-Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

2013 Open to Public

OMB No. 1545-0047

| A | For the 2013 of | alendar year, or tax year beginning , and ending | | inspector. |
|-----------------------------|-----------------------|--|---------------|-------------------------------|
| В | Check if applicable: | C Name of organization | D Emp | loyer identification number |
| | Address change | Focused Ultrasound Foundation | | |
| X | Name change | Doing Business As | 20 | -5744808 |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) Room/suite | | phone number |
| ļ | ,] | 1230 Cedars Court, Suite F | 43 | 4-220-4993 |
| | Terminated | City or town, state or province, country, and ZIP or foreign postal code | | - 220 1000 |
| | Amended return | Charlottesville VA 22903 | G Gross re | eceipts 9,615,033 |
| | Application pending | F Name and address of principal officer. | 0 0103010 | |
| | | Neal F. Kassell H(a) is this a group | up return for | subordinates? Yes X No |
| | | P.O. Box 800212 H(b) Are all subs | ordinales in | cluded? Yes No |
| | | | attach a list | L (see instructions) |
| 1 | Tax-exempt status: | X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 | | |
| J | Websits; W | ww.fusfoundation.org H(c) Group exem | notion numb | ner 🕨 |
| K | Form of organization: | X Corporation Trust Association Other ► 1 Year of formation: 2 | | M State of legal domicile: VA |
| | | mmary | | THE CHARGE OF LOGISTICS, THE |
| | 1 Briefly de | scribe the organization's mission or most significant activities: | | |
| 9 | To a | ccelerate the development and worldwide adoption of Focused | Ultra | sound. |
| lan L | 1 101 102 | | | |
| Activities & Governance | *,, | | | |
| Ó | 2 Check thi | s box 🕨 🗌 if the organization discontinued its operations or disposed of more than 25% of its net asse | ets. | |
| 95 | 3 Number o | f voting members of the governing body (Part VI, line 1a) | 1 2 | 11 |
| Hes | T MUMBELU | i independent voting members of the governing body (Part VIII line 15) | | 11 |
| <u> </u> | a coracinhu | iber of individuals employed in calendar year 2013 (Part V, line 2a) | - 5 | 32 |
| Aci | o rotal null | | 0 | |
| | 7a Total unre | 7a | 0 | |
| | b Net unrela | lated business revenue from Part VIII, соlumп (С), line 12 tted business taxable income from Form 990-T, line 34 | 7b | 0 |
| | | Prior Vane | | Current Year |
| en | 8 Contribution | ons and grants (Part VIII, line 1h) 6,400 | | 7,614,503 |
| Revenue | e riugiains | ervice revenue (ran viii, line 2g) | ,834 | 3,525 |
| Re e | i i investmer | t income (Part VIII, column (A), lines 3, 4, and 7d) | ,508 | 15,720 |
| | 11 Other reve | enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | ,783 | 376 |
| | 12 lotal reve | nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,685 | | 7,634,124 |
| | 13 Grants and | d similar amounts paid (Part IX, column (A), lines 1–3) | ,090 | 1,370,231 |
| | 14 Benefits p | aid to or for members (Part IX, column (A), line 4) | | 0 |
| Expenses | 16 Salaries, o | ther compensation, employee benefits (Part IX, column (A), lines 5–10) 1,905 | ,020 | 2,228,530 |
| en . | 16a Protession | al fundraising fees (Part IX, column (A), line 11e) | | 0 |
| EXP | D lotal fund | aising expenses (Part IX, column (D), line 25) ▶ 472,032 | | CONTRACTOR |
| _ | 17 Other expe | enses (Part IX, column (A), lines 11a-11d, 11f-24e) | ,554 | 1,447,246 |
| | 18 Total expe | nses. Add lines 13–17 (must equal Part IX, column (A), line 25) 4,696 | | 5,046,007 |
| - X | 19 Kevenue x | ess expenses. Subtract line 18 from line 12 1, 989 | | 2,588,117 |
| Net Assets or Fund Balances | 20 Total asset | is (Part X, line 16) Beginning of Curre | | End of Year |
| As a | 21 Total liabili | | | 12,774,721 |
| ŽĘ. | 22 Net assets | | | 1,026,250 |
| | | or fund balances. Subtract line 21 from line 20 9,160 | , 354 | 11,748,471 |
| | | rjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best | | |
| tru | e, correct, and con | uplete. Declaration of planarier (other than officer) is based on all information of which preparer has any knowledge. | of my kno | owledge and belief, it is |
| - | | TATA CFO | 10/ | 12/11 |
| Sign | Sign | nature of officer | Date | 3/14 |
| Her | 1 . | Kurt Woerpel CFO | Date | • |
| | | or print name and title | | |
| | Print/Type p | reparer's name Preparer's signature Date | | |
| Paid | David E | Wales | Check | IF PTIN |
| Prep | | Robinson Farmer (12 Accessing | | |
| Use | | 530 Westfield Rd | 's EIN | 54-1896113 |
| | Firm's addre | . Charlottesville Va 22001_1726 | | 424.072.0244 |
| May | | this return with the preparer shown above? (see instructions) | ne no. | 434-973-8314 |
| For P | aperwork Reduct | ion Act Notice, see the separate instructions. | | Yes No |
| DAA | - | • | | Form 990 (2013) |

| | stilli: Statement of Drawns | | 20-5744808 | Page |
|-----|---|---|--|---|
| ::F | Statement of Program | Service Accomplishments | | |
| 1 | Briefly describe the organization's mission | tains a response or note to any li | ne in this Part III | |
| ١, | briefly describe the organization's mission | | | |
| • | o accelerate the deve | erobment and worldwid | de adoption of Focus | ed Ultrasound. |
| | | | | ******************************* |
| | * | | | |
| _ | D. I. I. | | | |
| 2 | Did the organization undertake any signific | cant program services during the year which | ch were not listed on the | |
| | prior Form 990 or 990-EZ? | | | Yes X No |
| | | oriedale O. | | |
| 3 | Did the organization cease conducting, or | make significant changes in how it conduc | cts, any program | |
| | services? | 77 | | Yes X No |
| | if Yes," describe these changes on Sched | tule O. | | ····(···(··· |
| 4 | Describe the organization's program service | ce accomplishments for each of its three la | argest program services, as measured by | |
| | expenses. Section 501(c)(3) and 501(c)(4) | organizations are required to report the a | mount of grants and allocations to others, | |
| | the total expenses, and revenue, if any, for | r each program service reported. | | |
| | | | | |
| 4a | (Code:) (Expenses \$ 3 cceleration of the wo | 3,766,269 including grants of \$ | 1,370,231) (Revenue | \$ 3,525 |
| A | cceleration of the wo | orldwide adoption of | focused ultrasound s | urgery |
| t | echnology through res | search, fellowships. | | |
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| 4b | (Code:) (Expenses \$ | including grants of \$ |) (Revenue | \$) |
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| 4c | (Code:) (Expenses \$ | including grants of C | \ (P) | |
| | , (ΣΑΡΟΠΟΘΟ Ψ | including grants of \$ |) (Revenue \$ | · , |
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| d (| Other program services. (Describe in Sched | ule O.) | | |
| | | including grants of \$ |) (Revenue \$ | ١ |
| le | otal program service expenses | 3 766 260 | / (| |

