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.

Department of the Treasury Internal Revenue Service

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

A F	or the	2023 calendar year, or tax year beginning and e	ending					
B c	heck if	C Name of organization		D Employer identific	cation number			
	Addre							
F	Name chang			36-43782	32			
	Initial return		Room/suite	E Telephone number				
	Final return		300	312-341-	0500			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 4,886,421.				
	Ameno return			H(a) Is this a group return				
	Applic tion	F name and address of principal officer: MAKI COBB		for subordinates	? Yes X No			
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No			
<u> 1 T</u>	ax-exe	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions			
	Vebsit			H(c) Group exemptio				
		organization: X Corporation Trust Association Other	L Year o	of formation: 2000 $ m N$	M State of legal domicile; IL			
Pa	rt I	Summary						
Ф		Briefly describe the organization's mission or most significant activities: THE F						
anc		RESEARCH (FSR) IS THE LEADING INTERNATION						
Governance		Check this box if the organization discontinued its operations or dispose	ed of more	1 1				
Š				3	13			
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b)			13			
ijes		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			130			
Activities &		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.			
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 12			0.			
_		Net differenced business taxable income from 1 only 330-1, 1 art 1, life 11		Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		1,291,209.	2,411,412.			
Jue		Program service revenue (Part VIII, line 2g)		341,425.	252,937.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		39,590.	-22,783.			
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,375.	-67,462.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,673,599.	2,574,104.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		354,750.	323,706.			
		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)		1,049,644.	1,217,231.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
x	b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>					
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		623,551.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,027,945.	2,402,436.			
	19	Revenue less expenses. Subtract line 18 from line 12		-354,346.	171,668.			
s or			Red	ginning of Current Year	End of Year			
sset 3ala	20	Total assets (Part X, line 16)		4,929,854.	5,742,895.			
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		384,856. 4,544,998.	455,899. 5,286,996.			
Pa	rt II	Net assets or fund balances. Subtract line 21 from line 20		4,344,330.	3,200,990.			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ints, and to the hest of my	knowledge and helief it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi			knowledge and belief, it is			
ii uo,	COLLEC	Gana complete. Deciding on or property (other than officer) is based on an information of win	ion proparor	nas any knowleage.				
Sigr	1	Signature of officer		Date				
Her		MARY COBB, PRESIDENT						
	_	Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid		IZABELA POLUDNIAK IZABELA POLUDNIA	K 1	0/31/24 if self-employ	P01959192			
Prep	arer	Firm's name SASSETTI LLC			6-2239746			
Use		Firm's address 2107 SWIFT DRIVE, SUITE 210						
		OAK BROOK, IL 60523		Phone no. (7	08) 386-1433			
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE FOUNDATION FOR SARCOIDOSIS RESEARCH (FSR) IS THE LEADING
	INTERNATIONAL ORGANIZATION DEDICATED TO FINDING A CURE FOR SARCOIDOSIS
	AND IMPROVING CARE FOR SARCOIDOSIS PATIENTS THROUGH RESEARCH,
	EDUCATION, AND SUPPORT. SINCE ITS ESTABLISHMENT IN 2000, FSR HAS
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ $\frac{1,256,486}{}$ including grants of \$ $\frac{16,206}{}$) (Revenue \$)
	PATIENT AND CLINICIAN SUPPORT AND PROGRAMMING:
	FSR PROVIDES PATIENTS WITH DIRECT SUPPORT THROUGH OUR PEER-LED TRAINED
	VOLUNTEER COMMUNITY GROUPS, SUPPORT GROUPS, OUR ONE-ONE-ONE PATIENT
	NAVIGATOR SUPPORT PROGRAM, AND COMMUNITY OUTREACH ACTIVITIES. FSR
	PROVIDES DIRECT PATIENT EDUCATION THROUGH FSR'S WEBINAR AND TOWN HALL
	EDUCATIONAL SERIES, FSR SARC FIGHTER PODCAST, AND MULTI-DAY VIRTUAL
	EDUCATIONAL SUMMIT CONSISTING OF 23 EDUCATIONAL SESSIONS FOR OVER 300
	PATIENTS WORLD-WIDE. FSR HAS ALSO PROVIDED A SPECIFIC EMPHASIS ON
	IMPROVING DIVERSITY EQUITY AND INCLUSION IN SARCOIDOSIS DIAGNOSIS,
	CARE, AND INCREASING DIVERSITY IN CLINICAL TRIALS THROUGH OUR IGNORE NO
	MORE EFFORTS.
4b	(Code:) (Expenses \$
	FSR PROVIDES RESEARCH FUNDING THROUGH OUR FELLOWSHIP, CARDIAC GRANT,
	AND PILOT GRANT FUNDING PROGRAM. THROUGH THE FSR CLINICAL STUDIES
	NETWORK, FSR FUNDS AND FACILITATES A 12 SITE INTERNATIONAL STUDY
	SEEKING TO UNDERSTAND THE DIAGNOSIS OF CARDIAC SARCOIDOSIS. FSR HAS
	ALSO SIGNIFICANTLY INCREASED PARTICIPATION IN THE FSR PATIENT REPORTED
	OUTCOMES REGISTRY IN ORDER TO INCREASE UNDERSTANDING OF PATIENT'S LIVED
	EXPERIENCE WITH SARCOIDOSIS.
4c	(Code:) (Expenses \$
	FSR WORKS DIRECTLY WITH INDUSTRY PARTNERS LEVERAGING THEIR EXPERTISE,
	CONTACTS, THE FSR PATIENT REPORTED OUTCOMES REGISTRY, AND ITS DATABASE
	IN SUPPORT OF ACADEMIC AND INDUSTRY SPONSORED RESEARCH EFFORTS. THROUGH
	THIS PROGRAM FSR HELPS TO REVIEW PROTOCOLS, CONNECT INDUSTRY WITH
	POSSIBLE INVESTIGATORS AND RESEARCH SITES, AND SUPPORT THE RECRUITMENT
	AND ENROLLMENT OF SARCOIDOSIS-RELATED INDUSTRY SPONSORED TRIALS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,767,267.
	Form 990 (2023)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			7.7
_	public office? If "Yes," complete Schedule C, Part I	3_		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			Х
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	445		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		Х
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 -		
124	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	ı.zu		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

