Form 990
Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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



AF	or th	e 2018 calendar year, or tax year beginning and	ending		
B c	heck if pplicab	e: C Name of organization		D Employer identific	cation number
	Addre	FOUNDATION FOR SARCOIDOSIS RESEARCH			
	Name Chang			36-43	378232
	Initial		Room/suite	E Telephone number	
	Final returr		304		341-0500
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,044,986.
	Amer returr	CHICAGO, IL 60014		H(a) Is this a group re	turn
	Appli tion pend	F Name and address of principal officer: READING WILSON		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: $X = 501(c)(3) = 501(c)() (a) = 501(c)(1) (a) = 501(c)(1)$	or 527	If "No," attach a	list. (see instructions)
		te: WWW.STOPSARCOIDOSIS.ORG		H(c) Group exemption	
		f organization: X Corporation Trust Association Other ►	L Year	of formation: 2000 N	State of legal domicile: IL
Pa	nrt I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: DEDI SARCOIDSIS PATIENTS AND TO FINDING A CURE			
Governance					
/err	2	Check this box Mumber of voting members of the governing body (Part VI, line 1a)			15.
ğ	4	Number of independent voting members of the governing body (Part VI, line 1a)			14
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			8
ities	6	Total number of volunteers (estimate if necessary)			120
Activities &	-				0.
Ă		Net unrelated business taxable income from Form 990-T, line 38			0.
		, ,		Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		2,065,871.	3,812,061.
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		53,630.	217,975.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	28,824.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,119,501.	4,058,860.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		467,118.	1,307,303.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		518,043.	529,683.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 204,3			C17 440
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<u>395,977.</u> 1,381,138.	617,442.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			2,454,428.
	19	Revenue less expenses. Subtract line 18 from line 12		738,363.	<u>1,604,432.</u>
ts or	20	Total assots (Dart V. line 16)		ginning of Current Year 3,091,102.	End of Year 4,456,932.
Assets Balanc	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		27,123.	157,738.
Net A	21			3,063,979.	4,299,194.
	22	Net assets or fund balances. Subtract line 21 from line 20		5,005,919.	Ŧ,4JJ,1J4•

| Part II | Signature Block

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

Sign	Signature of officer		Date	
Here	READING WILSON, PRESIDE	ENT		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature Date	Check PTIN	
Paid	JAMES ROBBS	JAMES ROBBS 09/3	0/19 self-employed P01266623	
Preparer	Firm's name 🕒 SASSETTI LLC		Firm's EIN ► 36-2239746	
Use Only	Firm's address 🖌 6611 NORTH AVENU	Ξ		
	OAK PARK, IL 6030	02	Phone no. (708) 386-1433	
May the I	RS discuss this return with the preparer shown abov	ve? (see instructions)	X Yes No	
832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.				

Form	990 (2018) FOUNDATION FOR SARCOIDOSIS RESEARCH	36-4378232	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: THE FOUNDATION FOR SARCOIDOSIS RESEARCH IS THE NATION'S		
	NONPROFIT ORGANIZATION DEDICATED TO FINDING A CURE FOR T		
	AND TO IMPROVING CARE FOR SARCOIDOSIS PATIENTS. SINCE IT:		
	ESTABLISHMENT IN 2000, FSR HAS FOSTERED OVER \$3 MILLION		
	Did the organization undertake any significant program services during the year which were not listed on the	111	
2			
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$439,201. including grants of \$) (Revenue))
14	EDUCATION AND AWARENESS - IN 2018 THE AWARENESS AND EDUCA		Mr ′
	PROVIDED AT LEAST 40,000 PATIENTS WITH UP-TO-DATE, EVIDED		
	MATERIALS AS WELL AS HOLDING 8 CONFERENCES, BUILDING A 9		
	VOLUNTEER AMBASSADOR TEAM, FACILITATING AN INTERNATIONAL		
	CAMPAIGN, AND SUPPORTING PATIENTS AROUND THE GLOBE WITH I		
	ONLINE TOOLS, COMMUNICATION AND NETWORKING FORUMS, AND M	ANY OTHER	
	SERVICES.		
4b	(Code:) (Expenses \$ 1,643,834. including grants of \$ 1,307,303.) (Revenue	ue \$)
	RESEARCH - IN 2018, THE RESEARCH PROGRAM FUNDED 12 CLINC		/
	NETWORK SITES TO PERFORM RESEARCH LEADING TO ADVANCEMENTS		CE.
	IN ADDITION, FSR FACILITATED EXTERNAL INDUSTRY TRIALS AND		
	WITHIN THESE SITES. FSR PROVIDED FOUR FELLOWS FULL SUPPOR		EΔR
	POST-MEDICAL DEGREE/RESIDENCY FELLOWSHIPS FOCUSED ON SAR		
	WELL AS PROVIDING EVIDENCE-BASED EDUCATIONAL INFORMATION		<u> </u>
	MEDICAL PROVIDERS. FSR CONTINUED GROWING THE PATIENT REG		
	PROGRESS ON THE SCOUT ENDPOINTS PROJECT, AND MANAGED THE		
	PROGRAM AROUND THE DEVELPMENT OF A DISEASE MODEL, IN ADD		
	PROVIDING MULTIPLE OTHER GRANTS, SERVICES, AND SUPPORT TO	J ADVANCE	
	RESEARCH TO MEET OUR MISSION.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ue\$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 2,083,035.		
		Form 9	90 (2018)
83200	2 12-31-18		