| | | | l Yes | NO |
|-----|--|------------|-------|---------------------------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| 2 | 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 | | | |
| 4 | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | _ | X |
| * | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| 5 | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | ├ | X |
| 0 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | - | | |
| 6 | Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | 5 | ├ | X |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "V 7 1 | | | 3.5 |
| 7 | Pes, complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, | 6 | - | X |
| • | the environment, historic land areas, or historic structures? If "Ves." complete Schodule D. Bort II | _ | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | 7 | - | X |
| | complete Schodulo D. Bort III | | | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a | 8 | - | X |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | dobt population complete 2 K W/s = 2 | | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | 9 | - | - |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | x |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | 10 | 33333 | |
| | 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," | | | 100000 |
| | complete Schedule D, Part VI | 11a | x | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more | 110 | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | x |
| C | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more | | | - |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | x |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | 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 |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if | | | |
| | the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| 16 | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | X | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| 16 | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | <u> </u> |
| 10 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| 17 | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | X | |
| | 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 11e2 if "Yes," complete Schodule C. Bort I (see instructions) | | | ** |
| 8 | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | 17 | | <u>X</u> |
| - | Part VIII lines 1c and 8a? If "Yes " complete Schedule C. Part II | 45 | | 32 |
| 9 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 18 | | <u> </u> |
| - | If IIIVe = II = a model & Octobrillo O. D. A. III | 40 | - 1 | v |
| :0a | Did the organization energic one or more beautiful facilities of 15 Mars 1 and | 19 | | $\frac{\mathbf{x}}{\mathbf{x}}$ |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a 20b | - | |
| | 7.2 | 200 | | |

Form 990 (2013) Focused Ultrasound Foundation
Part W: Checklist of Required Schedules (continued)

| | | | Yes | No |
|------------|--|-----|---------------|----------|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States | | | |
| | on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| 04- | employees? If "Yes," complete Schedule J | 23 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete 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 | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| -0 | to defease any tax-exempt bonds? | 24c | | |
| đ | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | | | |
| | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| 00 | If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or | | | |
| 07 | disqualified persons? If so, complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| 20 | entity 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 Schedule L, | | | |
| • | Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| • | Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| 29 | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | <u> </u> |
| 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | i | |
| 31 | 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 | | | |
| 32 | | 31 | | <u> </u> |
| J 2 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| 33 | complete Schedule N, Part II | 32 | \rightarrow | <u>X</u> |
| 00 | 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 | | | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, | 33 | | X |
| 04 | or IV and Part V line 1 | | | |
| 35a | or IV, and Part V, line 1 Did the organization have a controlled on the within the macring of section 543/5/43/3 | 34 | \dashv | X |
| b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | 35a | | X |
| | Controlled entity within the magning of castion 513/b/(43/3 lf #/ca " castrolled entity within the magning of castion 513/b/(43/3 lf #/ca " castrolled entity within the magning of castion 513/b/(43/3 lf #/ca " castrolled entity within the magning of castion 513/b/(43/3 lf #/ca " castrolled entity within the magning of castion 513/b/(43/3 lf #/ca " castrolled entity within the magning of castion 513/b/(43/3 lf #/ca " castrolled entity within the magning of castion 513/b/(43/3 lf #/ca " castrolled entity within the magning of castion 513/b/(43/3 lf #/ca " castrolled entity within the magning of castion 513/b/(43/3 lf #/ca " castrolled entity within the magning of castion 513/b/(43/3 lf #/ca " castrolled entity within the magning of castion 513/b/(43/3 lf #/ca " castrolled entity within the magning of castion 513/b/(43/3 lf #/ca " castrolled entity within the magning of castion 513/b/(43/3 lf #/ca " castrolled entity within the magning of castion 513/b/(43/3 lf #/ca " castrolled entity within the magning of castion 513/b/(43/3 lf #/ca " castrolled entity within the magning of castrolled entity within the magning | | | |
| 36 | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| J J | 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 | | | •• |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 36 | \dashv | <u>X</u> |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| | D 418 | | | 32 |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | 37 | \dashv | <u>X</u> |
| | 19? Note. All Form 990 filers are required to complete Schedule O | | | |
| | | 38 | X | |

Form 990 (2013) Focused Ultrasound Foundation 20-5744808
Part V: Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response or note to any line in this Part V | | | · · · · · · · · · · · · · · · · · · · | | |
|--------|--|------------|---|---------------------------------------|----------|--------|
| | | | 1 | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 14 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | _1b | 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | 8888 | | |
| | reportable gaming (gambling) winnings to prize winners? | | | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 1 1 | | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 32 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | ? | | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other auti | | | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | cial | | | | |
| | account)? | | | 4a | Ĺ | X |
| b | If "Yes," enter the name of the foreign country: ▶ | | | | | |
| _ | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Ac | counts. | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | ı? | | 5b | | X |
| С | if "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | | |
| | 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 contributions | 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 good | ds | | | | |
| | and services 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 | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | | |
| al . | required to file Form 8282? | | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e f | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit control | act? | | 7e | | X |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | | X |
| g h | If the organization received a contribution of qualified intellectual property, did the organization file Form 8 | 8899 as | required? | 7g | | X |
| 8 | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | file a F | form 1098-C? | 7h | | X |
| U | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | | | | |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | [00000] | *** | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 5 5 | | 8 | | ***** |
| а | Did the organization make any taxable distributions under section 4966? | | | [00000]: | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 3 3 | | | \dashv | |
| 10 | Section 501(c)(7) organizations. Enter: | | | 9b | 00001 | 2000 |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 40. | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10a 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | 1001 | | | | |
| а | Gross income from members or shorsholders | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | IIa | | | | |
| | and the second of the second o | 445 | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10 | 11b | | | | 200000 |
| b | If "Voo " ontor the amount of the second side of th | J | | 12a | 30000 | 70000 |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 12b | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 420 | **** | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | • | 13a | | 9999 |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | | | |
| | the ensemble is the second to | 13b | | | | |
| С | Enter the amount of recover on hand | 13c | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | .00 | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | • | 14a | \dashv | - |
| | The state of the s | | · · · · · · · · · · · · · · · · · · · | ITW | 1 | |

Part VI

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

| Se | ction A. Governing Body and Management | | | | | ^ |
|-----|--|-----------|---|--------|------|---------|
| | | | | | Yes | No |
| 1a | the charge members of the governing body at the charge tax year | 1a | 11 | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | | | |
| | committee, explain in Schedule O. | | | | | |
| b | and the state of t | 1b | 11 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | | | |
| | any other officer, director, trustee, or key employee? | | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | | _ 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 appoint | | | | | |
| | one or more members of the governing body? | | | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | | | |
| | stockholders, or persons other than the governing body? | | | 7b | ļ | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by | the fo | llowing: | | | |
| a | The governing body? | | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | | | |
| 500 | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | 9 | | X |
| 366 | ction B. Policies (This Section B requests information about policies not required by the Intern | al Re | venue C | ode.) | | |
| l0a | Did the organization have local chapters, branches, or affiliates? | | | | Yes | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | 10a | | X |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | | | | |
| 1a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the | | | | 77 | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 1011111? | • | 11a | X | |
| 2a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 40- | X | 1000000 |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to | conflict | | 12a | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | JOHINGE | o: | 12b | A | |
| | describe in Schedule O how this was done | | | 12c | x | |
| 3 | Did the organization have a written whistleblower policy? | | | 13 | | X |
| 4 | Did the organization have a written document retention and destruction policy? | | | 14 | | X |
| 5 | Did the process for determining compensation of the following persons include a review and approval by | | 8 8 | 333333 | **** | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | Х | |
| b | Other officers or key employees of the organization | | | 15b | Х | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | ***** | | |
| 6a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | | | |
| | with a taxable entity during the year? | | | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | | | |
| | organization's exempt status with respect to such arrangements? | | | 16b | | |
| | tion C. Disclosure | | | | | |
| 7 | List the states with which a copy of this Form 990 is required to be filed None | | | | | |
| 8 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(| 3)s onl | y) | | | |
| | available for public inspection. Indicate how you made these available. Check all that apply. | | | | | |
| ۵ | Own website Another's website X Upon request Other (explain in Schedule O) | | | | | |
| 9 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po | olicy, ar | nd | | | |
| 1 | financial statements available to the public during the tax year. | | | | | |
| • | State the name, physical address, and telephone number of the person who possesses the books and records of the | | _ | | | |
| | organization: ► Kurt Woerpel 1230 Cedars Court, S | uite | F | | | |

| Form 990 (2013) | Focused | Ultrasound | Foundation |
|-----------------|---------|------------|------------|
| | | | |