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Form 990 (2023) FOUNDATION FOR SARCOIDOSIS RESEARCH

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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			.,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	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		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	Ь
ı aı	Check if Schedule O contains a response or note to any line in this Part V			
	Oncor it conducte o contains a response of note to any line in this Fart v		Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number reported in 50x 5 of 10ff 1050. Enter 40 in not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form 990 (2023) FOUNDATION FOR SARCOIDOSIS RESEARCH
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 18							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	o	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a	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 Advanced in the Financi	ccounts (FBAR).							
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e 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 contributi	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 ser	vices provided to the payor?	7a	X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required							
	to file Form 8282?	1 1	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-						
е	3 , , , , , , , , , , , , , , , , , , ,								
f	3 , 3 , 1 , 1								
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g						
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the							
^			8						
9	3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3								
_	a Did the sponsoring organization make any taxable distributions under section 4966?								
10			9b						
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a							
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1						
11	Section 501(c)(12) organizations. Enter:	[100]	1						
	Gross income from members or shareholders	11a							
	Gross income from other sources. (Do not net amounts due or paid to other sources against	110	1						
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1						
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								
	organization is licensed to issue qualified health plans	13b							
С	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 on Schedul	le O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner								
	excess parachute payment(s) during the year?		15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes," complete Form 6069.								

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

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

	Check if Schedule O contains a response or note to any line in this Part VI					X		
Sec	tion A. Governing Body and Management							
					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		inv other					
	officer, director, trustee, or key employee?			2		Х		
3	Did the organization delegate control over management duties customarily performed by or under the							
				3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's asso			5		X		
6	Did the organization have members or stockholders?			6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			Ť				
<i>i</i> a	more members of the governing body?			7a		Х		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, str			1a				
b			•	7b		Х		
				7.0		21		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-	0-	Х			
a	The governing body?			8a	X			
b	Each committee with authority to act on behalf of the governing body?			8b	Λ			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach the section A.					Х		
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Λ		
360	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)					
40-	Did the constant of the board of the state o			40-	Yes	No X		
	Did the organization have local chapters, branches, or affiliates?			10a		Λ		
D	If "Yes," did the organization have written policies and procedures governing the activities of such characters and procedures governing the activities of such characters are applied to the application of the control	•	· ·	401-				
44-	· · · · · · · · · · · · · · · · · · ·		a filing the form?	10b	Х			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	belor	e illing the form?	11a	Λ			
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			v			
	on Schedule O how this was done			12c	X			
13	Did the organization have a written whistleblower policy?			13	X			
14	Did the organization have a written document retention and destruction policy?			14	Х			
15	Did the process for determining compensation of the following persons include a review and approval		dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			15a	Х			
b	Other officers or key employees of the organization			15b		X		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	th a					
	taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi							
_	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	id 990	T (section 501(c)(3)s	only)	availat	ole		
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explain		,					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	f interest policy, and	financ	cial			
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's boop PORTE BROWN $-\ 847-956-1040$	ks and	l records					
	845 OAKTON ST, ELK GROVE VILLAGE, IL 60007							

Form **990** (2023)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	box	not c	Pos heck ss per	more rson i	than o	an compensation		(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	lnstitutional trustee	Officer Officer	Key employee	Highest compensated snaty.uc		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MARY MCGOWAN CEO	40.00	-		Х				255,000.	0.	14,652.
(2) TRICHA SHIVAS	40.00							255,000.	0.	14,032.
CHIEF STRATEGY OFFICER	40.00	1			Х			161,000.	0.	12,444.
(3) LOUISE M. PERKINS	10.00							101/0001		
PRESIDENT	20100	х		х				0.	0.	0.
(4) CRAIG LIPSET	5.00									
VICE PRESIDENT		Х		х				0.	0.	0.
(5) MARY COBB	5.00									
SECRETARY		Х		Х				0.	0.	0.
(6) MICHAEL KAPLAN	5.00									
TREASURER		Х		Х				0.	0.	0.
(7) YVETTE C. COZIER	1.00									
DIRECTOR		Х						0.	0.	0.
(8) EMERSON "RANDY" HALL, JR.	1.00									
DIRECTOR		Х						0.	0.	0.
(9) CALVIN HARRIS	1.00									
DIRECTOR		Х						0.	0.	0.
(10) HEIDI W. JUNK	1.00									
DIRECTOR		Х						0.	0.	0.
(11) MICHAEL KLINGHER	1.00									
DIRECTOR		Х						0.	0.	0.
(12) JEFFREY RAICH	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(13) JOEL ROSEN	1.00									
DIRECTOR	1	Х						0.	0.	0.
(14) LESLIE SERCHUCK	1.00	ļ							•	•
DIRECTOR	1 00	Х						0.	0.	0.
(15) REV. MICHAEL A WALROND, JR.	1.00	. ,							0	0
DIRECTOR		Х	-			-		0.	0.	0.
		1								
-										
		1								
										Earm 990 (2022)