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

1 Its me organization described in section 501(k) or 4947(q)(1) (there than a private foundation)? 1 X 2 Its me organization required to complete Schedule Q. Schedule of Contributors? 2 X 2 Its me organization required to complete Schedule Q. Part I 2 X 3 Sectors 501(k) election in effect 4 X 4 Sectors 501(k) election in effect 4 X 5 Statistication assets of 10(k) S01(k) 501(k) election in effect 4 X 5 Statistication assets and 10(k) S01(k) S01(k) election in effect 5 X 6 Did the organization assets and 10(k) S01(k) S01(k) election a cannow rule in houts or accuration for which dors have the right to provide advice on the distribution or investment of ancursts in auch funds or accuration escence on the distribution or investment of ancursts in auch funds or accuration ac				Yes	No
2 Is the organization engage in direct or inderte oblightal campaign activities on ball of or in opposition to candidates for public official 'th'res,' complete Schedule C, Part I 3 X 3 Dirth on ognazization engage in direct or inderte oblightal campaign activities, or have a section 501(h) election in effect of the organization engage in loobying activities, or have a section 501(h) election in effect of the organization as othered in Revenue Proceedure B197 / Yres, 'complete Schedule C, Part II 4 X 4 It is the organization as othered in Revenue Proceedure B197 / Yres, 'complete Schedule C, Part II 5 X 6 Dirth organization instant any doner advised funds or any similar funds or accounts? Yres,'' complete Schedule D, Part I 6 X 7 X It the organization resolve or hold a conservation essement', including easements to preserve open space. 7 X 7 X It the organization resolve or hold a conservation essement', including easement core or cutorelial account liability, serve as a cutorelian for amounts in out functional researce, or other similar assets? If 'Yes,' complete Schedule D, Part I 8 X 8 V Did the organization resolve and the factoring questions in 'Yes,' the complete Schedule D, Part I 10 X 10 the organization resolve and on the factoring questions in 'Yes,' complete Schedule D, Part V 11	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dit the organization engage in cliract or indirect political campaign activities on bahal of or in opposition to candidates for public official # "Yes," complete Schedule C, Part # 3 X 4 Section 501(k)0 organizations. Did the organization imgage in kobying activities, or have a section 501(k)1 election in effect during the tax year? # "Yes," complete Schedule C, Part # 4 X 5 Did the organization astends and yound avides during activities, or have a section 501(k)1 election in effect during the tax year? # "Yes," complete Schedule C, Part # 4 X 6 Did the organization maintain and yound avides during assements to provide avide on the distribution or investment of amounts in such funds or accountifie and searces in the indire similar assets? # "Yes," complete Schedule D, Part # 6 X 9 Did the organization maintain collections of works of art, historical trassures, or other similar assets? # 'Yes,' complete Schedule D, Part # 7 X 9 Did the organization away and the digram questions in tax assets? # 'Yes,' complete Schedule D, Part # 9 X 9 Did the organization intervent an amount for intervent angement, inder wind a sasts assets? Wes,'' complete Schedule D, Part # 10 X 9 Did the organization report an amount for investments - order and cauneling, debt management, and the inservent as a outstolant ore assets angend in Part X, line 17 # 'Yes,'' complete Schedule D					
public office // Yes, 'complete Schedule C, Part // 3 X 4 Section 50((c)(3) organizations. Did the organization engages in lobbying activities, or have a section 501(h) election in effect 4 X 5 Is the organization a section 501(c)(d), 501(c)(d), 501(c)(d) organization that roceives membership dues, assessments, or dimitar anounts as defined in Revenue Proceedure B187 // Yes, 'complete Schedule C, Part II 6 X 6 Did the organization markain any domra advised funds or any similar funds or account? In Yes, 'complete Schedule D, Part II 6 X 7 Did the organization markain any domra advised funds or account? In Yes, 'complete Schedule D, Part II 6 X 8 Did the organization creave or hold a conservation essement, including easements to preserve open space, the environment, bistoric land reas, or histori can ease, or hold or solutures? If Yes, 'complete Schedule D, Part II 8 X 9 Did the organization, report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for anounts not listed in Part X, reported credit comparization, report an amount for land, building, and equipment in Part X, line 100 // Yes, 'complete Schedule D, Part V 10 X 11 If the organization report an amount for land, building, and equipment in Part X, line 12 that is 5% or more of its total asset reported in Part X, line 137 // Yes, 'complete Schedule D, Part X 11a	2		2	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? (I *Yes, * complete Schedule C, Part I) 4 X 5 Is the organization a section 501(h)(h, 501(b)(h, c) f01(b)(h, c) f01(3				
during the tax year? If Yes, * complete Schedule C, Part II 4 X 5 is the organization a section S(10(4), 501(6)(3) or 501(6)) or 501(6)(4) or 501(6)) 5 5 6 Did the organization markatin any domra advised funds or accounts for which domras have the right to provide advised on the distribution or investment and amanutin is subclined. D, Part II 6 X 7 Did the organization markatin any domra advised funds or accounts for which domras have the right to provide advised on the distribution or investment and manutin is subclined. D, Part II 6 X 7 Did the organization markatin asset so ristorics of trutters? II *vss, * complete Schedule D, Part II 7 X 8 Did the organization induction of investment Part X, line 21, for secrow or custodial account labity, serve as a custodian for amounts not listed in Part X, line 12, for secrow or custodial account labity, serve as a custodian for amounts not listed in Part X, line 12, for secrow or custodial account labity, serve as a custodian for amounts not listed in Part X, line 12, for secrow or custodial account labity, serve as a custodian for as asplicable. 9 X 10 Did the organization incicity or through a related organization, hold assets in temporarily restricted endowments, permanet 10 X 11 If the organization report an amount for investments or the securities in Part X, line 10? If *vss, * complete Schedule D, Part X 10 X			3		<u> </u>
5 Is the organization a sector S01(c)(4), S01(c)(5), or S01(c)(6), or S01(4				37
eminal amounts as defined in Revenue Procedure 99-197 # Yes," complete Schedule C, Part II 5 X 6 Did the organization maintain any domer advised funds or any similar funds or accounts? If Yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a consenration easement, including easements to preserve open space, the environment, historical treasures, or other similar assets? If 'Yes," complete Schedule D, Part II 6 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes," complete Schedule D, Part II 8 X 9 Did the organization, directly or through a related organization, hold assets in temporarily relaticited endowments, promoter of the organization services? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes," complete Schedule D, Part V 10 X 11 He organization report an amount for investments - other securities in Part X, line 10? If 'Yes," complete Schedule D, Part V 11 X 12 Did the organization report an amount for investments - program related in Part X, line 10? If 'Yes," complete Schedule D, Part V 11 X 13 X Did the organization report an amount for hirvestments - program related in Part X, line 10? If 'Yes," complete Schedule D, Part X	_		4		
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 II 6 X 7 Did the organization maintain collections or adviced funds or accounts? If 'Yes,' complete Schedule D, Part II 7 X 8 Did the organization maintain collections or divorks of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 7 X 9 Did the organization maintain any donor adviced funds or accounts? If 'Yes,' complete Schedule D, Part III 7 X 9 Did the organization maintain any donor adviced funds or accounts in site of the account isability, serve as a custodian for account isability, serve acount isabilit	5		_		v
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? If "Yes," complete Schedule D, Part II 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 8 X 10 Ub the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments? If "Yes," complete Schedule D, Part VI. 10 X 11 the organization report an amount for levestments - organize related in Part X, line 10? If "Yes," complete Schedule D, Part VI. 11a X 12 Did the organization report an amount for investments - organize related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11a X 13 Did the organization school acorsolidated inancial statements for the tax year include a fortot	~		5		<u> </u>
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 X 9 Did the organization maintain collections of works of art, historical treasures, or other similar asset? If "Yes," complete Schedule D, Part II 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? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 10 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 11 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 11 Did the organization report an amount for investments - porgan 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 VI 11 X 11 Did the organization report an amount for investments - porgan related in Part X, line 17 If "Yes," complete Schedule D, Part VI 114 <td>6</td> <td></td> <td></td> <td></td> <td>v</td>	6				v
the environment, historic at and areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide cradit counseling, debt management, cradit repair, or debt negotiation services? 8 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide cradit counseling, debt management, cradit repair, or debt negotiation services? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities 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 VI 11a X b Did the organization report an amount for other assets 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 VI 11d X b Did the organization report an amount for investments or the tax year include a foothoots that addresses the organization schedule asparate, independent audited financial statements for the tax year? <td< td=""><td>-</td><td></td><td>6</td><td></td><td></td></td<>	-		6		
8 Did the organization maintain collections of works of art, historical breasures, or other similar assets? If "Yes," complete Schedule D, Part II 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? 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments II" (**e," 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, Part V, UII, VII, VII, VX, or X as applicable. 11 X 11 Did the organization report an amount for index buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 111 X 11 Did the organization report an amount for investments - rogram 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 X 116 X 11 Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 116 X 12 Did the organization subtion described in section 170(Di/(TMW) (PI "Yes," complete Schedule D, Part X 111 <td< td=""><td>'</td><td></td><td>-</td><td></td><td>v</td></td<>	'		-		v
Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrew or outsodial 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? 9 X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, premarent endowments, or quasi-endowments? If Yes," complete Schedule D, Part V 9 X 11 If the organization report an amount for inductions, since quasi-endowments? If Yes," complete Schedule D, Part V 10 X a Did the organization report an amount for investments - other securities in Part X, line 10? If Yes," complete Schedule D, Part VII 11a X b Did the organization report an amount for investments - organa 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 11a X c Did the organization report an amount for ther labilities 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 XIII 11a X c Did the organization orbid her and X, line 16? If Yes," complete Schedule D, Part XIII 11d X 11 X 11d X 11d X 12 Did the organization orbid aschadment audited financial statements for the ta	0				Δ
9 Did the organization report an amount in Part X, line 21, for escrew 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? 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? 10 X 11 If the organization is answer to any of the following questions is "res," then complete Schedule D, Part X, VII, VIII, VIII, VX, or X as applicable. 10 X 12 Did the organization report an amount for linestments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VI 11 X 13 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 VI 11 X 14 X 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 X 11 X 14 X 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 X 11 X 14 Did the organization report an amount for other assets in Part X, line 27. If "Yes," complete Schedule D, Part	0				x
amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? y X If "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments // "Yes," complete Schedule D, Part V 10 X 11 If the organization, directly or through a related organization, should assets in temporarily restricted endowments, permanent or any of the following questions is "Yes," then complete Schedule D, Part V 10 X 2 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? if "Yes," complete Schedule D, Part VI 11 11 X 2 Did the organization report an amount for investments - other assets 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 VI 11 X 2 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 VI 11 X 3 Did the organization separate or consolidated financial statements for the tax year in/ty es," complete Schedule D, Part X 114 X 4 Did the organization nexparate or consolidated, independent audted	۵		o		
If 'Yes,' complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 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, Part VI, VII, VII, VX, or X as applicable. 11 X 12 Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11 11 X 13 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 VI 11 11 X 14 X 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 X 11 11 X 15 Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X. 11 X 11 X 16 Did the organization is port on a mount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X. 11 X 11 X 11 U <t< td=""><td>9</td><td></td><td></td><td></td><td></td></t<>	9				
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments // "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, Part VI, VII, VII, VII, VX, VX as applicable. 10 X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 // "Yes," complete Schedule D, Part VI 11b X c Did the organization report an amount for investments - program related in Part X, line 150 // "Yes," complete Schedule D, Part VI 11c X 11 Did the organization report an amount for other assets in Part X, line 155 fart is 5% or more of its total assets reported in Part X, line 167 // "Yes," complete Schedule D, Part X 11d X 12 Did the organization report an amount for other lassets in Part X, line 156 fart "yes," complete Schedule D, Part X 11d X 12a Did the organization report an amount for other lassets in Part X, line 157 the 'yes," complete Schedule D, Part X 11d X 12a Did the organization report an amount for other lassets in Part X, line 157 the 'yes," complete Schedule D, Part X			a		x
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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X 		investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
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18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	17				77
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II 21 X	18			.	
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II 21 X					
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II 21 X					<u> </u>
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			20b		
- 000 (****	21			v	
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Part IV Checklist of Required Schedules (continued)	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
D.	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		х
26	Schedule L, Part I	200		- 23
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			х
07	complete Schedule L, Part II	26		
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			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	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		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
00	Note. All Form 990 filers are required to complete Schedule O	38	х	
Par		00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 10		.03	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c	х	
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Form	990 (2018) FOUNDATION FOR SARCOIDOSIS RESEARCH	36-4378	232	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	IS?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C)	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country: ►				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for \$75 made partly as a contribution and \$75 made partly as a contributi	vices provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		X
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 co	ntract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat	ion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots		9b		
10	Section 501(c)(7) organizations. Enter:	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1			
	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	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	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	I			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				<u>-</u> -
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				