20-5744808

| | | | 3744000 | Page |
|-----------|---|---------------------|------------------------|----------------|
| Part VII | Compensation of Officers, Directors, Trustees, | Key Employees | s, Highest Compensated | Employees, and |
| | Independent Contractors | | | |
| | Check if Schedule O contains a response or note | to any line in this | Part VII | |
| Continu A | Officers Diseases Tourstone W. E. J | | | |

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A) Name and Title | (B) Average hours per week (list any | bo | x, unl | Pos check ess pe | erson Iirecto | than one is both an ir/trustee) | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation |
|------------------------------|--|--------------------------------|-----------------------|------------------------|------------------|---------------------------------------|--------------------------------------|---|--|
| | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Former Highest compensated employee | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| (1) Neal F. Kassell | | | | | | | | | |
| Director/President | 40.00 | • | | | | | 240 205 | | |
| (2) Dan Jordan, PhD | 0.00 | X | | X | - | | 342,387 | 0. | 0 |
| Director | 1.00 | x | | | | | 0 | 0 | 0 |
| (3) Dorothy Batten | | | | | | | | | |
| Director | 1.00 | x | | | | | 0 | 0 | 0 |
| (4) Edward D. Miller | | | | | | | | | |
| Director | 1.00 | x | | | | | | o | 0 |
| (5) Frederic H. Moll | ' | | | | | | | | |
| Director | 1.00 | x | | | | | 0 | o | 0 |
| (6) Eugene V. Fife | | | | | | | | | |
| Director | 1.00 0.00 | x | | | | | o | 0 | 0 |
| (7) John Grisham | | | | | | | | | |
| Director | 1.00 0.00 | х | | | | | o | o | 0 |
| (8) S. Morry Blumenf | | | | | | | | | |
| Director | 1.00 0.00 | x | | | | | o | 0 | 0 |
| (9) Steve Rusckowski | | | | 1 | | | | | |
| Director | 0.00 | x | | | | | o | o | 0 |
| (10) Andrew von Esche | | | | | | | | | |
| Director | 1.00 0.00 | x | | | | | 0 | 0 | 0 |
| (11)Lodewijk de Vink | 4 00 | | | | | | | | |
| Director DAA | 0.00 | x | | | | | 0 | 0 | 0 Form 990 (2013) |

| (A) Name and title | (B) Average hours per week (list any hours for | of | ox, unl fficer a | Pos check ess pe | erson i | than o | an ee) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the |
|---|---|-----------------------------------|-----------------------|------------------------|--------------|---------------------------------|-----------|---|---|---|
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | | organization and related organizations |
| (12) Ed Gould | | | | | | | | | | |
| Secretary/CFO | 8.00 | | | x | | | | 28,000 | 0 | |
| (13) Kurt Woerpel III | | | | | | | | 28,000 | 0 | 0 |
| 0 | 8.00 | | | | | | | | | |
| Secretary/CFO (14)Ari Hananel | 0.00 | | | X | _ | | - | 13,096 | 0 | 0 |
| (17)1532 2 1101101102 | 40.00 | | | | | | | | | |
| Medical Director | 0.00 | | | | | x | | 200,720 | 0 | 2,475 |
| (15) John W. Snell | 40.00 | | | | | | | | | |
| | 0.00 | | | | | x | | 142 620 | | 0.4== |
| (16) Jessica Foley | 0.00 | | Н | | Н | | _ | 142,620 | 0 | 2,475 |
| • | 40.00 | | | | | | | | | |
| 440 Canana 773 | 0.00 | | | | | X | | 125,720 | 0 | 1,500 |
| (17) Susan Klees | 40.00 | | | | | | | | | |
| | 0.00 | | | | | x | | 113,813 | o | 0 |
| (18) Ellen McKenna | | | | | | | | | | |
| | 40.00 0.00 | | | | | x | | 109,700 | 0 | 750 |
| (19) | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-total | | | | | | | | 1,076,056 | | 7,200 |
| c Total from continuation sheet | ts to Part VII, Se | ctio | n A | | | | ▶ [| | | |
| d Total (add lines 1b and 1c) Total number of individuals (incl | uding but not lim | | | | | | MO) N | 1,076,056 | 0.000 i | 7,200 |
| reportable compensation from the | ne organization |) | 7 | JSC 11 | isteu | ароч | ve) v | who received more than \$10 | 0,000 in | |
| 3 Did the organization list any forr employee on line 1a? If "Yes," co | mer officer, direc | tor, c | or tru | stee, | , key | emp | loye | e, or highest compensatéd | | Yes No |
| 4 For any individual listed on line organization and related organization | 1a, is the sum of ations greater th | repo an \$ | rtabl | e coi | mper | nsatio | com | plete Schedule J for such | the | |
| individual | receive or accrue | e cor | npen | ısatıc | on fro | om ai | nv ui | ∩related organization or indi | vidual | 4 X |
| for services rendered to the orga Section B. Independent Contractors | | ," co | mple | ete S | ched | lule J | for | such person | | 5 X |
| 1 Complete this table for your five | highest compens | sated | d inde | epen | dent | conf | tract | ors that received more than | \$100,000 of | |
| compensation from the organiza | (A) usiness address | pens | atior | 1 for | the c | alen | dary | | | (C) |
| Name and b | usiness address | | | | | \dashv | | Description | (B) on of services | (C) Compensation |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | \dashv | | | | |
| | | | | | | | | | | |
| - | | | | | | | | | | |
| | | | | | | \dashv | | | | |
| | | | | | | | | | | |
| 2 Total number of independent cor | ntractors (includin | ng bu | ıt not | l limit | ted to | o tho | se li | sted above) who | | |
| received more than \$100,000 of | compensation from | om th | ne or | gani | zatio | n 🕨 | | | 0 | 100000000000000000000000000000000000000 |