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Section A. Officers, Directors, Trus	stees, Key Em	<u>ploy</u>	ees,	anc	l Hi	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Est	imate	∍d
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensatio			ount	of
	week	_	Cei aii		liecto	I	(66)	from	from related	- 1		other	
	(list any hours for	recto						the	organizations			ensa	
	related	or di	99			sated		organization	(W-2/1099-MIS	·C/		om th	
	organizations	ustee	trust		e e) ben		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	anizat I relat	
	below	lual tr	tional		yoldı	yee yee	_	1033-1420)				nizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgu	· ii.z.acii	0110
		 -	=		~	T 9	_						
		1											
		\vdash											
		-											
		<u> </u>											
		-											
		┢											
		-											
		<u> </u>											
1b Subtotal								416,000.		0.	2.	7,09	96. 0.
c Total from continuation sheets to Part V								416,000.		0.	25	7 0	96.
d Total (add lines 1b and 1c) Total number of individuals (including but r								· · · · · · · · · · · · · · · · · · ·	000 of reportable			, 0.	
compensation from the organization	iot iii iiitod to ti		iioto	u u.	,000	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	010	, solved more than \$100,	ooo or repertable				2
												Yes	No
3 Did the organization list any former officer		,	,	•	,	,	_		•				37
line 1a? If "Yes," complete Schedule J for s										}	3		X
4 For any individual listed on line 1a, is the s	•							•	•			37	
and related organizations greater than \$15											4	Х	
5 Did any person listed on line 1a receive or	•				,			· ·		ŀ	_		х
rendered to the organization? If "Yes." cor Section B. Independent Contractors	nplete Schedul	<u> </u>	or su	ich i	<u>oers</u>	on .		·····			5		
1 Complete this table for your five highest co	mpensated inc	epe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	ion fro	m	
the organization. Report compensation for	the calendar ye	<u>ear e</u>	endir	ng w	ith c	or wi	thin T		ear.				
(A) Name and business	address	NO	ONE	3				(B) Description of s	ervices	С	(C ompen		n
								·					
				_			_]						
2 Total number of independent contractors (including but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organ	ization				()						100	
											Form 9	990 c	2023

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Form 990 (2023) FOUNDAT
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
(0, (0	1.	Federated campaigns 1a					
n ts			95,000.				
يج و		Membership dues 1b	-				
ts, An		Fundraising events1c	124,100.				
a 즱		Related organizations 1d					
ini	•	Government grants (contributions)	196,935.				
rior	f	All other contributions, gifts, grants, and					
bul		similar amounts not included above 1f	1,995,377.				
ŞĘ	ç	Noncash contributions included in lines 1a-1f 1g \$	63,413.				
Contributions, Gifts, Grants and Other Similar Amounts	ŀ	Total. Add lines 1a-1f		2,411,412.			
			Business Code				
•	2 8	PROGRAM SERVICE FEES	541700	217,830.	217,830.		
Ş	2 6	MEMBERSHIP DUES & ASSESSMENTS	900099	20,070.	20,070.		
er ue		PATIENT EVENTS	541900	15,037.	15,037.		
n S	(341700	13,037.	15,037.		
ıraı Re	(
Program Service Revenue	e						
۵.	f	All other program service revenue					
	Ç	Total. Add lines 2a-2f		252,937.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		143,978.			143,978.
	4	Income from investment of tax-exempt bond pro	oceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
	ŀ	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	, ,	assets other than inventory 7a 2,061,394.	(, 5 15.				
		, 					
a)	L	Less: cost or other basis					
n i		and sales expenses 7b 2,228,155.					
ther Revenue		Gain or (loss)		1.66 861			166 861
Ğ,		Net gain or (loss)		-166,761.			-166,761.
je l	8 8	Gross income from fundraising events (not					
ᅙ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a	6,300.				
	k	Less: direct expenses 8b	84,162.				
	c	Net income or (loss) from fundraising events		-77,862.			-77,862.
		Gross income from gaming activities. See					
		Part IV, line 199a					
	ŀ	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a	4,168.				
	L	l l					
			•••	4,168.	4,168.		
		Net income or (loss) from sales of inventory	Business Code	4,100.	4,100.		
S		MISCELLANEOUS INCOME	900099	6 222	6 222		
eor Te	11 a		200022	6,232.	6,232.		
Miscellaneous Revenue	k	·					
Sev Sev	•						
Mis	C	All other revenue					
	•	Total. Add lines 11a-11d		6,232.			
	12	Total revenue. See instructions		2,574,104.	263,337.	0.	-100,645.

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Form **990** (2023)

Form 990 (2023) FOUNDATION FO

c C(l	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			ipiete colultiti (A).	Г
	·	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	282,500.	282,500.		
_	and domestic governments. See Part IV, line 21	202,300.	202,300.		
2	Grants and other assistance to domestic	16,206.	16,206.		
_	individuals. See Part IV, line 22	10,200.	10,200.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	25,000.	25 000		
_	individuals. See Part IV, lines 15 and 16	25,000.	25,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	416 000	202 655	02 072	20 272
_	trustees, and key employees	416,000.	283,655.	93,972.	38,373
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	620 601	422 164	140 100	F7 045
7	Other salaries and wages	620,601.	423,164.	140,190.	57,247
8	Pension plan accruals and contributions (include	0.64	C	010	0.0
	section 401(k) and 403(b) employer contributions)	964.	657.	218.	9,081
9	Other employee benefits	98,447.	67,127.	22,239.	9,08
0	Payroll taxes	81,219.	55,380.	18,347.	7,492
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	77,933.	2,969.	74,562.	402
d	, , , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	23,533.		23,533.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	148,908.	121,990.	22,013.	4,905
2	Advertising and promotion	5,430.	5,430.		
3	Office expenses	118,273.	70,775.	10,380.	37,118
4	Information technology	125,884.	91,992.	13,602.	20,290
5	Royalties				
6	Occupancy	34,821.	23,743.	7,866.	3,212
7	Travel	85,836.	58,528.	19,390.	7,918
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	188,105.	188,105.		
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	947.		947.	
3	Insurance	5,601.	3,818.	1,265.	518
4	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	DEGENERAL DEGGENER	46,228.	46,228.		
b		,	,		
c					
d					
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	2,402,436.	1,767,267.	448,524.	186,645
<u>5</u> 6	Joint costs. Complete this line only if the organization	., = = = , = = = ;			
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	ougoutional ourripary and fullulaionly Sulfoliation.				