16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	
	If "Yes," complete Form 4720, Schedule O.		

Form **990** (2018)

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Form 990	(2018)
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FOUNDATION FOR SARCOIDOSIS RESEARCH

Check if Schedule O contains a response or note to any line in this Part VI

1

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

		1. 1	5	Yes	\$
			.5		
			.4		
			2	X	\downarrow
					4
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was filed?	4		4
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	. 5		4
6	Did the organization have members or stockholders?		6		_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or			
	more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders, or			
	persons other than the governing body?		7b		
8					
а	The governing body?	-	8a	Х	-
			. 9		
					-
				Yes	-
10a	Did the organization have local chapters, branches, or affiliates?		10a		-
					-
			10b		
				X	-
					Ì
			100	X	
				X	-
				_ <u>^</u>	-
		,	10		
				X	-
					_
			14	X	
		i by independent			
				37	
					_
			15b	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a			1
	, , ,		16a		_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's			
			16b		
					_
1a Enter the number of voting members of the governing body at the end of the tax year 1a 15 1f there are material differences in voting rights among members of the governing body, or 1f the governing body, or nuclesc, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees have a family relationship or a business relationship with any other officers, directors, or trustees, or key employees to a management company or other person? 2 3 Did the organization belogate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a significant theresion of the organization have members or stockholders? 2 4 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 4 Did the organization netwer multipology 8a 5 Did the organization contemporaneously document the metings held or written actions undertaken during the year by the following: 7b 5 Did the organization have members or stockholders, or appersons of schedule 0. 9 9 6 Did the organization have during body? 8a <t< td=""><td></td><td></td></t<>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	d 990-T (Section 501(c)(3)s only)	availa	ak
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain	in Schedule O)			
19		-	nd financ	ial	
		ks and records			
		- <u> </u>			
					-
	1820 W. WEBSTER SUITE 304, CHICAGO, IL 60614				

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

List all of the organization's current key employees, if any. See 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. Т

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unles	ss per	more rson i	than o s both r/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ANDREA WILSON CHAIRWOMAN	10.00	x		x				0.	0.	0.
(2) READING WILSON	10.00			<u> </u>					0.	0.
PRESIDENT	10.00	x		x				0.	0.	0.
(3) LESLIE SERCHUCK	5.00									
VICE PRESIDENT		х		x				0.	0.	0.
(4) LOUIE HONDROS	5.00									
TREASURER		Х		х				0.	0.	0.
(5) KIRK ALLEN	1.00									
DIRECTOR		Х						0.	0.	0.
(6) DANIEL CULVER	1.00									
DIRECTOR		Х						21,000.	0.	0.
(7) JIM DAVIS	1.00									
DIRECTOR		Х						0.	0.	0.
(8) YVONNE JAMES	1.00								0	
DIRECTOR	1 00	X						0.	0.	0.
(9) MARY ELLEN CARROLL	1.00								0	0
DIRECTOR (10) MARY COBB	1.00	X						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(11) CRAIG LIPSET	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(12) AZMI NABULSI	1.00							Ŭ •		.
DIRECTOR		x						0.	0.	0.
(13) LOUISE M. PERKINS	1.00									
DIRECTOR		х						0.	Ο.	0.
(14) DENISE WOOL	1.00									
DIRECTOR		х						0.	0.	0.
(15) REV. MICHAEL A WALROND	1.00									
DIRECTOR		Х						0.	0.	0.
(16) GINGER SPITZER	40.00									
EXECUTIVE DIRECTOR				х				160,250.	0.	0.

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Form 990 (2018)

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									36-437	8232	Pa	ıge 8
Part VII Section A. Officers, Direc	VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Emp						ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box,	not ch unles	s pers	tion nore t son is	than o s both r/truste	an	(D) Reportable compensation	(E) Reportable compensation from related		(F) stimated nount c other	
	(list any hours for related organizations below line)	Individual trustee or director	nstitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	s compen		e on ed
		-	<u> </u>	0	¥	Ξ	Ľ.					
		-										
		-										
1b Sub-total		-						181,250.	0			0.
c Total from continuation sheets d Total (add lines 1b and 1c)	to Part VII, Section A	·····	· · · · · · · ·	·····]]	> >	0. 181,250.	0	•		0.
2 Total number of individuals (inclu compensation from the organizat	-	iose l	listeo	d ab	ove)) who	o re	eceived more than \$100,	000 of reportable		Yes	1 No
3 Did the organization list any form line 1a? If "Yes," complete Sched	lule J for such individual									3		X
 4 For any individual listed on line 1a and related organizations greater 5 Did any person listed on line 1a related on line 1a r	than \$150,000? If "Yes	," cor	mple	ete S	che	dule	J f	or such individual		4	x	
rendered to the organization? If		e J fc	or su	ch p	erso	on				5		Х
Section B. Independent Contractors Complete this table for your five h the organization. Report compen	nighest compensated inc								•	sation fro	om	
	(A) I business address		ONE					(B) Description of s		(Compe	C) nsation	1
							_					
							_					
2 Total number of independent cor	ntractors (including but n	lot lin	nited	to t	hos	e list	ed	above) who received mo	ore than			
\$100,000 of compensation from t	the organization 🕨				0)				Form	990 (2	2018)

				R SARCOII	OSIS RESEA	ARCH	36-4378	3 232 Pag
art V	/111	Statement of Rever	nue					_
		Check if Schedule O cont	ains a response o	or note to any lin	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluc from tax unde sections 512 - 514
						revenue	revenue	512 - 514
		Federated campaigns						
		Membership dues						
Ā		Fundraising events						
		Related organizations	·····					
		Government grants (contribut	· ·					
e	T	All other contributions, gifts, gran similar amounts not included abor		3,812,061.				
2	~	Noncash contributions included in lines						
D	-	Total. Add lines 1a-1f	-		3,812,061.			
.0				Business Code	•,•==,••==•			
2	а			Dusiness Code				
-	b							
ne	č							
e	d							
Ĕ.	e							
		All other program service reve	enue					
		Total. Add lines 2a-2f						
3	U	Investment income (including						
		other similar amounts)			40,233.			40,2
4		Income from investment of tax						
5		Royalties	<u>.</u>	►				
			(i) Real	(ii) Personal				
6	а	Gross rents						
		Less: rental expenses						
	с	Rental income or (loss)						
	d	Net rental income or (loss)	· <u></u>	►				
7	а	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,143,895.					
1	b	Less: cost or other basis						
		and sales expenses	966,153.					
	с	Gain or (loss)	177,742.					
		Net gain or (loss)		····· ►	177,742.			177,7
8	а	Gross income from fundraising including \$						
		contributions reported on line	1c). See					
		Part IV, line 18	а					
		Less: direct expenses		19,973.				
		Net income or (loss) from func		►	17,797.			17,7
9	а	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		▶				
10 :	а	Gross sales of inventory, less						
	k	and allowances						
		Less: cost of goods sold						
-	C	Net income or (loss) from sale						
44	~	Miscellaneous Revenu MISCELLANEOUS INCOME		Business Code 900099	11,027.	11,027.		
					±±,027.			
	b							
1	c	All other revenue						
	~	AILUTHELTEVENUE		1				
		Total. Add lines 11a-11d			11,027.			