| | | Checl | cif Schedule C | O con | tains a | response | or note to any line | in this Part VIII | | |
|------------------------------|---|--|---|----------------|---------|------------|---|---|---|--|
| | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| nts | 1 1 | 1a Federated campaigns 1a | | | | | | | | |
| ğraı | <u> </u> | Membership o | dues | 1b | | | | | | |
| S, A | (| Fundraising e | vents | 1c | | | | | | |
| E E | | l Related organ | izations | 1d | | | | | | |
| S. | • | e Government grants (contributions) 1e | | | | | | | | |
| Ö | f All other contributions, gifts, grants, | | | | | | | | | |
| D d | | | s not included above | 1f | 7 | ,614,50 | 3 | | | |
| T C | | Noncash contribution | ons included in lines 1a-1 | f: \$ | | ,667,890 | | | | |
| Contributions, Gifts, Grants | 1 | Total. Add line | es 1a-1f | | | | 7,614,503 | 3 | | |
| Program Service Revenue | | | | | | Busn, Code | | | | |
| Ven | 28 | Symposi | um fees | | | | 3,525 | 3,525 | 5 | |
| Re | l k | b | | | | | | | | |
| Vice | 0 | | | | | | | | | |
| Ser | d | d | | | | | | | | |
| am | е | | | | | | | | | |
| og. | 1 | f All other program service revenue | | | | | | | | |
| <u>a</u> | g | | es 2a-2f | | | | 3,525 | | | |
| | 3 | | come (including di | | | | | | | |
| | | and other similar amounts) | | | | | 5,772 | 2 | | 5,772 |
| | 4 | and the second of the second process | | oceeds 🕨 | | | | | | |
| | 5 | Royalties | | | | | | | | |
| | | | (i) Real | | (ii) l | Personal | | | | |
| | 6a | Gross rents | | | | | | | | |
| | b | Less: rental exps. | | | | | | | | |
| | С | , | | | | | | | | |
| | d | Net rental inco Gross amount from | | | | <u></u> | | | | |
| | , , | sales of assets | (i) Securities | | (ii |) Other | | | | |
| | | other than inventory 1,990,857 | | | | | | | | |
| | b | Less: cost or other | 1 000 | | | | | | | |
| | | basis & sales exps. | 1,980, | | | | | | | |
| | C | Gain or (loss) | | 948 | | | | | | |
| | d | | ss) | | | | 9,948 | |)) | 9,948 |
| ne | ва | | m fundraising events | 5 | | | | | | |
| evenue | | (not including \$ | and a language | | | | | | | |
| | | | eported on line 1c). | | | | | | | |
| Other R | h | See Part IV, line | | _ a - | | | | | | |
| ō | | Less: direct ex | penses (loss) from fundrai | . D∟ -anioi | vonte | | | | | |
| | | | (loss) from fundral m gaming activities. | ising e | veills | | 900000000000000000000000000000000000000 | | | |
| | va | | 19 | a | | | | | | |
| | h | Less: direct ex | penses | . "b | | | | | | |
| | | | (loss) from gaming | | ities | | | | paratratara (1000-000) | |
| | | Gross sales of | | F | 1100 | | | | 888888888888888888888888888888888888888 | *************************************** |
| | | returns and allo | | a | | | | | | |
| | b | Less: cost of go | | b | | | | | | |
| | | | (loss) from sales o | of inver | ntory | | | paranararararararararararararararararar | | *********** |
| Ī | | | ellaneous Revenue | | | Busn. Code | | | | 300000000000000000000000000000000000000 |
| | 11a | Other Rev | enue | | | | 376 | 376 | | |
| | b | | | | | | | | | |
| | С | | | | | | | | | |
| | d | | ie | | | | | | | |
| | е | | | | | | 376 | | | |
| | 12 | Total revenue. | See instructions. | | | | 7,634,124 | 3,901 | 0 | 15.720 |

Part IX: Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A), Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, (D) Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 755,914 755,914 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 614,317 614,317 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 383,482 242,818 74,025 66,639 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 1,567,048 992,246 278,618 296,184 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 278,000 10 177,362 47,174 53,464 Fees for services (non-employees): Management Legal 76,194 57,528 18,666 Accounting 12,900 12,900 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 390,112 352,708 36,704 700 Advertising and promotion 12 12,391 12,341 50 89,183 13 Office expenses 50,703 24,406 14,074 Information technology 14 15 Royalties Occupancy 100,245 16 100,245 17 Travel 117,176 91,509 13,474 12,193 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 59,992 19 32,221 5,122 22,649 20 Payments to affiliates 21 Depreciation, depletion, and amortization 38,421 22 38,421 Insurance 23 50,969 50,969 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Reimbursement activity 267,773 a 267,773 Sponsorships 54,103 b 54,103 Copywriting and design 52,427 51,396 1,031 Telecommunications 31,090 31,090 e All other expenses 94,270 13,330 74,811 6,129 Total functional expenses. Add lines 1 through 24e 5,046,007 3,766,269 807,706 472,032 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

| : Pa | 14.2 | | | | | | |
|----------------|------|---|---|---|---|------------|----------------------|
| | | Check if Schedule O contains a response or note to | o any line i | n this Part X | | | |
| | | | | | (A) | | (B) |
| $\overline{}$ | _ | | | | Beginning of year | | End of year |
| | 1 | Cash—non-interest bearing | 5,764,816 | 1 | 6,428,594 | | |
| | 2 | Savings and temporary cash investments | | | 2 | | |
| | 3 | Pledges and grants receivable, net | | 4,362,937 | | 6,132,280 | |
| - 1 | 4 | Accounts receivable, net | | 75,184 | 4 | 99,614 | |
| | 5 | Loans and other receivables from current and former office | | | | | |
| | | trustees, key employees, and highest compensated empl | | | | | |
| | • | Complete Part II of Schedule L | | | 2000000000000000000000000 | 5 | ¥ |
| | 6 | Loans and other receivables from other disqualified personal (ACTA) | | | | | |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B), a | | | | | |
| | | sponsoring organizations of section 501(c)(9) voluntary el | | | | | |
| Assets | _ | organizations (see instructions). Complete Part II of Sche | | · · · · · · · · · · · · · · · · · · · | 6 | | |
| ASS | 7 | Notes and loans receivable, net | | | | 7 | |
| ` | 8 | Inventories for sale or use | | | 1 2 2 1 | 8 | |
| - 1 | 9 | Prepaid expenses and deferred charges | 1 | | 15,345 | 9 | 65,878 |
| 1 | va | Land, buildings, and equipment: cost or | | | | | |
| | | other basis. Complete Part VI of Schedule D | | 205,587 | | | |
| | D | Less: accumulated depreciation | 10b | 165,057 | 53,332 | 10c | 40,530 |
| | 1 | Investments—publicly traded securities | | | 11 | | |
| | 2 | Investments—other securities. See Part IV, line 11 | £ • • £ • • • • • • • • • • • • • • • • | | 12 | | |
| | 3 | Investments—program-related. See Part IV, line 11 | ff | | 13 | | |
| | 4 | Intangible assets | £ | 5 005 | 14 | | |
| 1 | 5 | Other assets. See Part IV, line 11 | | | 7,825 | | 7,825 |
| 1 | 7 | Total assets. Add lines 1 through 15 (must equal line 34) | | 10,279,439 | | 12,774,721 | |
| 1 | 0 | Accounts payable and accrued expenses | | 55,262 | | 77,968 | |
| 1 | | Grants payable Deferred revenue | 11 50 35 50.227 | 1,063,823 | | 948,282 | |
| 2 | | T | | 7 87 1 20 20 20 20 20 20 20 20 20 20 20 20 20 | | 19 | |
| 2 | | Tax-exempt bond liabilities | National D | | | 20 | |
| 1 2 | 2 | Escrow or custodial account liability. Complete Part IV of S Loans and other payables to current and former officers, of | ocnequie D | •••• | 900000000000000000000000000000000000000 | 21 | 00000000000000000000 |
| | | trustees, key employees, highest compensated employees | | | | | |
| | | disqualified persons. Complete Part II of Schedule L | s, and | | | | |
| ۱ ع | | Secured mortgages and notes payable to unrelated third p | | | | 22 | |
| 24 | 4 | Unsecured notes and loans payable to unrelated third part | ion | | | 23 | |
| 2 | 5 | Other liabilities (including federal income tax, payables to | olated third | | | 24 | |
| - | | parties, and other liabilities not included on lines 17-24). C | | | | | |
| | | of Schedule D | | | | 25 | |
| 26 | | Total liabilities. Add lines 17 through 25 | | | 1,119,085 | 25 26 | 1,026,250 |
| | | Organizations that follow SFAS 117 (ASC 958), check | | X and | | 20 | 1,020,230 |
| 2 | | complete lines 27 through 29, and lines 33 and 34. | | <u> </u> | | | |
| 27 | | Unrestricted net assets | | | 7,889,695 | 27 | 8,274,571 |
| 27 | | Temporarily restricted net assets | | ı | 1,270,659 | | 3,473,900 |
| 29 | | Permanently restricted net assets | | | | 29 | 3,113,300 |
| 29 | | Organizations that do not follow SFAS 117 (ASC 958), | | | | | |
| 5 | | complete lines 30 through 34. | | re ▶ and | | | |
| 30 | | Conital stock or trust principal, an assessed for de- | | [| | 30 | |
| 31 | | Paid-in or capital surplus, or land, building, or equipment fu | ınd | | | 31 | |
| 31 31 32 | 2 | Retained earnings, endowment, accumulated income, or o | ther funds | | | 32 | |
| 33 | | Total net assets or fund balances | | | 9,160,354 | 33 | 11,748,471 |
| 34 | | Total liabilities and net assets/fund balances | | | 10,279,439 | | 12,774,721 |