332010 12-21-23

Form 990 (2023)
Part X | Balance Sheet

Part X	X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing	618,781.	1	959,707		
2		Savings and temporary cash investments				2	
3		Pledges and grants receivable, net		382,943.	3	322,714	
4		Accounts receivable, net		4	7,284		
5		Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial o	ontributor, or 35%			
		controlled entity or family member of any of the		5			
6	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
<u>ა</u> 7	7	Notes and loans receivable, net				7	
Assets		Inventories for sale or use				8	
ĕ 9		B			70,934.	9	49,489
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		45,703.			
	b	Less: accumulated depreciation	10b	45,649.	1,001.	10c	5 <u>4</u> 4,403,647
11	1	Investments - publicly traded securities			3,856,195.	11	4,403,647
12	2	Investments - other securities. See Part IV, line			12		
13	3	Investments - program-related. See Part IV, line		13			
14	4	Intangible assets		14			
15		Other assets. See Part IV, line 11				15	
16	6	Total assets. Add lines 1 through 15 (must eq	ual line 3	3)	4,929,854.	16	5,742,895
17	7	Accounts payable and accrued expenses			209,856.	17	142,399
18	В	Grants payable		175,000.	18	313,500	
19	9	Deferred revenue		19			
20	0	Tax-exempt bond liabilities				20	
21	1	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
ဖ္က 22	2	Loans and other payables to any current or for	mer offic	er, director,			
≝		trustee, key employee, creator or founder, sub-	stantial o	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese pers	ons		22	
- 23		Secured mortgages and notes payable to unre				23	
24	4	Unsecured notes and loans payable to unrelate	ed third p	parties		24	
25	5	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	,	·			
		of Schedule D			204 056	25	455 000
26		Total liabilities. Add lines 17 through 25			384,856.	26	455,899
_ω		Organizations that follow FASB ASC 958, ch	eck her	e X			
و 		and complete lines 27, 28, 32, and 33.			2 245 460		4 20E E06
		Net assets without donor restrictions			3,345,460. 1,199,538.	27	4,205,506
<u>m</u> 28		Net assets with donor restrictions			1,199,536.	28	1,081,490
<u> </u>		Organizations that do not follow FASB ASC	958, che	ck here			
<u>-</u>		and complete lines 29 through 33.					
<u>ဗ</u> 29		Capital stock or trust principal, or current funds				29	
8 30		Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances 32 28 32 32 32 32 32 32 33 33 33 34 35 35 35 35 35 35 35 35 35 35 35 35 35		Retained earnings, endowment, accumulated i			1 E 1 1 0 0 0	31	E 206 006
		Total net assets or fund balances			4,544,998.	32	5,286,996
33	3	Total liabilities and net assets/fund balances			4,929,854.	33	5,742,895 Form 990 (202

Form **990** (2023)

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2023)

За

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023
Open to Public

Inspection
Employer identification number

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

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1958614.	1137781.	1943444.	1461209.	2331449.	8832497.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1958614.	1137781.	1943444.	1461209.	2331449.	8832497.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3062457.
6	Public support. Subtract line 5 from line 4.						5770040.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1958614.	1137781.	1943444.	1461209.	2331449.	8832497.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	113,633.	446,799.	154,644.	119,287.	143,978.	978,341.
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.)	5,440.	470.	320.	1,375.	6,232.	13,837.
11	Total support. Add lines 7 through 10						9824675.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	696,889.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), d	vided by line 11, c	olumn (f))		14	58.73 <u>%</u>
15	Public support percentage from 2022	Schedule A, Part	I, line 14			15	50.57 <u>%</u>
16a	33 1/3% support test - 2023. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	c and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	-	•	• • •	-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu				-		
_18	Private foundation. If the organization						<u> </u>
			,	. , ,			(Form 990) 2023

332022 12-21-23

Schedule A (Form 990) 2023 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

Calendar year (or fiscal year beginning in) 1 Giffs, grants, contributions, and membership fees received. (On not include any "unusual grants.") 2 Gross necepts from admissions, more more of the company of the comp	Section A. Public Support	now, please comp	Diete Fart II.)				
1 Gills, grants, contributions, and membership teer received. (Do not include any "unusual grants.") 2 Gross neceipts from admissions, formed, or facilities furnished in any activity that is related to the organization's trave-empt 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 trave-empt purpose incess under section 513 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf or expended on the behalf of the organization without change of the organization of the organization without change of the organization organization of the organization organization organization organ	Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
include any 'unusual grants.') 2 Gross receipts from admissions, merchandise sold or services per formed, or facilities furnished in any activity that is related to the erganization's trax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or bus iness under section 513 4 Tax revenues levied for the organization's travescent purpose 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A mounts included on lines 1,2, and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 4,2 and 4,3 and 4,4 and			, ,	, ,			
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Schedule A (Form 990) 2023

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4a		
41.		
4b		
4-		
4c		
5a		
- Gu		
5b		
5c		
6		
J		
7		
7		
8		
9a		
9b		
9с		
10a		
iva		
40.		
10b		

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

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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,	_		
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Seci	tion 6. Type if Supporting Organizations		1	·
	Were a sector to a filtre a construction to all the decrease and a first the decrease at the construction of the all the decrease at the construction of the construct		Yes	No
	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	1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	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		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	struction	s).	ı
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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	0-		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	ZIJ		
	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? If "Yes" or "No" provide details in Part VI.	3a		
L	Did the organization eversion 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.*332025 12-21-23

Schedule A (Form 990) 2023

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations						
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.								
	All other Type III non-functionally integrated supporting organizations must complete Sections 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):								
а	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
С	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
е	Discount claimed for blockage or other factors								
	(explain in detail in Part VI):								
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,								
	see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Sect	ion C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2	Enter 0.85 of line 1.	2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4	Enter greater of line 2 or line 3.	4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to								
	emergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see					
	instructions).	. •		•					

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

e Excess from 2023

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)							
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:							
OTHER INCOME							
2019 AMOUNT: \$ 5,440.							
2020 AMOUNT: \$ 470.							
2021 AMOUNT: \$ 320.							
2022 AMOUNT: \$ 1,375.							
2023 AMOUNT: \$ 6,232.							

