l a the tax year for c | | | | | |
| 25 | for which the organization completed Form 82 | | | | | | | |
| | | 00,1 art 10,1 | Bonce Acknowled | | | | Yes | No |
| 30a | During the year, did the organization receive b | v contributio | on any property re | norted in Part L lines 1-28 th | at it must hold for | | 100 | |
| | at least three years from the date of the initial | | | | | | | |
| | the entire holding period? | | | • | | 30a | | х |
| h | If "Yes," describe the arrangement in Part II. | | | | | 000 | | |
| 31 | | | | | | 31 | | х |
| | 22 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash | | | | | | | |
| 0£d | contributions? | | | | | | х | |
| h | If "Yes," describe in Part II. | | | | | 52d | | |
| 33 | If the organization did not report an amount in | column (c) f | or a type of propo | rty for which column (a) is of | hecked | | | |
| 00 | describe in Part II. | | or a type of prope | ity for writen column (a) IS CI | | | | |
| LHA | For Paperwork Reduction Act Notice, see | the Instruc | tions for Form 90 | 0 | Schedule M | (Eorm 9 | 390) (| 2012) |
| | | | | · • • | | 1. 01111.0 | | |

232141 12-20-12

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization FOUNDATION FOR SARCOIDOSIS RESEARCH Employer identification number 36-4378232

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

INTERNATIONAL RESEARCH EFFORTS AND HAS WORKED DILIGENTLY TO PROVIDE

RESOURCES TO THOUSANDS. OUR MODEL PROVIDES A DUAL-FOCUSED APPROACH FOR

STRATEGIC MOVEMENT.

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

PUBLIC ABOUT THE DISEASE AND THE DIRE NEED FOR INCREASED FUNDING, AS

THIS WILL IN TURN ADVANCE RESEARCH AND AN UNDERSTANDING OF THE DISEASE.

FORM 990, PART VI, SECTION A, LINE 2: THE PRESIDENT AND TREASURER 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 11: THE 990 WAS DISTRIBUTED TO THE BOARD BEFORE BEING FILED.

SECTION B, LINE 15: HE BOARD OF DIRECTORS SHALL FORM 990, PART VI,

ANNUALLY REVIEW IN WRITING, THE PERFORMANCE OF THE EXECUTIVE DIRECTOR

AGAINST PERFORMANCE CRITERIA THAT ARE LINKED TO THE ORGANIZATION'S

LONG-TERM PLAN. THE EXECUTIVE DIRECTOR SHALL 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 COMPENSATION AND BENEFITS IN

RELATIONSHIP TO INDUSTRY PRACTICES AND FEDERAL REQUIREMENTS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012) 232211 01-04-13 29

Name of the organization

FOUNDATION FOR SARCOIDOSIS RESEARCH

Employer identification number 36-4378232

Page 2

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 INTEREST STATEMENT AND FINANCIAL STATEMENTS ARE

AVAILABLE TO THE PUBLIC UPON REQUEST.

| FORM 990, PART IX, LINE 1 | 1G, OTHER FEE | S: | | | | |
|---------------------------|---------------|-----------|-----|----------------------|----------------|--------|
| CONSULTING: | | | | | | |
| PROGRAM SERVICE EXPENSES | | | | | 31,1 | 78. |
| MANAGEMENT AND GENERAL EX | PENSES | | | | 18,3 | 01. |
| FUNDRAISING EXPENSES | | | | | 18,3 | 01. |
| TOTAL EXPENSES | | | | | 67,7 | 80. |
| TOTAL OTHER FEES ON FORM | 990, PART IX, | LINE 11G, | COL | A | 67,7 | 80. |
| | | | | | | |
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| 232212 01-04-13 | | 30 | | Schedule O (Form 990 |) or 990-EZ) (| (2012) |
| 040426 707170 6522 | 2012.03020 | | FOR | SARCOIDOSIS | 6522 | 1 |