Form 990 (2013)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Quento Public

Employer identification number

Name of the organization

| | | | rasound Foundati | | | | | | | 14808 | | | |
|--------|---|---------------------------------|--|---|---|------------|------------------------|---------------|-----------------------------|---------------------------------------|---------|---------|------|
| | | | Status (All organizations | | | this p | art.) Se | e inst | ruction | ns. | | | |
| The | organization is no | t a private foundation becaus | e it is: (For lines 1 through 11, c | heck only | one box.) | | | | | | | | |
| 1 | A church, co | onvention of churches, or ass | ociation of churches described i | n section | 170(b)(1) | (A)(i). | | | | | | | |
| 2 | A school de | scribed in section 170(b)(1) | (A)(ii). (Attach Schedule E.) | | | | | | | | | | |
| 3 | | | ce organization described in sec | | | | | | | | | | |
| 4 | A medical re | esearch organization operate | d in conjunction with a hospital o | lescribed i | n section | 170(b)(| 1)(A)(iii) | . Enter | the hos | oital's nam | ie, | | |
| | city, and sta | te: | | | | | | | | | | | |
| 5 | | | of a college or university owned | or operate | d by a gov | ernmen | tal unit d | escribe | d in | | | | |
| | | O(b)(1)(A)(iv). (Complete Part | | | | | | | | | | | |
| 6 | | | overnmental unit described in se | | | | | | | | | | |
| 7 | | | substantial part of its support fro | m a gover | nmental u | nit or fro | m the ge | eneral p | ublic | | | | |
| | | section 170(b)(1)(A)(vi). (C | | | | | | | | | | | |
| 8 | | | 70(b)(1)(A)(vi). (Complete Part | | | | | | | | | | |
| 9 | | |) more than 33 1/3% of its supp | | | | | | | | | | |
| | | | pt functions—subject to certain | | | | | | | | | | |
| | | | d unrelated business taxable in | | | 11 tax) 1 | from bus | inesses | • | | | | |
| 40 | | | 0, 1975. See section 509(a)(2). | | | | | | | | | | |
| 10 | | | exclusively to test for public safe | | | | | | | | | | |
| 11 | An organizat | one or more publicly support | exclusively for the benefit of, to p | erform the | functions | of, or to | carry or | ut the | | | | | |
| | 509(a)(3) | back the boy that describes t | ed organizations described in se | ction 509(| a)(1) or se | ection 50 | 9(a)(2). | See se | ction | | | | |
| | a Type | | he type of supporting organization | | | | | | | | | | |
| е | | | c | | | d | lyp | e III–No | on-funct | ionally inte | grate | ed | |
| | other than fo | undation managers and othe | r than one or more publicly supr | y or indired | uy by one | or more | e disqual | itied per | rsons | | | | |
| | other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). | | | | | | | | | | | | |
| f | | | rmination from the IRS that it is a | Type I T | vne II or | Type III a | cupportir | | | | | | |
| | | check this box | | | | | | _ | | | | | |
| g | Since Augus | t 17, 2006, has the organizati | on accepted any gift or contribu | tion from a | ny of the | | | | | | G | | |
| | following pe | | , , | | , | | | | | | | | |
| | (i) A perso | n who directly or indirectly co | ntrols, either alone or together w | ith person | s describe | ed in (ii) | and | | | | ļ | Yes | No |
| | | | supported organization? | | | | | | | 1 | 1g(i) | | 110 |
| | (ii) A family | member of a person describ | ed in (i) above? | | | | | | | l. | 1g(ii) | | |
| | (iii) A 35% d | controlled entity of a person d | escribed in (i) or (ii) above? | | | | | | | · · · · · · · · · · · · · · · · · · · | 1g(iii) | | |
| h | Provide the | following information about th | e supported organization(s). | | | | | | | | 31/1 | | |
| (i) | Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the | organization | (v) Did | you notify | (vi) | Is the | (vii) Am | ount o | f monet | tary |
| | organization | | (described on lines 1–9 | 1 | isted in your | | nization in of your | | tion in col. ized in the | | suppo | | |
| | | | above or IRC section (see instructions)) | governing | document? | | port? | | S.? | | | | |
| | | | | Yes | No | Yes | No | Yes | No | | | | |
| (A) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (B) | | | | | | | | | | | | | |
| | | | | - | | | | | | | | | |
| (C) | | | | | | | | | | | | | |
| (D) | | | | - | | | | | | | | | |
| (D) | | | | | | | | | | | | | |
| (E) | | | | - | - | | | | | | | | |
| (=) | | | | | | | | | | | | | |
| | | | | 0.0000000000000000000000000000000000000 | 1990-000000 | 99999 | | (1000) | ******** | | | | |
| Total | | | | | | | | | | | | | |
| · otal | | | pagagaaaaaaaaaaaababbbbbbbbbb | MANAGANINI S | processorial (Control of Control | | | | | | | | |

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.)

| <u>Sec</u> | ction A. Public Support | | | | | | |
|------------|---|--|--|---|--|--------------------|------------|
| Cale | ndar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 2,350,033 | 1,540,220 | 5,587,321 | 6,400,547 | 7,614,503 | 23,492,624 |
| 2 | Tax revenues levied for the organization'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 | 2,350,033 | 1,540,220 | 5,587,321 | 6,400,547 | 7,614,503 | 23,492,624 |
| 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) | | | | | 7,014,505 | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 13,997,979 |
| | tion B. Total Support | 1 | <u> </u> | <u> </u> | | | 9,494,645 |
| | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (0) 2042 | 10.77 |
| 7 | Amounts from line 4 | 2,350,033 | 1,540,220 | | | (e) 2013 | (f) Total |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 8,873 | 7,547 | 5,587,321 6,523 | 6,400,547 5,508 | 7,614,503 5,772 | 23,492,624 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 22,815 | 181,735 | 35,750 | 279,617 | 3,901 | 523,818 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 24,050,665 |
| 12 | Gross receipts from related activities, etc. (s | | | | | 12 | |
| 13 | First five years. If the Form 990 is for the o | organization's first, s | second, third, fourth | n, or fifth tax year a | s a section 501(c)(3 | 3) | |
| | organization, check this box and stop here | | | | , | <u></u> | |
| | tion C. Computation of Public Su | pport Percenta | age | | | | |
| 14 | Public support percentage for 2013 (line 6, | column (f) divided b | y line 11, column (| f)) | | 14 | 39.48% |
| 15 | Public support percentage from 2012 Sched | dule A, Part II, line 1 | 4 | | | 15 | 29.49% |
| 16a | 33 1/3% support test—2013. If the organiz | zation did not check | the box on line 13 | and line 14 is 33 1 | 1/3% or more check | k thic | _ |
| | box and stop here. The organization qualifi | es as a publicly sup | ported organization | 1 : | | | ▶ X |
| b | 33 1/3 % support test—2012. If the organiz | zation did not check | a box on line 13 or | r 16a, and line 15 is | s 33 1/3% or more, | | |
| | check this box and stop here. The organiza | ition qualifies as a p | publicly supported of | organization | | | ▶ 🗌 |
| I7a | 10%-facts-and-circumstances test—201 | 3. If the organization | n did not check a b | ox on line 13, 16a, | or 16b, and line 14 | is | |
| b | 10% or more, and if the organization meets Part IV how the organization meets the "fact organization 10%-facts-and-circumstances test—2012 15 is 10% or more, and if the organization me Explain in Part IV how the organization mee | ts-and-circumstance 2. If the organization neets the "facts-and ts the "facts-and-cir | es" test. The organi n did not check a br -circumstances" tes cumstances" test. | zation qualifies as ox on line 13, 16a, st, check this box a The organization qu | a publicly supported 16b, or 17a, and lin and stop here. ualifies as a publicly | d e | |
| 8 | supported organization Private foundation. If the organization did instructions | not check a box on | iine 13, 16a, 16b, 1 | /a, or 1/b, check t | his box and see | | |
| | | | | | | | |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