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

FOUNDATION FOR SARCOIDOSIS RESEARCH

Employer identification number 36-4378232

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the	
	Giganization anomorou Teo Giri enii eee, i arriv, iir	(a) Donor advi	ised	funds	(b) Fun	ds and other accounts	
1	Total number at end of year	. ,						
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in v		helo	l in donor advise	d fund	ls		
	are the organization's property, subject to the organization's	-					Yes No	
6	Did the organization inform all grantees, donors, and donor a							
	for charitable purposes and not for the benefit of the donor or							
	impermissible private benefit?							
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).					
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area	
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure	
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva		
	day of the tax year.						Held at the End of the Tax Year	
а	Total number of conservation easements					2a		
b	Total acreage restricted by conservation easements					2b		
С	Number of conservation easements on a certified historic stru	ucture included on line	2a			2c		
d	Number of conservation easements included on line 2c acqui							
	on a historic structure listed in the National Register							
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	minated by the o	organi	zation	during the tax	
	year							
4	Number of states where property subject to conservation eas							
5	Does the organization have a written policy regarding the per							
	violations, and enforcement of the conservation easements it						Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year	
_					4) (D) (')			
8	Does each conservation easement reported on line 2d above						□ vaa □ Na	
•	and section 170(h)(4)(B)(ii)?						Yes No	
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn							
	organization's accounting for conservation easements.	lote to the organization	151	nanciai statemei	ונס נוופ	ii uesc	Tibes trie	
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	rea	sures, or Oth	er S	imila	r Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.						
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, o	or research in furt	heran	ce of p	oublic	
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items				
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of	
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic service,	
	provide the following amounts relating to these items.							
	(i) Revenue included on Form 990, Part VIII, line 1						\$	
							\$	
2	If the organization received or held works of art, historical trea							
	the following amounts required to be reported under FASB A							
а	Revenue included on Form 990, Part VIII, line 1						\$	
b	Assets included in Form 990, Part X						\$	