Form 990 (2018)

FOUNDATION FOR SARCOIDOSIS RESEARCH Part IX Statement of Functional Expenses

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

000	Check if Schedule O contains a response				
	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		experiece	general expenses	oxperioee
•	-	1,019,120.	1,019,120.		
•	and domestic governments. See Part IV, line 21	1,019,120.	1,010,120.		
2	Grants and other assistance to domestic		15 561		
	individuals. See Part IV, line 22	15,561.	15,561.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	272,622.	272,622.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees				
~					
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	529,683.	364,422.	56,146.	109,115.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
	Fees for services (non-employees):				
11	· · · · · ·				
	Management				
b					
С	Accounting	30,400.		30,400.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9		117,238.	92,131.	14,384.	10 723
	column (A) amount, list line 11g expenses on Sch 0.)	9,519.	JZ, IJI•	844.	<u>10,723.</u> 8,675.
12	Advertising and promotion	9,519.		044.	0,075.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	47,034.	32,359.	4,986.	9,689.
17	Travel	17,130.	3,304.	4,524.	9,302.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
40		79,420.	51,978.	25,216.	2,226.
19	Conferences, conventions, and meetings	/9,420.	51,970.	23,210.	2,220.
20	Interest				
21	Payments to affiliates	10 - 11			
22	Depreciation, depletion, and amortization	10,791.	7,424.	1,145.	2,222.
23	Insurance	2,667.	1,835.	283.	549.
24	Other expenses. Itemize expenses not covered				
	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.)				
а	SPECIAL EVENTS	108,442.	102,656.	4,111.	1,675.
	FEES AND LICENSES	79,166.	63,044.	14,938.	1,184.
b	POSTAGE AND PRINTING	55,275.	22,771.	3,812.	28,692.
c					
d	TECHNOLOGY	35,528.	18,854.	1,699.	14,975.
е	All other expenses	24,832.	14,954.	4,546.	5,332.
25	Total functional expenses. Add lines 1 through 24e	2,454,428.	2,083,035.	167,034.	204,359.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Time if following SOP 98-2 (ASC 958-720)				
92004	0 12-31-18				Form 990 (2018)
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Form 990 (2018)

Part X Balance Sheet

Form 990 (2018)

					(A) Beginning of year		(B) End of year	
	1	Cash pop interest bearing			1,227,812.	1	1,881,620.	
	2	Cash - non-interest-bearing Savings and temporary cash investments			1,227,012.	2	1,001,020.	
	3	Pledges and grants receivable, net	5,984.	2	100,000.			
	4	Accounts receivable, net	5,504.	4	100,000			
	5	Loans and other receivables from current and fo				-		
		trustees, key employees, and highest compensation						
			-			5		
	6	Part II of Schedule L Loans and other receivables from other disguali						
	ľ	section 4958(f)(1)), persons described in section	•	· ·				
		employers and sponsoring organizations of sect						
		employees' beneficiary organizations (see instr).		6				
Assets	7		Notes and loans receivable, net					
Ase	8	Inventories for sale or use				7 8		
	9					9		
		Land, buildings, and equipment: cost or other	I I					
		basis. Complete Part VI of Schedule D	10a	52,982.				
	ь	Less: accumulated depreciation	10b	52,982. 26,651.	31,000.	10c	26,331.	
	11	Investments - publicly traded securities				11		
	12	Investments - other securities. See Part IV, line 1	1,814,761.	12	2,397,476.			
	13	Investments - program-related. See Part IV, line		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11			11,545.	15	51,505.	
	16	Total assets. Add lines 1 through 15 (must equ			3,091,102.	16	4,456,932.	
	17	Accounts payable and accrued expenses			25,623.	17	29,337.	
	18	Grants payable	1,500.	18	88,401.			
	19	Deferred revenue		19	40,000.			
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete				21		
ŝ	22	Loans and other payables to current and former	officers	, directors, trustees,				
Liabilities		key employees, highest compensated employee	es, and c	lisqualified persons.				
abi		Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrela	ated third	d parties		23		
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24		
	25	Other liabilities (including federal income tax, pa	yables t	o related third				
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X of				
		Schedule D		····· -		25	455 500	
	26	Total liabilities. Add lines 17 through 25			27,123.	26	157,738.	
		Organizations that follow SFAS 117 (ASC 958		here 🕨 🔀 and				
es		complete lines 27 through 29, and lines 33 an			2 0 6 2 0 7 0		4 000 104	
anc	27	Unrestricted net assets			3,063,979.	27	4,299,194.	
Bala	28	Temporarily restricted net assets				28		
ЪП	29			·····		29		
Fu		Organizations that do not follow SFAS 117 (A	SC 958)	, check here ▶				
° or		and complete lines 30 through 34.						
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30		
As	31	Paid-in or capital surplus, or land, building, or ec				31		
Vet	32	Retained earnings, endowment, accumulated in			3,063,979.	32	4,299,194.	
<u> </u>	33	Total net assets or fund balances			3,091,102.	33	4,456,932.	
	34	Total liabilities and net assets/fund balances			J, UJI, IUZ•	34	<u>4,450,952</u>	

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Check if Schedule O contains a response or note to any line in this Part X

	990 (2018) FOUNDATION FOR SARCOIDOSIS RESEARCH	36-43	78232	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,05		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,45		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,60		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,06		
5	Net unrealized gains (losses) on investments	5	-36	9,2:	17.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,29	9,1	94.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L
			_	aan /	

Form **990** (2018)

SCHEDULE /	4
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Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2018
Open to Public Inspection

Intern	al Rever	nue Service		Go to www.irs.go	v/Form990 for instruction	ons and th	ne latest i	nformation.		Inspection
Nan	ne of t	the organizati								identification number
_			FOUN	DATION FOR	SARCOIDOSIS	RESE	ARCH		3	6-4378232
	rt I				(All organizations must co			ee instructions		
The	organ	ization is not a	a private found	ation because it is: ((For lines 1 through 12, c	heck only	one box.)			
1	Ц	A church, co	nvention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1)(A)(i).		
2	Ц				(Attach Schedule E (Forn					
3	Ц	•	•		anization described in so			•		
4			-	ation operated in co	njunction with a hospital	described	l in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and stat	-							
5					ollege or university owned	l or operat	ed by a go	overnmental ur	hit describe	ed in
_				Complete Part II.)						
6	\square			-	mental unit described in					
7		•		-	antial part of its support fi	om a gove	ernmental	unit or from th	e general p	oublic described in
-		-		omplete Part II.)						
8	\square	-			(1)(A)(vi). (Complete Par	-				
9		-		•	l in section 170(b)(1)(A)(-		-	-
		-	or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	or
40	X	university:	an that narma	III	than 22 1/20/ of its sur	and from	ootributio	no moreboreb	in face on	d areas ressints from
10	<u> </u>				e than 33 1/3% of its sup ot to certain exceptions,					
					e (less section 511 tax) fro	. ,				•
				mplete Part III.)			sses acqui	lied by the org	anization a	
11					ively to test for public sa	fetv See	section 5	09(2)(4)		
12	H	0	•	•	sively for the benefit of, to				rry out the	purposes of one or
		•	-	-	ed in section 509(a)(1) o	-			•	
				-	of supporting organization					
а		7	•		supervised, or controlled				-	aivina
				-	gularly appoint or elect a	•	-			
			-	complete Part IV, Se						
b		Type II. As	supporting org	anization supervised	d or controlled in connect	ion with it	s supporte	ed organizatior	n(s), by hav	ving
		control or r	nanagement o	f the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III fui	nctionally inte	grated. A supportin	ng organization operated	in connec ⁻	tion with, a	and functionall	ly integrate	d with,
		its support	ed organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
d] Type III no	n-functionally	/ integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)
		that is not	functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution rea	quirement and	an attentiv	/eness
		requiremen	nt (see instruct	ions). You must co i	mplete Part IV, Sections	A and D,	and Part	V .		
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III	
		functionally	/ integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number	of supported of	organizations						
g				h about the supporte		(iv) is the ora	anization listed	(a) Amount of	monoton	(vi) Amount of other
	(Name of supp organizatior 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount of support (see in	-	(vi) Amount of other support (see instruction
		organization	•		above (see instructions))	Yes	No			