08040426 707170 6522

| | fice Use Only | | Form AG990-IL Revised 3/05 |
|-----------------|--|---------------------------------|--|
| PMT | Charitable Trust Bureau, 100 West Randol | | # 01-037322 |
| | 11th Floor, Chicago, Illinois 60601 | | Check all items attached: |
| AMT | • | Make Checks X | Copy of IRS Return Audited Financial Statements |
| | | Make Checks 🔽 Payable to | Copy of Form IFC |
| INIT | | the Illinois X | \$15.00 Annual Report Filing Fee |
| | & Ending <u>12/31/2012</u> | Bureau Fund | \$100.00 Late Report Filing Fee |
| | | anization was created | MO DAY YR 1: 06/23/2000 |
| Aleci | | Year-end | . 00/25/2000 |
| | NAME FOUNDATION FOR SARCOIDOSIS RESEARCH | amounts | |
| | MAIL | A) ASSETS | A) \$ 877,553. |
| | DDRESS 1820 W. WEBSTER, NO. 304 (, STATE CHICAGO, IL | B) LIABILITIES C) NET ASSETS | B) \$ 35,117. C) \$ 842,436. |
| | IP CODE 60614 | U) NET ASSETS | ο)φ 042,430. |
| Ι. | SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR: | PERCENTAGE | AMOUNT |
| | D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.) | 95.113% | D) \$ 353,105. |
| | E) GOVERNMENT GRANTS & MEMBERSHIP DUES F) OTHER REVENUES | <u>%</u> 4.887% | E) \$ F) \$ 18,142. |
| | | 1.007/8 | ·/ |
| | G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F) | 100 % | G)\$ 371,247. |
| П. | SUMMARY OF ALL EXPENDITURES DURING THE YEAR: | | |
| | H) OPERATING CHARITABLE PROGRAM EXPENSE | % | H) \$ |
| | I) EDUCATION PROGRAM SERVICE EXPENSE | 49.650% | I) \$ 161,089. |
| | J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I) | 49.650% | J) \$ 161,089. |
| | J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$ | | |
| | | 12.329% | |
| | K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS | 12.529% | к)\$ 40,000. |
| | L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K) | 61.979% | L)\$ 201,089. |
| | M) MANAGEMENT AND GENERAL EXPENSE | 16.751% | M)\$ 54,349. |
| | N) FUNDRAISING EXPENSE | 21.269% | N)\$ 69,008. |
| | 0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N) | 100 % | 0) \$ 324,446. |
| ш. | SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: | | |
| | (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.) PROFESSIONAL FUNDRAISERS: | | |
| | P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS | 100 % | P)\$0. |
| | Q) TOTAL FUNDRAISERS FEES AND EXPENSES | % | Q) \$ |
| | R) NET RECEIVED BY THE CHARITY (P MINUS Q=R) | % | R) \$ |
| | PROFESSIONAL FUNDRAISING CONSULTANTS: | | |
| | S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YE | ۸D. | S) \$ 0. |
| '". | T) NAME, TITLE GINGER SPITZER, EXECUTIVE DIRECTOR | | T) \$ 33,333. |
| | U) NAME, TITLE JEANNE DOUGLASS, DIRECTOR OF DEVELOPMENT | <u> </u> | U)\$ 30,333. |
| | V) NAME, TITLE THERESA AUER, ADMINISTRATIVE ASSISTANT | | V)\$ 12,133. |
| .V | CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED CODE CATEGORIES | D) | List on back side of instructions CODE |
| 05-01- | W) DESCRIPTION: OTHER EDUCATIONAL MATERIAL FOR THE PUBL | IC | W)# 012 |
| 298091 05-01-12 | X) DESCRIPTION: RAISING FUNDS FOR MEDICAL RESEARCH | | X) # 053 |
| 56 | Y) DESCRIPTION: | | Y) # |

| IF | THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION: | | YES | NO |
|-----|--|------|-----|----|
| 1. | WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? | 1. | | X |
| 2. | HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? | . 2. | | X |
| 3. | DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? | 3. | | X |
| 4. | HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? | 4. | | X |
| 5. | IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? | 5. | | X |
| 6. | DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) | 6. | | X |
| 7a. | DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? | 7. | | X |
| 7b. | IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ ALLOCATED TO PROGRAM SERVICES \$ GENERAL \$ AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ | | | |
| 8. | DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? | 8. | | Х |
| 9. | HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? | . 9. | | X |
| 10. | WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? | 10. | | X |
| 11. | LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: | | | |
| | BANK OF AMERICA, P.O. BOX 25118, TAMPA, FL 33622 | | | |
| | CHARLES SCHWAB, 820 W. NORTH AVE., CHICAGO, IL 60642 | | | |
| | | | | |
| 12. | NAME AND TELEPHONE NUMBER OF CONTACT PERSON: READING WILSON - 312-341-0500 | | | |

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

| BE SURE TO INCLUDE ALL FEES DUE: | ANDREA WILSON | | |
|--|-----------------------------------|-----------|------|
| 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END. | PRESIDENT OF TRUSTEE (PRINT NAME) | SIGNATURE | DATE |
| 2.) FOR FEES DUE SEE INSTRUCTIONS. | READING WILSON | | |
| REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY. | TREASURER OF TRUSTEE (PRINT NAME) | SIGNATURE | DATE |
| • | JAMES E. ROBBS | | |
| 298101 05-01-12 | PREPARER (PRINT NAME) | SIGNATURE | DATE |