332051 09-28-23

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

Schedule D (Form 990) 2023

3. Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). a Public exhibition d Loan or exchange program b Scholarly research collections and explain how they further the organization's exempt purpose in Part XIII. 5. During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Excove and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part XI, line 21. 1a Is the organization an appnt, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XI, line 21. 1a Is the organization an appnt, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XI, line 21. For escrive or custodial account liability? Yes No 1b If Yes, 'explain the arrangement in Part XIII and complete the following table: Amount 1e 2b Did the organization include an amount on Form 990, Part X, line 21, for escrive or custodial account liability? Yes No 1b If Yes, 'explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Yes No 1b If Yes, 'explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Yes No 1b If Yes, 'explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Yes No 1c Interview of the organization answered Yes' on Form 990, Part X, line 10. Yes No 1c Interview of the organization of the organization answered Yes' on Form 990, Part X, line 10. Yes No 1c Interview of the organization of the organizati		dule D (Form 990) 2 t III Organiza	tions Maintaining C	Collections of Ar				r Sir		Assets			ige Z
collection items (check all that apply). a "Public exhibition d Loan or exchange program b Scholarly research Preservation for future generations c Preservation for future generations d Other Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization and collection? Yes No Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part XI, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XI, line 21. 1b If Yes Yes No b If Yes Yes Yes No b If Yes Yes No b If Yes Yes No c No If Yes Yes No b If Yes Yes No b If Yes Yes No c No If Yes Yes No b If Yes Yes Yes No c No If Yes Yes No b If Yes Yes No c No If Yes Yes No b If Yes Yes No c No If Yes Yes No c No If Yes Yes No c No If Yes Yes No d Order thylonos (a) Order typer (b) Prior year (c) Two years back (d) Time years back (e) Four years back d Grants or acholarships If Yes No d Order thylonos (e) Order typer (e) Two years back (e) Time years back (e) Four years back d Grants or acholarships If Yes No d Order typer downwent Yes No d Order typer downwen	3												
a Public exhibition d	_												
b Scholarly research e Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assess to the collection? Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 90, Part IV, line 9, or reported an amount on Form 909, Part X, line 21. Is is the organization an agent, frustee, custodian, or other intermediary for contributions or other assets not included on Form 809, Part X, line 21. Is is the organization an agent, frustee, custodian, or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. If it is organization and provide the following table: Part V Endowment Funds organization or norm 900, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds Complete if the organization answered "Yes" on Form 900, Part X, line 10. In the organization include an amount on Form 900, Part X, line 21, for escrow or custodial account liability? Vec No. If Yes a evaluate the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds Complete if the organization answered Yes" on Form 900, Part IV, line 10. In the organization of the organization answered Yes" on Form 900, Part IV, line 10. In the organization of the organization of the organization that are held and administered for the organization by: If we is not organization organizations of the organization that are held and administered for the organization by: If we is not a safe and organization answered Yes" on Form 900, Part IV, line 10.	а												
c Preservation for future generations 4 Provide a description of the organizations collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 1 to be sold to raise funds rather than to be maintained as part of the organization collection? 1				_									
4 Provide a description of the organization's collections and explain how they further the organization's exempt [purpose in Part XIII. buring the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds after than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reproted an amount on Form 990, Part X, line 21. 1a Is the organization an agent, frustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b It we organization an agent, frustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1c Beginning balance 2 Beginning balance 3 Bodditions during the year 4 Contributions during the year 5 Ending balance 9 Distributions during the year 1 Ending balance 2 Beginning of year balance 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1 Ves. * No. 5 If Yes, * explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. 1 Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X, line 10. 2 Reginning of year balance 3 Bod organization answered (b) Prior year (c) Two years back (d) Three years back (e) Four years back				•	, <u> </u>								
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to the solid to raise funds a trainitization as part of the organization's collection? Part IV			•	ollections and explain	n how they furthe	r the organizatio	nn's exer	mpt r	urnos	se in Part	XIII		
The sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										50 III 1 GIL	,		
Serrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X iii s It the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Comparison Part V Interval			•		·	•					Yes		No
The provided an amount on Form 990, Part X, line 21, The provided in a mount on Form 990, Part X, line 21, The provided in a mount on Form 990, Part X, line 21, The provided in Part XIII and complete the following table: The provided in Part XIII The provided in Part X	Par												
No Fryes," explain the arrangement in Part XIII and complete the following table:									,		,		
No Fryes," explain the arrangement in Part XIII and complete the following table:	1a	Is the organization	an agent, trustee, custod	lian, or other intermed	diary for contribut	ions or other as	sets not	inclu	ıded				
Note Part											Yes		No
Additions during the year 1d	b										_		•
d Additions during the year 1d 1e 1f 1		, ,	3	i	3			Γ			Amount		
d Additions during the year 1d 1e 1f 1	С	Beginning balance							1c				
e Distributions during the year f Ending balance 1 I I I I I I I I I													
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds Complete if the organization has been provided in Part XIII Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years b									1e				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	_								1f				
Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. C Set investment earnings, gains, and losses and programs C Set investment earnings, gains, and losses and programs C Set investment earnings gains, and losses and programs C Set investment earnings gains, and losses and programs C Set investment earnings gains, and losses and programs C Set investment earnings gains, and losses and programs C Set investment earnings gains, and losses and programs C Set investment earnings gains, and losses and programs C Set investment earnings gains, and losses and programs C Set investment earnings gains, and losses and programs Set investment earnings gains, and losses and programs Set investment earnings gains, and losses Set investment gains Set i	2a										Yes		No
Can Current year Can	b	If "Yes," explain the	e arrangement in Part XIII	. Check here if the ex	planation has be	en provided in F	Part XIII	·]
1a Beginning of year balance	Par	t V Endowm	ent Funds Complete i	f the organization ans	swered "Yes" on	Form 990, Part	IV, line 1	0.					
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment				(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) ⊺	hree y	ears back	(e) Four	years	back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance	1a	Beginning of year b	palance										
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	b	Contributions											
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	С	Net investment ear	nings, gains, and losses										
and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	d	Grants or scholarsh	nips										
f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	е	Other expenditures	for facilities										
g End of year balance		and programs											
g End of year balance	f	Administrative expe	enses										
a Board designated or quasi-endowment													
b Permanent endowment	2	Provide the estima	ted percentage of the cur	rent year end balanc	e (line 1g, column	(a)) held as:							
Term endowment	а	Board designated	or quasi-endowment		%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) Unrelated organizations? (iv) Unrelated organizations? (iv) Related organizations? (iv) Unrelated organizations? (iv) Related organizations? (iv) Unrelated organizations? (iv) Related organizations. (iv) Related organi	b	Permanent endowr	ment	%									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iiii) Related organizations? (iv) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value Buildings Land Buildings C Leasehold improvements C Leasehold improvements C Other C O	С	Term endowment		_%									
organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iii) Related organizations. (ii) Poscribe in Part XIII the intended uses of the organization Schedules? (iv) Cost or other (b) Cost or other (b		The percentages of	n lines 2a, 2b, and 2c sho	ould equal 100%.									
(i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) Part Vi	3а	Are there endowme	ent funds not in the posse	ession of the organiza	ation that are held	and administer	red for th	ne			_		
(ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 54. 6,787. 54. 6 Other		•										Yes	No_
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other 3b (d) Book value 54. 6, 787. 54. 6 Other		(i) Unrelated orga	nizations?								3a(i)	\longrightarrow	
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation Land b Buildings c Leasehold improvements d Equipment 6,841 6,787 54 6 e Other 38,862 38,862 75											3a(ii)	\dashv	
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other Other 1a See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value 1a Land 5 A S S S S S S S S S S S S S S S S S S	b					ጓ?					3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other Other 38,862. 38,862.	<u>4</u>				wment funds.								
Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other Other (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 6, 841. 6, 787. 54.	rai	•	•) Doublit 10: 4:4	. Coo Farre 200	. D1 V	lies -	10				
tal Land basis (investment) basis (other) depreciation b Buildings C Leasehold improvements C Equipment 6,841. 6,787. 54. e Other 38,862. 38,862. 38,862. 75.		•			· · ·								
1a Land b Buildings c Leasehold improvements d Equipment 6,841. 6,787. 54. e Other 38,862. 38,862.		Description	on of property	' '						d	(d) Book	value	÷
b Buildings C Leasehold improvements c Leasehold improvements 6,841. 6,787. 54. e Other 38,862. 38,862. 0.				<u> </u>	nenu bas	os (orner)	ae	hreci	auon				
c Leasehold improvements 6,841. 6,787. 54. e Other 38,862. 38,862. 0.				I									
d Equipment 6,841. 6,787. 54. e Other 38,862. 38,862. 0.													
e Other 38,862. 38,862. 0.						6 9/1			70	7		r	

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 FOUNDATION FOUNDATION FOUNDATION FOR Part VIII Investments - Other Securities	FOR SARCOIDOSI	S RESEARCH	36-4378232 Page
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line	e 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: (Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: (Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" o		1d. See Form 990, Part X, line	
(a) L	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line 1	1e or 11f. See Form 990, Par	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			1