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 FOUNDATION FOR SARCOIDOSIS RESEARCH Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stop						
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2018 (I		•			14	%
	Public support percentage from 2017					15	%
16a	33 1/3% support test - 2018. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2017. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual		•				
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	his box and stop	here. Explain in Pa	art VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶∟
b		- 2017 If the ord	anization did not	check a box on lin	ne 13, 16a, 16b, or	17a. and line 15 is	10% or
	10% -facts-and-circumstances test						
	10% -facts-and-circumstances test more, and if the organization meets the					-	
		ne "facts-and-circu cumstances" test.	mstances" test, cl The organization o	heck this box and qualifies as a publi	stop here. Explain cly supported orga	in in Part VI how th anization	e ►

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 FOUNDATION FOR SARCOIDOSIS RESEARCH Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support (c) 2016 (d) 2017 Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 497,842 773,178. 1369674. 2065871. 3812061. 8518626. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 1369674. 2065871. 497,842. 773,178. 3812061. 8518626. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 27,025. 45,335. 65,000. 40,000. 16,000. 193,360. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 60,000. 90,892. 632,316. 1423245. 2902945. 5109398. c Add lines 7a and 7b 105,335. 155,892. 672,316. 1450270. 2918945. 5302758. 3215868. 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 9 Amounts from line 6 497,842. 773,178. 1369674. 2065871 3812061 8518626. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 137,647. 72,434. 53,630. 217,975. 99,696. 581,382. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 99,696. 137,647. 72,434. 53,630. 217,975. 581,382. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 11,027. 11,027. assets (Explain in Part VI.) 2119501. 597,538. 910,825. 1442108. 4041063. 9111035. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► Section C. Computation of Public Support Percentage 35.30 % Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 15 43.22 16 Public support percentage from 2017 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 6.38 17 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) % 7.57 18 18 Investment income percentage from 2017 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018 832023 10-11-18

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Schedule A (Form 990 or 990-EZ) 2018 FOUNDATION FOR SARCOIDOSIS RESEARCH

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1

2

3a

3b

3c

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ)*.
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990 EZ) 2018 FOUNDATION FOR SARCOIDOSIS RESEARCH 36-4378232 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	-	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	5		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions	1	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2018

	dule A (Form 990 or 990-EZ) 2018 FOUNDATION FOR SARCOIDC			36-4378232 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	-		Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 FOUNDATION FOR SARCOIDOSIS RESEARCH

Par	I v Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continued)	1
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	3		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
с	Excess from 2016			
	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A	(Form 990 or 990-EZ) 2018	FOUNDATION	FOR S	ARCOIDOSIS	RESEARCH	36-4378232	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D,	nation. Provide the 2, 3b, 3c, 4b, 4c, 5a, 6 ines 2 and 3; Part IV, 5	explanatio 6, 9a, 9b, 9 Section E, 1	ns required by Part II lc, 11a, 11b, and 11c ines 1c, 2a, 2b, 3a, a	, line 10; Part II, line ; Part IV, Section B nd 3b; Part V, line 1	e 17a or 17b; Part III, line 12; , lines 1 and 2; Part IV, Section ; Part V, Section B, line 1e; Pa	C,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Section	E, lines 2, s	5, and 6. Also comple	ete this part for any	additional information.	
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832028 10-11-1	0			~ ~	3		

SCHEDU	LE D
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Department of the Treasury

(Form	990)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Interna	I Revenue Service Go to www.irs.gov/Forr	m990 for instructions and the latest informati	on.	Ir	ispectio	n
Nam	e of the organization FOUNDATION FOR SA	RCOIDOSIS RESEARCH	Emp	oloyer identi 36-4∶		
Pa			Accoun			
	organization answered "Yes" on Form 990, Part IV,	, line 6.		•		
		(a) Donor advised funds	(b) Fun	ds and other	account	ts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors	in writing that the assets held in donor advised	funds			
	are the organization's property, subject to the organization	n's exclusive legal control?			Yes	No No
6	Did the organization inform all grantees, donors, and dono	or advisors in writing that grant funds can be use	ed only			
	for charitable purposes and not for the benefit of the dono	or or donor advisor, or for any other purpose cor	nferring			
	impermissible private benefit?				Yes	No
Pa	Tt II Conservation Easements. Complete if the	organization answered "Yes" on Form 990, Par	t IV, line 7.			
1	Purpose(s) of conservation easements held by the organiz					
	Preservation of land for public use (e.g., recreation of		• •		а	
	Protection of natural habitat	Preservation of a certifie	ed historic s	structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qu	alified conservation contribution in the form of a	a conservat			
	day of the tax year.			Held at the E	nd of the	lax Year
a						
b						
C h	Number of conservation easements on a certified historic		<u>2c</u>			
a	Number of conservation easements included in (c) acquire	-	2d			
3	listed in the National Register			during the ta		
5	year	released, extinguished, or terminated by the or	ganization		^	
4	Number of states where property subject to conservation	easement is located				
5	Does the organization have a written policy regarding the	· · · · · · · · · · · · · · · · · · ·				
Ū	violations, and enforcement of the conservation easement			 ,	Yes	No
6	Staff and volunteer hours devoted to monitoring, inspectir			······		
	•					
7	Amount of expenses incurred in monitoring, inspecting, ha	andling of violations, and enforcing conservatior	n easement	s during the	year	
	▶\$					
8	Does each conservation easement reported on line 2(d) at	, , , , , , , , , , , , , , , , , , ,	,, ,,,			
	and section 170(h)(4)(B)(ii)?			······ 🗆 '	Yes	No
9	In Part XIII, describe how the organization reports conserv	ation easements in its revenue and expense sta	atement, an	id balance sł	neet, and	1
	include, if applicable, the text of the footnote to the organi	ization's financial statements that describes the	organizatio	on's account	ing for	
Dee	conservation easements.	of Art Illistania al Trascana an Othe				
Pa	t III Organizations Maintaining Collections		er Similai	Assets.		
	Complete if the organization answered "Yes" on Fo					
а	If the organization elected, as permitted under SFAS 116 (
	historical treasures, or other similar assets held for public the text of the features to its financial statements that doe		e or public s	service, prov	ide, in Pa	art Ann,
h	the text of the footnote to its financial statements that des		d balanca i	aboot worko	of ort bi	atorical
D	If the organization elected, as permitted under SFAS 116 (treasures, or other similar assets held for public exhibition					
	relating to these items:	, education, or research in furtherance of public	seivice, pi		iowing a	mounts
	(i) Revenue included on Form 990, Part VIII, line 1			¢		
	(ii) Assets included in Form 990, Part X			\$ \$		
2	If the organization received or held works of art, historical					
-	the following amounts required to be reported under SFAS		, provide			
а	Revenue included on Form 990, Part VIII, line 1	· · · •		\$		
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D	(Form 9	90) 2018

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		ION FOR SA					36-43			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historica	l Treasures,	or Othe	r Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any c	f the following th	at are a s	ignificant ι	use of its c	ollection	tems	
	(check all that apply):									
а	Public exhibition	c	l 🔄 Loan	or exchange prog	Irams					
b	Scholarly research	e	e 🔄 Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	-	-	-			se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations of	of art, historica	l treasures, or ot	ner simila	r assets		_		-
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the orgar	ization answered	l "Yes" or	n Form 990	D, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa									
1 a	Is the organization an agent, trustee, custodi							٦ . ,		٦
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:					• •		
	De sinsis a la dese e							Amount		
	Beginning balance									
a	Additions during the year									
f	Distributions during the year					<u>1e</u> 1f				
	Ending balance Did the organization include an amount on F					··		Yes		No
	If "Yes," explain the arrangement in Part XIII.					• • • • • • •]
Par										<u>J</u>
		(a) Current year	(b) Prior ye				years back	(e) Four	vears	back
1a	Beginning of year balance		(,	(-,		(-,	,	(-)	,	
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, colu	mn (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are h	eld and administ	ered for tl	he organiz	ation	-		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza			e R?				3b		
	t VI Land, Buildings, and Equipm		wment funds.							
Par										
	Complete if the organization answere							()		
	Description of property	(a) Cost or o basis (investr		Cost or other basis (other)	1	Accumulat epreciatior		(d) Book	value	3
1a	Land									
	Buildings									
	Leasehold improvements			22,590.		5,2				87.
d	Equipment			3,532.			22.		,1:	
	Other			26,860.		21,0			, 83	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. column (B).	line 10c.)	<u></u>			26	, 33	31.