| | etion A. Public Support | T | | | т | | |
|------|--|---|------------------------|-------------------------|---|-------------|-----------|
| | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | · |
| C | Add lines 7a and 7b | 200000000000000000000000000000000000000 | | | | | |
| 8 | Public support (Subtract line 7c from line 6.) | | | | | | |
| Sac | tion B. Total Support | | | | 200000000000000000000000000000000000000 | | |
| | dar year (or fiscal year beginning in) ▶ | (=) 0000 | (1) 0040 | 1 1 1 1 1 1 1 1 | | | |
| 9 | Amounts from line 6 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for the | organization's first, | second, third, fourt | h, or fifth tax vear a | s a section 501(c)(| 3) | |
| | organization, check this box and stop here | | | | | • | • |
| Sect | ion C. Computation of Public Su | pport Percenta | age | | | | |
| 15 | Public support percentage for 2013 (line 8, | column (f) divided b | y line 13, column | (f)) | | 15 | % |
| 16 | Public support percentage from 2012 Sched | dule A, Part III, line | 15 | | | 16 | % |
| Sect | ion D. Computation of Investmen | nt Income Perc | centage | | | | |
| 17 | Investment income percentage for 2013 (lin | ie 10c, column (f) d | ivided by line 13, c | olumn (f)) | | 17 | % |
| 18 | Investment income percentage from 2012 S | Schedule A, Part III, | line 17 | | | 18 | % |
| ıya | 33 1/3% support tests—2013. If the organ | ization did not chec | k the box on line 1 | 4, and line 15 is mo | ore than 33 1/3%, a | nd line | . — |
| b | 17 is not more than 33 1/3%, check this box | and stop here. The | ne organization qua | alifies as a publicly s | supported organiza | tion | |
| | 33 1/3% support tests—2012. If the organ line 18 is not more than 33 1/3%, check this | hav and stan har | The organization | or line 19a, and line | e 16 is more than 3 | 3 1/3%, and | |
| 20 | line 18 is not more than 33 1/3%, check this Private foundation. If the organization did | not check a hov on | line 14 10a or 10 | h check this bay a | ciy supported orga | nization | |
| | organization did | OHOOK & DOX OH | <u> 17, 134, 01 19</u> | D, CHECK HIS DOX AL | ia see ilistructions | | |

| Sche ∴ P a | dule A | : Sı | upplem | ental In | formation | on. Provi | Ultra: | planation | ns requi | red by P | art II, line | 10: Part | - 57448 (II, line 17a | 0 8 a or 17b; | Page of |
|----------------------|--------|------|---|---------------------------------------|-----------|---|---|------------|-------------------------------|----------|---|------------|---|-------------------------|---|
| | | | art III, III | 12. A | iso com | piete this | part for a | any additi | ionai int | ormation | i. (See in | structions | 5). | | |
| Pa | art | II, | Line | 10 - | Othe | r Inc | ome De | etail | | | | | | | |
| Sy | mpo | siur | n fee | s | | | | \$ | | 513,89 | 97 | | | | * • • • • • • • • • • • • • • • • • • • |
| Mi | sce | llar | neous | | | | | \$ | | 9,92 | 21 | | | | a |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

| _ | | | |
|---------|--|--|---------------------------------|
| E TOTAL | Focused Ultrasound Foundation | | 20-5744808 |
| : P | art : Organizations Maintaining Donor Advised Fur | nds or Other Similar Funds or A | ccounts. |
| | Complete if the organization answered "Yes" to F | orm 990, Part IV, line 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | 1 | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in writing that the | he assets held in donor advised | |
| | funds are the organization's property, subject to the organization's exclus | sive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in w | riting that grant funds can be used | |
| | only for charitable purposes and not for the benefit of the donor or donor | | |
| | conferring impermissible private benefit? | , | Yes No |
| P | artibe: Conservation Easements. | | Tes No |
| | Complete if the organization answered "Yes" to F | orm 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (check al | | |
| | Preservation of land for public use (e.g., recreation or education) | Preservation of an historically impo | ortant land area |
| | Protection of natural habitat | Preservation of a certified historic | |
| | Preservation of open space | Treservation of a certified historic | structure |
| 2 | Complete lines 2a through 2d if the organization held a qualified conserva | ation contribution in the form of a consequent | tan. |
| | easement on the last day of the tax year. | ation contribution in the form of a conservati | |
| а | Table 1 and | | Held at the End of the Tax Year |
| b | | • | 2a |
| c | The state of the s | | 2b |
| d | and the state of the continued material structure include | ed in (a) | 2c |
| u | historia atrustura lista dis the Aletin LB LB | | |
| 3 | historic structure listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, released, exting | guished, or terminated by the organization | during the |
| 4 | tax year • | | |
| 4 | Number of states where property subject to conservation easement is local | | |
| 5 | Does the organization have a written policy regarding the periodic monitor | ring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it holds? | *************************************** | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, and enforcing | conservation easements during the year | |
| _ | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing con | servation easements during the year | |
| | > \$ | | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the | | |
| | (i) and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation easements | s in its revenue and expense statement, an | d |
| | balance sheet, and include, if applicable, the text of the footnote to the org | anization's financial statements that descril | oes the |
| e e e e | organization's accounting for conservation easements. | | |
| Pa | 付別 Organizations Maintaining Collections of Art, H | listorical Treasures, or Other Si | milar Assets. |
| | Complete if the organization answered "Yes" to Fo | orm 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 958), not to | o report in its revenue statement and balan | ce sheet |
| | works of art, historical treasures, or other similar assets held for public exh | nibition, education, or research in furtherance | ce of |
| | public service, provide, in Part XIII, the text of the footnote to its financial s | tatements that describes these items. | |
| b | If the organization elected, as permitted under SFAS 116 (ASC 958), to rej | port in its revenue statement and balance s | heet |
| | works of art, historical treasures, or other similar assets held for public exh | nibition, education, or research in furtherance | ee of |
| | public service, provide the following amounts relating to these items: | , a second of the factor of th | ·- ·- |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | • |
| | (ii) Assets included in Form 990, Part X | • | |
| 2 | If the organization received or held works of art, historical treasures, or oth | er similar assets for financial soin assets | > \$ |
| | following amounts required to be reported under SFAS 116 (ASC 958) rela | ating to these items: | uie |
| а | Revenues included in Form 990 Part VIII line 1 | any to these iteffis. | . |
| b | Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X | | \$ |
| _ | | | 📂 5 |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