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

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

Schedule D (Form 990) 2023

(5) (6) (7)

2	6	-4	3.	7 Q	2	3 '	2	Page	4
	u	- 4	.,	, 0	4		4	Pane.	-

Pai	t XI Reconciliation of Revenue per Audited Financial Sta	tements With I	Revenue per Re	turn				
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.						
1	Total revenue, gains, and other support per audited financial statements		1	3,207,676.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a	570,330.					
b	Donated services and use of facilities	2b	2,613.					
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIII.)		84,162.					
е	Add lines 2a through 2d			2e	657,105.			
3	Subtract line 2e from line 1			3	2,550,571.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	23,533.					
b	Other (Describe in Part XIII.)	4b						
С	Add lines 4a and 4b		4c	23,533.				
_	5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)							
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)			2,3/4,104.			
	rt XII Reconciliation of Expenses per Audited Financial St	atements With	Expenses per P		1			
	rt XII Reconciliation of Expenses per Audited Financial St. Complete if the organization answered "Yes" on Form 990, Part IV, lie	atements With ne 12a.	Expenses per R	Returi	1			
	rt XII Reconciliation of Expenses per Audited Financial St	atements With ne 12a.	Expenses per R		2,465,678.			
Pa	rt XII Reconciliation of Expenses per Audited Financial St. Complete if the organization answered "Yes" on Form 990, Part IV, lie	atements With ne 12a.	Expenses per R	Returi	1			
Pa 1	rt XII Reconciliation of Expenses per Audited Financial St. Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements	atements With ne 12a.	Expenses per R	Returi	1			
1 2	rt XII Reconciliation of Expenses per Audited Financial St. Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements With ne 12a.	Expenses per R	Returi	1			
1 2	rt XII Reconciliation of Expenses per Audited Financial St. Complete if the organization answered "Yes" on Form 990, Part IV, li 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	atements With ne 12a. 2a 2b	2,613.	Returi	1			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, lie 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	2a 2b 2c	Expenses per R	Returi	2,465,678.			
Pa 1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, li 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	2a 2b 2c 2d	2,613. 84,162.	Returi	2,465,678. 86,775.			
1 2 a b c	Table 1 Reconciliation of Expenses per Audited Financial St. Complete if the organization answered "Yes" on Form 990, Part IV, lied Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	2,613. 84,162.	1	2,465,678.			
Pa 1 2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, li 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 (Describe in Part XIII.)	2a 2b 2c 2d	2,613. 84,162.	1 2e	2,465,678. 86,775.			
1 2 a b c d e 3	rt XII Reconciliation of Expenses per Audited Financial St. Complete if the organization answered "Yes" on Form 990, Part IV, Iii 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	2,613. 84,162.	1 2e	2,465,678. 86,775.			
1 2 a b c d e 3 4	Table 1 Reconciliation of Expenses per Audited Financial St. Complete if the organization answered "Yes" on Form 990, Part IV, Iii 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	2,613. 84,162.	1 2e	86,775. 2,378,903.			
1 2 a b c d e 3 4	Table 1	2a 2b 2c 2d 4a 4b	2,613. 84,162. 23,533.	1 2e	2,465,678. 86,775.			

Part XIII Supplemental Information

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

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISION OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE FOUNDATION HAS TAKEN ANY UNCERTAIN POSITIONS THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE OR OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED THAT THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN AS OF DECEMBER 31, 2023. THUS, NO PROVISION FOR INCOME TAX HAS BEEN PROVIDED FOR IN THE FINANCIAL STATEMENTS. THE FOUNDATION'S FORMS 990, RETURN OF

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

Department of the Treasury Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information. Internal Revenue Service

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** FOUNDATION FOR SARCOIDOSIS RESEARCH 36-4378232 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

	Form 990, Part IV	7, III e 14b.				
1			n maintain record	ds to substantiate the amount of its gra	nts and other assistance.	
	=	-		he selection criteria used to award the		Yes No
2	For grantmakers. Described United States.	ribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and other assistance outsi	de the
3	Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
		offices	employees,	(by type) (such as, fundraising, pro-	is a program service,	expenditures
		in the region	agents, and independent	gram services, investments, grants to	describe specific type	for and investments
			contractors in the region	recipients located in the region)	of service(s) in the region	in the region
					EMPLOYEE DESIGNS AND	
					IMPLEMENTS VOLUNTEER AND	
URC	OPE (INCLUDING			EDUCATION AND AWARENESS	PATIENT EDUCATION	
	LAND & GREENLAND)	1	1		PROGRAMMING. PRIMARILY	18,196.
	IND a CHEDINELLE			- Noonand	TROUBLEMENT, TRIBERT	10,150.
 3 а	Subtotal	1	1			18,196.
b	Total from continuation					
	sheets to Part I	0	0			0.
С	Totals (add lines 3a					10 106

For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2023

Part II

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING						
		ICELAND &						
			FSR PILOT GRANT	05.000				
		ALBANIA, ANDORRA,	AWARED	25,000.	WIRE TRANSFER	0.		
2 Frataritatal according of								1

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

3 Enter total number of other organizations or entities

Part III Grants and Other Assistan			tes. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplicated if a	(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) 2023 Part IV Foreign Forms