Schedule D (Form 990) 2018

Schedu Part	ule D (Form VII Inve		FOUNDATION Other Securities.	FOR	SARCOIDO	SIS	RESEARCH		36	-4378232	Page 3
			ganization answered "Yes			ne 11b.					
	-	-	GOLY (including name of security)	_	(b) Book value		(c) Method of va	luation:	Cost or end	-of-year market	value
	ancial deriv										
		quity interests	S								
(3) Oth											
(A)		L FUNDS	AND EQUITY	_	1,912,341	-	END-OF-YE	י סגי	היימעמא		
(B) (C)			, E MUTUAL FUNDS		$\frac{1,912,341}{485,135}$		END-OF-IE END-OF-YE				
(D)		Incom	MOTORE TONE	, 	405,155	•				VIILOL	
(E)											
(F)											
(G)											
(H)											
			00, Part X, col. (B) line 12.) 🕨		2,397,476	•					
Part	VIII Inve	estments -	Program Related.								
			ganization answered "Yes			<u>ne 11c.</u>					
	(a)	Description o	finvestment		(b) Book value		(c) Method of va	luation:	Cost or end	-of-year market	value
(1)											
(2)				_		_					
(3)											
<u>(4)</u>											
(5)											
<u>(6)</u> (7)											
(8)											
(9)											
	Col. (b) mus	t equal Form 99	00, Part X, col. (B) line 13.) 🕨								
Part		er Assets.									
	Com	plete if the or	ganization answered "Yes	" on Foi	rm 990, Part IV, lin	ne 11d.	See Form 990, P	Part X, lin	ie 15.		
			(a) Descr	iption					(b) Book v	alue
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
<u>(8)</u> (9)											
	(Column (b)	must equal F	orm 990. Part X. col. (B) lir	ne 15)					►		
Part	X Oth	er Liabilitie	es.	<u>10 10.</u> ,							
	 Com	plete if the or	ganization answered "Yes	" on Foi	rm 990, Part IV, lin	ne 11e d	or 11f. See Form	990, Pai	rt X, line 25.		
1.		(a) 🛙	Description of liability			(b) E	Book value				
(1)	Federal in	come taxes									
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
	,		orm 990, Part X, col. (B) lir	,		4			-		
	-		ositions. In Part XIII, provid				-			-	
org	ganization's	liability for ur	ncertain tax positions unde	er ⊢iN 4	8 (ASC 740). Chec	ck here	IT the text of the	rootnote	nas been p	provided in Part	

Schedule D (F	(orm 990)	2018

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Sche	dule D (Form 990) 2018 FOUNDATION FOR SARCOIDOSIS	RESEA	ARCH	36-	4378232 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	eturn.	¥
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,709,616.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-369,217.		
b	Donated services and use of facilities				
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		19,973.		
е	Add lines 2a through 2d			2e	-349,244.
3	Subtract line 2e from line 1			3	4,058,860.
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				5	4,058,860.
_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				
_	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wit			
_	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wit	h Expenses per l	Retur	n.
_	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per l		
Pa	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wit	h Expenses per l	Retur	n.
Pa 1	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents With	h Expenses per l	Retur	n.
Pa 1 2	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents With	h Expenses per l	Retur	n.
Pa 1 2 a	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	h Expenses per I		n.
Par 1 2 a b	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per l		n. 2,474,401.
Par 1 2 a b c	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	h Expenses per l	1 2e	n. 2,474,401. 19,973.
Par 1 2 a b c d	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per l	Retur	n. 2,474,401.
Par 1 2 a b c d e	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	h Expenses per l	1 2e	n. 2,474,401. 19,973.
Par 1 2 a b c d e 3	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	h Expenses per l	1 2e	n. 2,474,401. 19,973.
Pa 1 2 a b c d 3 4	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	h Expenses per l	1 2e	n. 2,474,401. 19,973.
Pa 1 2 a b c d e 3 4 a	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d	h Expenses per l	1 2e	n. 2,474,401. 19,973. 2,454,428. 0.
Pa 1 2 a b c d e 3 4 a b c 5	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	h Expenses per l	Retur	n. 2,474,401. 19,973.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS DIRECT EXPENSE

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS DIRECT EXPENSE

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19,973.

19,973.

SCHEDULE F	Stateme	OMB No. 1545-0047				
(Form 990)	Complete if			2018		
Dependence of the Transvers		5	Attach to Form 990.		´	Open to Public
Department of the Treasury Internal Revenue Service	► Go to	www.irs.gov/Fo	orm990 for instructions and the latest	information.		Inspection
Name of the organization					Employer id	entification number
FOUNDATION FOR	SARCOIDO	SIS RESE	ARCH		36-4378	3232
		ctivities Out	side the United States. Comple	ete if the organ	ization answer	ed "Yes" on
Form 990, Part						
			ds to substantiate the amount of its grau the selection criteria used to award the g			X Yes No
2 For grantmakers. Des United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance	outside the
3 Activities per Region. (7	The following Part	I, line 3 table ca	an be duplicated if additional space is ne	eeded.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the regior	expenditures for and investments
	0	0				0
3 a Subtotal b Total from continuation	1					0.
sheets to Part I c Totals (add lines 3a	0	0				0.
and 3b)	0	0				0.

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

Schedule F (Form 990) 2018

OMB No. 1545-0047

832071 10-31-18

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

1 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region noncash of noncash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) EUROPE (INCLUDING ICELAND & GREENLAND) -ALBANIA, ANDORRA, RESEARCH GRANT 0. CHECK Ο. EUROPE (INCLUDING ICELAND & GREENLAND) -ALBANIA, ANDORRA, RESEARCH GRANT 75 000. WIRE 0. EUROPE (INCLUDING ICELAND & GREENLAND) -ALBANIA, ANDORRA, RESEARCH GRANT 75,000.WIRE 0. EUROPE (INCLUDING ICELAND & GREENLAND) -ALBANIA, ANDORRA, RESEARCH GRANT 75,000.WIRE Ο. EUROPE (INCLUDING ICELAND & GREENLAND) -ALBANIA, ANDORRA, RESEARCH GRANT 47,622.WIRE Ο. 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **3** Enter total number of other organizations or entities

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2018

Page 3

Schedule F (Form 990) 2018 FOUNDATION FOR SARCOIDOSIS RESEARCH 36 Part IV Foreign Forms 36

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

Schedule F (Form 990) 2018

832074 10-31-18

Schedule F (Form 990) 2018 FOUNDATION FOR SARCOIDOSIS RESEARCH Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE FOUNDATION REQUIRES ONGOING REPORTING PROGRESS OF

RECRUITMENT/ENROLLMENT IN RESEARCH STUDIES.

Schedule F (Form 990) 2018

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SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities									
(Form 990 or 990-EZ)		e organization answered "Yes organization entered more that				or 19,	or if the	2018	
Department of the Treasury		Attach to Form						Open to Public	
Internal Revenue Service Name of the organization		o to www.irs.gov/Form990 for	instruction	s and	the latest informati	on.	F aran January inte	Inspection	
Name of the organization		ION FOR SARCOID	STS B.	RSEZ	АРСН		36-4378	entification number	
Part I Fundrais		Complete if the organization a				line 1			
	complete this part		inswered i	63 01	11 0iii 330,1 ait iv,1		7.10111330-22	. mers are not	
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list b If "Yes," list the 10 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f So g Sp or oral agreement with any indiv art VII) or entity in connection w viduals or entities (fundraisers)	blicitation of blicitation of becial fundra ridual (includ vith profess	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes		
compensated at le	ast \$5,000 by the	organization.			1				
(i) Name and address or entity (fund		(ii) Activity	fund have o or co	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No	-				
		1	I						
3 List all states in whi		n is registered or licensed to se	olicit contrib	▶ utions	or has been notified	l it is	exempt from re	gistration	
or licensing.									
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for F	orm 990 or	990-E	Z	Sche	dule G (Form 9	990 or 990-EZ) 2018	