40,530

| | Complete if the organization answered "Yes" to | Form 990, Part IV, line | 11b. See Form 990, Part X, line 12 |
|--|--|--|-------------------------------------|
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: |
| (1) Financial | derivetives | | Cost or end-of-year market value |
| | ald aguity interests | | |
| | eid equity interests | | |
| (A) | | | |
| | | | |
| (C) | | | |
| (D) | | | |
| (E) | 8 | | |
| (F) | *************************************** | | |
| (G) | | | |
| | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |
| Part VIII | | | |
| | Complete if the organization answered "Yes" to I | | 11c. See Form 990, Part X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: |
| (1) | | | Cost or end-of-year market value |
| <u>(1)</u> (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Columi | n (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |
| Part IX | Other Assets. | | |
| | Complete if the organization answered "Yes" to F | orm 990, Part IV, line | 11d. See Form 990, Part X, line 15. |
| | (a) Description | | (b) Book v |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| | (b) must equal Form 990, Part X, col. (B) line 15.) | | |
| Part X | Other Liabilities. | | |
| 20000000000 | Complete if the organization answered "Yes" to F | form 990 Part IV line | 110 or 11f See Form 000 Ded V |
| | line 25. | omi 990, Fait IV, line | The or Tif. See Form 990, Part X, |
| ı. | (a) Description of liability | (b) Book value | |
| | ncome taxes | (B) BOOK VALIDO | |
| | | | |
| (1) Federal i | | 1 | |
| (1) Federal i | | | |
| | | | |
| (1) Federal i (2) (3) (4) | | | |
| (1) Federal i (2) (3) (4) (5) | | | |
| (1) Federal i (2) (3) | | | |
| (1) Federal i (2) (3) (4) (5) (6) (7) | | | |
| (1) Federal i (2) (3) (4) (5) (6) (7) (8) (9) | | | |
| (1) Federal i (2) (3) (4) (5) (6) (7) (8) (9) | (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | | |
| (1) Federal i (2) (3) (4) (5) (6) (7) (8) (9) Cotal. (Column | (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Incertain tax positions. In Part XIII, provide the text of the footnot ability for uncertain tax positions under FIN 48 (ASC 740). Checl | e to the organization's finance | sial statements that reports the |

| Schedule D (Form 990) 2013 Focused Ultrasound Foundar | | -5744808 | Page 4 |
|--|------------------------|------------------|------------------------|
| Part XI Reconciliation of Revenue per Audited Financial Sta | atements With Rever | ue per Return. | \ |
| Complete if the organization answered "Yes" to Form 9 | 90, Part IV, line 12a. | | |
| Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990. Part VIII line 12: | | 1 | 7,634,124 |
| The state of the s | | (0.000) | |
| | 2a | | |
| for the same of th | 2b | | |
| c Recoveries of prior year grants d Other (Describe in Part XIII.) | 2c 2d | | |
| e Add lines 2a through 2d | 20] | | |
| e Add lines 2a through 2d 3 Subtract line 2e from line 1 | | 2e 3 | 7,634,124 |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | 7,034,124 |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | (00000) | |
| b Other (Describe in Part XIII.) | 4b | | |
| c Add lines 4a and 4b | | 4c | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 7,634,124 |
| Reconciliation of Expenses per Audited Financial St | atements With Expe | nses per Return. | .,, |
| Complete if the organization answered "Yes" to Form 99 | 0, Part IV, line 12a. | • | |
| Total expenses and losses per audited financial statements | | 1 | 5,046,007 |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a Donated services and use of facilities | 2a | | |
| b Prior year adjustments | 2b | | |
| c Other losses | _2c | | |
| d Other (Describe in Part XIII.) | 2d | | |
| e Add lines 2a through 2d | | 2e | |
| 3 Subtract line 2e from line 1 | | 3 | 5,046,007 |
| Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b Other (Describe in Part XIII.) c Add lines 4a and 4b | | | |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 4c | 5 046 005 |
| Part:XII: Supplemental Information | | 5 | 5,046,007 |
| 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi Part X - FIN 48 Footnote The Foundation has no uncertain tax posit | | | |
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| DAA | | Scho | dule D (Form 990) 2013 |

Schedule D (Form 990) 2013

| Schedule D (Form | 990) 2013 | Focused | Ultrasound on (continued) | Foundatio | n | 20-5744808 | 3 | Page (|
|---|--|---|---|---|------------------|---|---|---|
| ENERGIENHE S | uppiemen | tal Information | on (continued) | | | | | |
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SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

Focused Ultrasound Foundation

Employer identification number 20-5744808

| Pa | nt li G | eneral Informatio orm 990, Part IV, line | n on Activities Ou | itside the United States. | Complete if the organization answ | ered "Yes" on |
|--------|------------------------------|--|--|---|--|---|
| | For grantma assistance, t | akers. Does the organize the grantees' eligibility for | zation maintain records or the grants or assistan | to substantiate the amount of its gr ce, and the selection criteria used | ants and other to award the | X Yes No |
| 2 | For grantma | akers. Describe in Part utside the United States | V the organization's pro | cedures for monitoring the use of it | ts grants and other | .,, |
| 3 | Activities per | Region. (The following | Part I, line 3 table can b | pe duplicated if additional space is r | needed) | |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
| _(1)_ | | | | | | |
| (2) | | | | | | |
| _(3) | | | | | | |
| (4) | | | | | | |
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| (17) | | | | | | |
| 3a Sub | -total | | | | | |
| | from continuation | | | | | |
| | s to Part I | | | | | |
| | als (add 3a and 3b) | | | | | |

Page 3

Schedule F (Form 990) 2013 Focused Ultrasound Foundation 20-5744808 Part III can be duplicated if additional space is needed.

| | _ | מממונוסוומו פרמכים ופרומנים. | | | | | |
|---------------------------------|---------------|------------------------------|---------------|--------------------|------------------------|------------------------|-------------------------|
| (a) Type of grant or assistance | (b) Region | (c) Number of | (d) Amount of | (e) Manner of cash | (f) Amount of non-cash | (a) Description | (h) Method of valuation |
| | | recipients | cash grant | disbursement | assistance | of non-cash assistance | (book, FMV, appraisal, |
| (1) Research | Europe | | 450.000 | Wire Transfer | | | omer) |
| 7 | North America | merica | | | | | |
| (z) research | | | 14,317 | Wire Transfer | 2.5 | | |
| (3) Research | Asia | 2 | 150,000 | Wire Transfer | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (9) | | | | | | | |
| (2) | | | | | | | |
| (8) | | | | | | | |
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| (18) | | | | | | | |
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Schedule F (Form 990) 2013

| ·P | Part:IV: Foreign Forms | | |
|----|--|----------|-------------|
| 1 | 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yest the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | gn | 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 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 Will.S. Owner (see Instructions for Forms 3520 and 3520-A) | th a 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 Certain Foreign Corporations. (see Instructions for Form 5471) | t To | 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 862' Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) | | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865) | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instruction for Form 5713) | ns | X No |

Schedule F (Form 990) 2013

| amounts of investments v | equired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and ated number of recipients), as applicable. Also complete this part to provide any additional ons). |
|---|---|
| Part I, Line 2 - Proc | edures for Monitoring the Use of Grant Funds |
| | ires six month progress reports and one year reports |
| | lescribing the work progress/completed. |
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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

2013

OMB No. 1545-0047

▶ Attach to Form 990.