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

Schedule F (Form 990) 2023

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

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

nternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								
Name of the organization								entification number
Dowl Fundania	FOUNDATION FOR SARCOIDOSIS RESEARCH 36-4378232 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not							
required to	complete this part	 Complete if the organization answe t. 	red "Y	es" or	n Form 990, Part IV, li	ine 17. I	Form 990-EZ	I filers are not
		sed funds through any of the following	g activ	ities.	Check all that apply.			
a Mail solicitat	tions				overnment grants			
	email solicitations				nment grants			
c Phone solici		g Special	tunara	alsing	events			
· ·		or oral agreement with any individual	(includ	ling of	fficers, directors, trust	tees, or		
		art VII) or entity in connection with pr			-		Yes	
		viduals or entities (fundraisers) pursua	ant to	agree	ments under which th	ne fundr	aiser is to be	Э
compensated at le	east \$5,000 by the	organization.						•
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (or r fur	mount paid retained by) ndraiser d in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
								<u> </u>
3 List all states in wh or licensing.	ich the organizatio	on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exe	∍mpt from re	gistration

332081 09-13-23

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

Schedule G (Form 990) 2023

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

		of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			GALA			(add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	130,400.			130,400.
	2	Less: Contributions	124,100.			124,100.
	3	Gross income (line 1 minus line 2)	6,300.			6,300.
	4	Cash prizes				
ű	5	Noncash prizes				
sued	6	Rent/facility costs	14,997.			14,997.
Direct Expenses	7	Food and beverages	25,949.			25,949.
		Entertainment	43,216.			43,216.
		Other direct expenses	- · · · · · · · · · · · · · · · · · · ·			84,162.
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from lines	٠,			-77,862.
Pa	rt	Gaming. Complete if the organization a				7.70020
		\$15,000 on Form 990-EZ, line 6a.		, , ,	•	
une			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac No," explain:				Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:	· · · · · · · · · · · · · · · · · · ·		rear?	Yes No
	_					

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

Sch	edule G (Form 990) 2023 FOUNDATION FOR SARCOIDOSIS RESEARCH 36-4	<u> 1378232</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No 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:		
		13a	%
	The organization's facility	13b	
	An outside facility	ISD	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L 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 \$		
c	: If "Yes," enter name and address of the third party:		
	Name		
	Address		
	- Addices		
16	Gaming manager information:		
16	Garning manager information.		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
~	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); a	t III lines 0	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, III 103 0,	55, 105,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
		<u> </u>	

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

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization FOUNDATIO	N FOR SAR	COIDOSIS RE	SEARCH				Employer identification number 36-4378232
Part I General Information on Grants a							
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?				-		
Part II Grants and Other Assistance to recipient that received more than \$\frac{1}{2}\$	_				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN THORACIC SOCIETY (ATS) 25 BROADWAY NEW YORK, NY 10004	06-1548706	501C3	32,500.	0.			RESEARCH
DUKE UNIVERSITY 2200 W MAIN STREET DURHAM, NC 27705	56-0532129	501 c 3	50,000.	0.			RESEARCH
JOHN HOPKINS MEDICAL CENTER 600 N WOLFE ST BALTIMORE, MD 21287	52-0595110	501C3	50,000.	0.			RESEARCH
UNIVERSITY OF ILLINOIS CHICAGO 1200 W HARRISON ST CHAPEL HILL, IL 60607	36-2177139	501c3	150,000.	0.			RESEARCH
2 Enter total number of section 501(c)(3) a	nd government or	ganizations listed in th	ne line 1 table			<u> </u>	
3 Enter total number of other organization	s listed in the line	1 table					

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

Schedule I (Form 990) 2023

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FSR GLOBAL SARCOIDOSIS SUMMIT SCHOLARSHIP	79	5,925.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
FSR HAS A WELL DOCUMENTED, THOROUGH	H PROGRAM	FOR SOLIC	CITATING AN	D EVALUATING	
REQUESTS FOR RESEARCH AND RESEARCH	FELLOWSH	IIP GRANTS.	THE PROC	ESS IS	
OVERSEEN BY FSR'S SCIENTIFIC ADVISO	ORY BOARD	. THEIR EV	ALUATIONS	OF RESEARCH	
APPLICATIONS AND RECOMMENDATIONS FO	OR FUNDIN	G ARE PRES	SENTED TO T	HE FSR	
GOVERNING BOARD OF DIRECTORS WHICH	DETERMIN	ES WHICH R	REQUESTS WI	LL BE	
FUNDED. FOR ALL MULTIYEAR FUNDING	, THE COM	MITMENT BE	YOND THE I	NITIAL	
YEAR(S) IS CONTINGENT UPON RECEIPT					
ANNUAL PROGRESS REPORT. FSR REQUIRE					

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Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

23. Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury

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

Inspection
Employer identification number

OMB No. 1545-0047

FOUNDATION FOR SARCOIDOSIS RESEARCH
Part I Questions Regarding Compensation

36-4378232

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
-	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
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 related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X X X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		X
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
-	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53 4958.6/c/2	٩		

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

Schedule J (Form 990) 2023

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

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

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

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

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection **Employer identification number**

	FOUNDATION FO	JR SAR	COIDOSIS I	RESEARCH	36-4	<u> 3 / 8 /</u>	32	
Pai	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	6
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	2	63,413.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organiz	ration during	the tax vear for co	ontributions				
25	for which the organization completed Form 828	_	•					
	To which the organization completed form oze	00, 1 art v, D	once Acknowledg	CITICITE			Yes	No
302	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I lines 1 throug	sh 28 that it		103	140
ooa	must hold for at least 3 years from the date of t							
						30a		Х
b	exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.					Joa		
31	,	olicy that re	auires the review (of any nonstandard contribut	tions?	21		Х
								- 44
32a			•			222		Х
L	contributions?					32a		
	If "Yes," describe in Part II.	aluma (a) f-:	o tupo of propert	for which column (a) is also	akad			
33	If the organization didn't report an amount in co	Jiulilili (C) fOf	a type of property	nor writeri column (a) is che	oneu,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FOUNDATION FOR SARCOIDOSIS RESEARCH

Employer identification number 36-4378232

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

332211 11-14-23

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

Schedule O (Form 990) 2023

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

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

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