832081 10-03-18

Schedule G	(Form 990 or 990-EZ) 2018	FOUNDATION	FOR	SARCOIDOSIS	RESEARCH	36-4378232	Page 2
Part II	Fundraising Events	Complete if the orga	nization	answord "Vos" on For	n 000 Part IV line 18	or reported more than \$15	000

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	033 11001116 0111 01111 990			s greater than \$5,000.
			(a) Event #1 FSR KISS WALK	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	37,770.			37,770.
ш		Less: Contributions	0.			
	3	Gross income (line 1 minus line 2)	37,770.			37,770.
	4	Cash prizes				
(0	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				19,973.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		►	19,973.
		Net income summary. Subtract line 10 from I				17,797.
Pa	art I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$13,000 011 F0111 990-EZ, line 0a.		(b) Pull tabs/instant		(d) Total gaming (add
anı			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
Ĕ	1	Gross revenue				
es	2	Cash prizes				
kpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)			
9		ter the state(s) in which the organization condu				Yes No
		he organization licensed to conduct gaming a No," explain:	ctivities in each of these s	states?		
~						
	_					
		ere any of the organization's gaming licenses re		rminated during the tax y	/ear?	Yes No
b) if "	Yes," explain:				
		-03-18			Schedule G (For	m 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018

Sche	dule G (Form 990 or 990-EZ) 2018 FOUNDATION FOR SARCOIDOSIS RESEARCH 36-4	378232	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address 🕨		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$		
с	If "Yes," enter name and address of the third party:		
	Nama		
	Name		
	Address 🕨		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 💲		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 💲		
Pa	TIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
00000		000 ar 001	
83208	3 10-03-18 Schedule G (Form	1 990 01 990	-EZ) 2018

Schedule G	(Form 990 or 990-EZ)	FOUNDATION	FOR	SARCOIDOSIS	RESEARCH	36-4378232	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)					
						Schedule G (Form 990 or	990-57
						Ochedule G (FUIII 990 Of	JJJ-EZ)

SCHEDULE I	G	rants and Oth	er Assistan	ce to Organ	izations.			OMB No. 1545	5-0047	
(Form 990)	Go	vernments, an ete if the organization	d Individual	s in the Ŭni	ted States			201	8	
Department of the Treasury	Compi	ete il the organization	Attach to For		(IV, III e 2 I OI 22.			Open to P	ublic	
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo		nation.			Inspecti		
Name of the organization FOUNDATION FOR SARCOIDOSIS RESEARCH 36										
Part I General Information on Grants ar										
1 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 assist	tance?	-			-		X	Yes	🗌 No	
2 Describe in Part IV the organization's pro	cedures for monite	oring the use of grant t	funds in the United	States.						
Part II Grants and Other Assistance to D	Domestic Organiz	ations and Domestic	Governments. C	complete if the orga	anization answered "Y	es" on Form 990, Parl	t IV, line 21, for	any		
recipient that received more than \$	5,000. Part II can	be duplicated if addition	onal space is need	ed.	(c) Martin and a f					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		rpose of gra assistance	Int	
STATE UNIVERSITY OF IOWA FOUNDATION - PO BOX 4550 - IOWA										
CITY, IA 52244	42 - 0796760	501C3	0.	0.			RESEARCH			
UNIVERSITY OF CINCINNATI 2600 CLIFTON AVENUE CINCINNATI, OH 45220	31-6000989	501C3	0.	0.			RESEARCH			
CLEVELAND CLINIC 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131	34-0714585	501C3	0.	0.			RESEARCH			
NORTHWESTERN UNIVERSITY 633 CLARK ST. EVANSTON, IL 60208	36-2167817	501C3	0.	0.			RESEARCH			
UNIVERSITY OF ARIZONA HEALTH SERVICES - 1295 NORTH MARTIN AVE P.O. BOX 210202 - TUCSON, AZ 85721-0202	74-2652689	501C3	0.	7,000.			RESEARCH			
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE NORD HALL SUITE 61 CLEVELAND, OH 44106	34-1018992		0.	25,000.			RESEARCH			
 2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations 	0		e line 1 table				> _			

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Schedule I (Form 990) FOUNDATION FOR SARCOIDOSIS RESEARCH Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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50 4570252	Fauer

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JNIVERSITY OF IOWA							
118 S CLINTON ST							
IOWA CITY, IA 52242	42-6004813	501C3	٥.	25,000.			RESEARCH
THE OHIO STATE UNIVERSITY WEXNER							
MEDICAL CENTER - 1960 KENNY ROAD -							
COLUMBUS, OH 43210	31-6025986	50103	0.	75,000.			RESEARCH
COLOMBOS, ON 45210	51 0025500	50105	••	75,000.			KEBEARCH
OKLAHOMA MEDICAL RESEARCH							
FOUNDATION - 825 N.E. 13TH ST -							
OKLAHOMA CITY, OK 73104	73-0580274	501C3	٥.	125,000.			RESEARCH
VANDERBILT UNIVERSITY							
DEPT. 1236 PO BOX 121236							
DALLAS, TX 75312	62-0476822	501C3	٥.	125,000.			RESEARCH
YALE UNIVERSITY							
P.O. BOX 1873	06-0646973	50102	0	225 000			RESEARCH
NEW HAVEN, CT 06508-1873	00-0040975	50103	0.	325,000.			RESEARCH

Schedule I (Form 990)

Schedule I (Form 990) (2018) FOUNDATION FOR SARCOIDOSIS RESEARCH

36-4378232

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TRAVEL GRANTS	14	7,000.	٥.		
ENDPOINTS STEERING COMMITTEE GRANTS	7	8,561.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE FOUNDATION REQUIRES ONGOING REPORTING PROGRESS OF

RECRUITMENT/ENROLLMENT IN RESEARCH STUDIES.

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47	
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10		
		Compensated Employees		20	10)	
Dene	terrant of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic	
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection			
Nam	e of the organizatio	1	Employer	identificatio	on nui	mber	
		FOUNDATION FOR SARCOIDOSIS RESEARCH	36-4	437823	2		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or d	harter travel Housing allowance or residence for perso	nal use				
	Travel for com	panions Payments for business use of personal re	sidence				
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s				
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organiza	tion's				
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to				
	establish compens	ation of the CEO/Executive Director, but explain in Part III.					
	Compensation	o committee Written employment contract					
	Independent of	compensation consultant Compensation survey or study					
	Form 990 of o	ther organizations Approval by the board or compensation c	ommittee				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	lated organization:					
а		e payment or change-of-control payment?				X	
b		ceive payment from, a supplemental nonqualified retirement plan?				X	
с	Participate in, or re	ceive payment from, an equity-based compensation arrangement?		4c		X	
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the r						
						X	
b		ation?		<u>5b</u>		X	
		or 5b, describe in Part III.					
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the r	-					
						X	
b		ation?		<u>6b</u>		X	
		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
		nes 5 and 6? If "Yes," describe in Part III		7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ıe				
				8		X	
9		id the organization also follow the rebuttable presumption procedure described in					
		1 53.4958-6(c)?					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sche	dule J (Forn	n 990)) 2018	

Schedule J (Form 990) 2018

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) GINGER SPITZER	(i)	131,250.	29,000.	0.	0.	0.	160,250.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	[(II)								