ŝ Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance Yes 20-5744808 × non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of noncash assistance (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. grant (c) IRC section if applicable Focused Ultrasound Foundation General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance? (a) Name and address of organization or government Part Part ~ Ξ 3 3 4 (2) 6 9 8 6 Schedule I (Form 990) (2013)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

20-5744808

Schedule | (Form 990) (2013) Focused Ultrasound Foundation

| CIONAL (CIONAL CONTRACTOR CONTRAC | ortrasound Foundation | tion | 20-5744808 | | Page 2 |
|--|--|--------------------------|-----------------------------------|---|--|
| Part III can be duplicated if additional space is needed. | onal space is needed. | Inited States. Compl | ete if the organizatior | answered "Yes" to Form | |
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
| 1 Research | 12 | 745,389 | | (1) | |
| 2 Fellowship | H | 10,525 | | | |
| 8 | | | | | |
| 4 | | | | | |
| 22 | | | | | |
| 9 | | | | | |
| 7 | | | | | |
| ुष्टिंग्देशिं Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. | ide the information rec | quired in Part I, line 2 | , Part III, column (b), | and any other additional in | Iformation. |
| Part I, Line 2 - Procedures | Procedures for Monitoring the Use of Grant Funds | ng the Use of | Grant Funds | | |
| The organization requires six month progress reports | ix month progr | ress reports | and one year reports | reports | |
| from the recipients describing the work progress/completed. | ing the work p | orogress/comp. | leted. | | |
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Schedule I (Form 990) (2013)

SCHEDULE J

(Form 990)

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

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

➤ Attach to Form 990. ➤ See separate instructions.

▶Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part F

Department of the Treasury

Focused Ultrasound Foundation **Questions Regarding Compensation**

Employer identification number 20-5744808

| 18 | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form | 1900000 | Yes | No |
|--------|---|--------------------|------|----------|
| | 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | 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 (e.g., 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 | 100000 | 1000 | |
| | explain | 46 | | |
| | | 1b | | : 40000 |
| 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 in line | | l | |
| | | | | |
| | 1a? | 2 | 2000 | |
| 3 | Indicate which, if any, of the following the filing organization uses 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. | | | |
| | Compensation committee Written employment contract | | | |
| | - Thinks on programme contract | | | |
| | | | | |
| | Form 990 of other organizations Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| - | organization or a related organization: | | | |
| • | Possible a solvernee neumant and are desired as the solvernees of a solvernees of | | | |
| a h | Receive a severance payment or change-of-control payment? | 4a | | X |
| D | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| C | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | **** | X |
| | 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) and 501(c)(4) organizations must complete lines 5–9. | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | |
| | compensation contingent on the revenues of: | | | |
| а | | ***** | | 3.0 |
| | | 5a | | X |
| _ | Any related organization? If "Yes" to line 5a or 5b, describe in Part III. | 5b | | X |
| | | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | |
| | compensation contingent on the net earnings of: | | | |
| а | | 6a | | X |
| | | 6b | | X |
| D | Any related organization? If "Yes" to line 6a or 6b, describe in Part III. | | | |
| | The storing of on on, describe in Partin. | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed | | | |
| | payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | | x |
| 8 | Were any amounts reported in 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" to line 8, did the organization also follow the rebuttable presumption procedure described in | | | ******** |
| | Regulations section 53 4958.6(c)2 | 1 1 | | |

Focused Ultrasound Foundation

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 20-5744808 Schedule J (Form 990) 2013

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

| (B) Breakdown of W-2 and/or 1099-MISC compensation (c) Retirement and | (B) Breakdown of | (B) Breakdown of W-2 and/or 1099-MISC compensation | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | |
|---|--------------------------|--|-------------------------------------|--------------------------------|----------------|----------------------|--|
| (A) Name and Title | (i) Base compensation | (ii) Bonus & incentive compensation | (III) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | r) Compensation reported as deferred in prior Form 990 |
| Neal F. Kassell | 341,667 | | 720 | | 0 | 342.387 | C |
| 1 Director/President (m) | | 0 | | 0 | 0 | | 0 0 |
| | 200,000 | 0 | 720 | | 2,475 | 203,195 | |
| 2 Medical Director (III) | | | 0 | 0 | 0 | | |
| (1) | | | | | | | |
| (1) | | | | | | | |
| (ij) (iii) | | | | | | | |
| 9 | | | | | | | |
| (0) | | | | | | | |
| (1) | | | | | | | |
| (1) | | | | | | | |
| (1) | | | | | | | |
| (ii) | | | | | | | |
| 12 (11) | | | | | | | |
| (1) ((1) | | | | | | | |
| (1) ((i) | | | | | | | |
| (1) (11) | | | | | | | |
| (i) (ii) | | | | | | | |

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Noncash Contributions

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

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

2013

OMB No. 1545-0047

Open: To: Public 990. Inspection Employer identification number

Focused Ultrasound Foundation

20-5744808

| .∵.R | art I::: Types of Property | | | | | | | |
|------|---|-------------|------------------------------|---|---------------------------------------|------------|----------|----|
| ···· | with his state of the state of | (a) | (b) | (c) | (4) | | | |
| | | Check if | Number of contributions or | Noncash contribution | (d) | ainin a | | |
| | | applicable | items contributed | amounts reported on Form 990, Part VIII, line 1g | Method of determ noncash contribution | - | | |
| 1 | Art — Works of art | | | Form 990, Fait VIII, line 1g | nonegan contabation | amounts | | |
| 2 | Art — Historical treasures | <u> </u> | | | | | | |
| 3 | Art — Fractional interests | | | | | | | |
| 4 | Books and publications | | ******************* | | | | | |
| 5 | Clothing and household | | | | | | | |
| • | and a decorate | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities — Publicly traded | X | 7 | 1,667,890 | FMV when receiv | | | |
| 10 | Securities — Closely held stock | | | 1,001,890 | rmv when receiv | <u>rea</u> | | |
| 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 | organizat | tion during the tax year for | r contributions for | | | | |
| | which the organization completed Form | | | | 29 | | | |
| | | | | | | T | Yes | No |
| 30a | During the year, did the organization re | ceive by c | ontribution any property re | eported in Part I, lines 1 - 28 | 8. that | **** | | |
| | it must hold for at least three years from | n the date | of the initial contribution, | and which is not required to | be | | | |
| | it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | | | | | | X |
| b | If "Yes," describe the arrangement in P | | | | | 30a | | |
| 31 | Does the organization have a gift acce | | icy that requires the review | w of any non-standard | | | | |
| | | | | | | 31 | | X |
| 32a | Does the organization hire or use third | parties or | related organizations to s | olicit, process, or sell nonca | ısh | . | \dashv | |
| | | | | | | 32a | | X |
| b | If "Yes," describe in Part II. | | | *************************************** | | 324 | | |
| 33 | If the organization did not report an am | ount in col | umn (c) for a type of prop | erty for which column (a) is | checked, | | | |
| | describe in Part II. | | | (2) | • | | | |

| Schedule M (Form 9 | 90) (2013) | Focused | Ultrasound | Foundation | 20-5744808 | Page 2 |
|---|---|---|---|-------------------------|--|---|
| Part II | tne orga | nental Inform nization is rep | a tion. Provide the orting in Part I, col | information required | by Part I, lines 30b, 32b, and 33, and who of contributions, the number of items rece | ether |
| | | | and demplote | and part for any additi | onar mornation. | |
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SCHEDULE O (Form 990 or 990-EZ)

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.

Focused Ultrasound Foundation

Attach to Form 990 or 990-EZ.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Employer identification number

20-5744808 Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 A copy of the Tax Return is reviewed by the Board members prior to filing. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Board members are required to complete a disclosure form annually. Form 990, Part VI, Line 15a - Compensation Process for Top Official An independent salary assessment is obtained and the Board appointed Compensation Committee approves the compensation for this individual. Form 990, Part VI, Line 15b - Compensation Process for Officers An independent salary assessment is obtained and the Board appointed Compensation Committee approves the compensation for these individuals. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Financial statements and governing documents are available to the public upon request.