832113 10-26-18

Schedule J (Form 990) 2018 FOUNDATION FOR SARCOIDOSIS RESEARCH

Part III Supplemental Information

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

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SCHEDULE L		Tra	Insactior	ıs V	Vith	Inte	erested	P	ersons			O	MB No.	1545-00)47
(Form 990 or 990-EZ)	Complete if	the o	rganization and 28b, or 28c, o						line 25a, 25b, 2 40b.	6, 27,	28a,		20	18	3
Department of the Treasury Internal Revenue Service		Gotov	► Atta www.irs.gov/Fo				Form 990-EZ		st information.				pen T spect		olic
Name of the organizatio	-									Em	ploye	r ident	•		mber
			N FOR SA									782	32		
	Benefit Trans														
1	f the organizatio		Relationship betv									D.	(d)	Corre	ected?
(a) Name of disqual	lified person	person and organization				(c) Description of transaction					Yes No				
													_		
													+		
2 Enter the amount of	of tax incurred by	the o	raanization man	aners	or disc	nualifieu	d persons duri	ina t	he vear under						
			0	U			•	0	,		▶ \$				
3 Enter the amount of											▶ \$				
Part II Loans to	o and/or Fror	n Inte	erested Pers	sons											
	if the organizatio					, Part \	/, line 38a or F	orm	990, Part IV, lin	e 26; (or if th	e orga	nizatio	on	
	n amount on For			6, or 22	2.		,			,					
(a) Name of interested person	(b) Relation with organ		(c) Purpose of loan	fron	oan to or n the	(*	e) Original cipal amount				by bo	Approved board or mmittee?			
	with organ	Zution	onioan	<u> </u>	From	1.	anount	Yes		No	comm Yes			No	
										163		103		103	
															-
Total							> \$	I			I		L		1
	or Assistance														
	if the organizatio				,	ΓĆ				of					.f
(a) Name of interested person			(b) Relationship interested pers the organiza	son an			c) Amount of assistance		(d) Type assistan			•) Purp assist		1
		_													
		-													
		_													
		+									-+				
LHA For Paperwork R	eduction Act N	otice,	see the Instruc	tions f	for For	m 990	or 990-EZ.		Sch	edule	L (Fo	rm 990) or 99	90-EZ) 2018

832131 10-25-18

Schedule L (Form 990 or 990-EZ) 2018 FOUNDA	TION FOR SARCOIDOSIS	S RESEARCH	36-4378	232	Page 2
Part IV Business Transactions Involv	ing Interested Persons.				
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi:	aring of zation's nues?
				Yes	No
DANIEL CULVER	BOARD MEMBER	21,000.	SCIENTIFIC		X
Part V Supplemental Information.					
Provide additional information for respo	onses to questions on Schedule L (see i	nstructions).			
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:		
(A) NAME OF PERSON: DANIEL	CULVER				
(D) DESCRIPTION OF TRANSAC	TON. SCIENTIFIC ADV	TSORY BOARD	STIPEND		
(D) DESCRIPTION OF TRANSAC	TION. SCIENTIFIC ADV	ISONI DOANL			

Schedule L (Form 990 or 990-EZ) 2018

14100930 707170 6522

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection Employer identification number 36-4378232

OMB No. 1545-0047

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FOUNDATION FOR SARCOIDOSIS RESEARCH

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

SARCOIDOSIS-SPECIFIC RESEARCH EFFORTS AND HAS WORKED DILIGENTLY TO

PROVIDE RESOURCES TO THOUSANDS.

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

THE CHAIRWOMAN AND PRESIDENT ARE SPOUSES.

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

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

SCIENTIFIC ADVISORY COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS DISTRIBUTED TO THE BOARD BEFORE BEING FILED.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS SHALL ANNUALLY REVIEW IN WRITING, THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AGAINST PERFORMANCE CRITERIA THAT ARE LINKED TO THE THE EXECUTIVE DIRECTOR SHALL PARTICIPATE IN ORGANIZATION'S LONG-TERM PLAN. 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.

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FORM 990, PART VI, SECTION C, LINE 18:

ALL FORMS ARE AVAILABLE UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization FOUNDATION FOR SARCOIDOSIS RESEARCH	Employer identification number 36-4378232
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERE	ST STATEMENT AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQU	JEST.
832212 10-10-18 Sche	dule O (Form 990 or 990-EZ) (2018)

For Off	ce Use Only	ILLINOIS CHARITABLE ORGANIZATION ANNUAL			Form AG990-IL Revised 3/05
PMT	#	Attorney General LISA MADIGAN State of Illi			
		Charitable Trust Bureau, 100 West Randol 11th Floor, Chicago, Illinois 60601	ph C) <u># 01</u>	-037322
				_	ll items attached:
AMT		Report for the Fiscal Period:	X		IRS Return
			Make Checks X	_	Financial Statements
		Beginning <u>01/01/2018</u>	Payable to the Illinois		Form IFC
INIT		9 Ending to tot toot o	Charity 🗠	<u> </u>	Annual Report Filing Fee
	26 4250000	& Ending <u>12/31/2018</u>	Bureau Fund		Late Report Filing Fee
	11D # 36 - 4378232	MO DAY YR			10 DAY YR
Are co	ntributions to the organization t	ax deductible? X Yes No Date Or	ganization was creat	ted:	06/23/2000
		I FOR SARCOIDOSIS RESEARCH	Year-end amounts		
		FOR SARCOIDOSIS RESEARCH	A) ASSETS	A) \$	4,456,932.
		BSTER, NO. 304	B) LIABILITIES	B) \$	157,738.
	STATE CHICAGO, I		C) NET ASSETS	C) \$	4,299,194.
	P CODE 60614		O NET AGGETO	- Ο) φ	1,200,1010
I .		REVENUE ITEMS DURING THE YEAR:	PERCENTAGE		AMOUNT
		RIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	94.386%	D) \$	3,849,831.
	E) GOVERNMENT GRANTS &		%		
	F) OTHER REVENUES		5.614%		229,002.
	,				
	G) TOTAL REVENUE, INCOME	E AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$	4,078,833.
П.	SUMMARY OF ALL E	EXPENDITURES DURING THE YEAR:			
	H) OPERATING CHARITABLE	PROGRAM EXPENSE	31.350%	H) \$	775,732.
	I) EDUCATION PROGRAM SI	ERVICE EXPENSE	%	I) \$	
			21 250		
	J) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENSE (ADD H & I)	31.350%	J) \$	775,732.
	JT) JUINT GUSTS ALLUGATEL	D TO PROGRAM SERVICES (INCLUDED IN J): <u>\$</u>			
	K) GRANTS TO OTHER CHAR	ITABLE ORGANIZATIONS	52.833%	K) \$	1,307,303.
	(,)				
	L) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENDITURE (ADD J & K)	84.183%	L) \$	2,083,035.
	M) MANAGEMENT AND GENE	RAL EXPENSE	6.750%	M) \$	167,034.
	N) FUNDRAISING EXPENSE		9.066%	N) \$	224,332.
					2 474 401
	0) TOTAL EXPENDITURES TH	HS PERIOD (ADD L, M, & N)	100 %	0) \$	2,474,401.
111.		AID FUNDRAISER AND CONSULTANT ACTIVITIES:			
	(Attach Attorney General Repor PROFESSIONAL FUNDRAISER	rt of Individual Fundraising Campaign- Form IFC. One for each PFR.)			
		ع. BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$	0.
	() () () () () () () () () () () () () (
	Q) TOTAL FUNDRAISERS FEE	ES AND EXPENSES	%	Q) \$	
	,				
	R) NET RECEIVED BY THE CH	HARITY (P MINUS Q=R)	%	R) \$	
1	PROFESSIONAL FUNDRAISING	<u>G CONSULTANTS</u> :			
		PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$	0.
IV .		THE (3) HIGHEST PAID PERSONS DURING THE YE	AK:	T 6	
		NG WILSON, PRESIDENT	TOTATO	T) \$	
1		E HUDSON, PATIENT RESOURCE & COMMUN		U) \$	
		BEYER, DIRECTOR OF EDUCATION AND O		V) \$	
V.	CHARITABLE PROGI	RAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED CODE CATEGORIES	<i>()</i>	List on	back side of instructions CODE
898091 04-01-18	W) DESCRIPTION OTHER	R EDUCATIONAL MATERIAL FOR THE PUBL	тс	W)#	012
31 04-		ARCH GRANTMAKING & RESEARCH SUPPORT		X) #	053
89805	Y) DESCRIPTION:			Y) #	

15				
11-	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.		Х
2	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY			
۷.	COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	. 2.		Х
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS,			
з.	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			x
	ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		<u> </u>
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.		Х
7a	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS			
74.	BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		Х
7h	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT			
10.	ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND			
	GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	. 8.		Х
٥	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR			
5.	REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		Х
10	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,			
10.	COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		Х
11	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS			
11.	THREE LARGEST ACCOUNTS:			
	BANK OF AMERICA, P.O. BOX 25118, TAMPA, FL 33622			
	MORGAN STANLEY, 70 WEST MADISON ST, CHICAGO, IL 60602			
12	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: READING WILSON - 312-341-0500			
16.				

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:	READING WILSON		
 REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END. FOR FEES DUE SEE INSTRUCTIONS. 	PRESIDENT OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.	TREASURER OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
•	JAMES ROBBS		
898101 04-01-18	PREPARER (PRINT NAME)	SIGNATURE	DATE