

Department of the Treasury  
Internal Revenue Service

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Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization  
**ALLIANCE FOR LUPUS RESEARCH, INC.**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**28 WEST 44TH STREET 501**  
 City or town, state or province, country, and ZIP or foreign postal code  
**NEW YORK, NY 10036**

**D** Employer identification number  
**58-2492929**

**E** Telephone number  
**212-218-2840**

**G** Gross receipts \$ **26,195,820.**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **LUPUSRESEARCH.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1999** **M** State of legal domicile: **NY**

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>TO SUPPORT RESEARCH TO PREVENT, TREAT AND CURE LUPUS.</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	27
	6	Total number of volunteers (estimate if necessary)	6	500
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 8,871,788.	Current Year 8,223,868.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,379,807.	3,090,321.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	57,474.	294,023.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,309,069.	11,608,212.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,751,791.	7,710,350.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,955,371.	2,072,442.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	49,000.	49,000.
		b Total fundraising expenses (Part IX, column (D), line 25)	1,960,073.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,175,879.	2,253,959.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,932,041.	12,085,751.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-2,622,972.	-477,539.
	20	Total assets (Part X, line 16)	Beginning of Current Year 53,990,813.	End of Year 59,870,295.
	21	Total liabilities (Part X, line 26)	12,257,318.	12,828,688.
22	Net assets or fund balances. Subtract line 21 from line 20	41,733,495.	47,041,607.	

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: *[Signature]* Date: **8-14-14**  
**DEBRA ROSE, CHIEF OPERATING OFFICER**  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: **LAUREN CRESCI** Preparer's signature: *[Signature]* Date: **8-14-14**  
 Firm's name: **LUTZ AND CARR, CPAS LLP** Firm's EIN: **13-1655065**  
 Firm's address: **300 EAST 42ND STREET NEW YORK, NY 10017** Phone no. **212-697-2299**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE ALLIANCE FOR LUPUS RESEARCH (ALR) IS TO FIND BETTER TREATMENTS AND ULTIMATELY PREVENT AND CURE SYSTEMATIC LUPUS ERYTHEMATOSUS (SLE OR LUPUS), A DEBILITATING AUTOIMMUNE DISEASE THROUGH BIO-MEDICAL RESEARCH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 8,599,123. including grants of \$ 7,710,350. ) (Revenue \$ )

RESEARCH: THE ALR ENGAGES IN ACTIVE GRANT MAKING MANAGEMENT, WORKING HAND-IN-HAND WITH INVESTIGATORS TO GUIDE AND DRIVE THE RESEARCH PROCESS. (SEE SCHEDULE O).

4b (Code: ) (Expenses \$ 513,410. including grants of \$ ) (Revenue \$ )

SCIENTIFIC PROGRAMS: THE ALR ENCOURAGES CROSS-SECTOR AND CROSS-DISCIPLINE PARTNERSHIPS TO FOSTER AN INNOVATIVE RESEARCH ENVIRONMENT. IN 2013, THERE WERE COLLABORATIVE MEETINGS FUNDED BY THE ALR WHERE RESEARCHERS WERE ENCOURAGED TO EXCHANGE IDEAS AND HELP THE ALR TARGET NEW RESEARCH OPPORTUNITIES. THIS INCLUDED SCIENTIFIC ADVISORY BOARD MEETINGS, OUT OF WHICH CAME SUPPORT FOR CONTINUING THE ALR'S TARGET IDENTIFICATION IN LUPUS GRANT PROGRAM, THE GENETIC PATHWAYS GRANT MECHANISM, CONTINUED SUPPORT FOR THE SLE GENETICS CONSORTIUM AND ENCOURAGING PARTNERSHIPS AMONG INVESTIGATORS, PHARMACEUTICAL AND BIOTECH COMPANIES AND FOR CLINICAL TRIALS. (SEE SCHEDULE O).

4c (Code: ) (Expenses \$ 111,715. including grants of \$ ) (Revenue \$ )

PUBLIC POLICY: THE MAIN GOALS OF THE ALR'S PUBLIC POLICY PROGRAM ARE TO EDUCATE MEMBERS OF CONGRESS AND THE ADMINISTRATION ABOUT THE IMPORTANCE OF FUNDING LUPUS RESEARCH, TO INCREASE FEDERAL FUNDING FOR LUPUS RESEARCH BY INCREASING OVERALL NATIONAL INSTITUTES OF HEALTH (NIH) FUNDS, AND TO SECURE ADDITIONAL FUNDING FOR LUPUS RESEARCH THROUGH OTHER KEY FEDERAL AGENCIES INCLUDING THE VETERANS ADMINISTRATION AND DEPARTMENT OF DEFENSE. (SEE SCHEDULE O).

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 9,224,248.

**Part IV Checklist of Required Schedules**

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

**Part IV 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		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? <i>If "Yes," complete Schedule L, Part I</i> .....		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 disqualified persons? If so, complete Schedule L, Part II .....		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 entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		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? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

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

Main form table with columns for question number, description, sub-questions (1a-13c), and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance items.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (10), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9. Marked 'Yes' or 'No' with 'X'.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b. Marked 'Yes' or 'No' with 'X'.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: AL, AK, AZ, AR, CA, CT, FL, GA, IL, KS, KY, ME
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DEBRA ROSE - 212-218-2840, 28 WEST 44TH STREET, SUITE 501, NEW YORK, NY 10036

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT WOOD JOHNSON IV CHAIRMAN OF THE BOARD	1.00	X		X				0.	0.	0.
(2) JOSEPH MAURIELLO TREASURER	1.00	X		X				0.	0.	0.
(3) IRA AKSELRAD SECRETARY	1.00	X		X				0.	0.	0.
(4) JAMES P. ANDREW DIRECTOR	1.00	X						0.	0.	0.
(5) NEIL J. BURMEISTER DIRECTOR	1.00	X						0.	0.	0.
(6) ALISON HARMELIN DIRECTOR	1.00	X						0.	0.	0.
(7) CHARLES J. HUEBNER MD DIRECTOR	1.00	X						0.	0.	0.
(8) DANIEL LAVECCHIA DIRECTOR	1.00	X						0.	0.	0.
(9) MICHELLE Y. LEE DIRECTOR	1.00	X						0.	0.	0.
(10) WILLIAM J. MULVIHILL DIRECTOR	1.00	X						0.	0.	0.
(11) ROBERT W. PITTMAN DIRECTOR	1.00	X						0.	0.	0.
(12) KEITH C. WOLD DIRECTOR	1.00	X						0.	0.	0.
(13) KENNETH M. FARBER PRESIDENT	30.00			X				273,900.	0.	0.
(14) DEBRA ROSE CHIEF OPERATING OFFICER	40.00			X				121,241.	0.	35,561.
(15) ROBERT D. HINNEN NAT'L BUS. DEV. DIRECTOR	40.00				X			114,446.	0.	19,301.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b>							509,587.	0.	54,862.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							509,587.	0.	54,862.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MOUTH INC., 155 SIXTH AVENUE, SUITE 701, NEW YORK, NY 10013	COMMUNICATIONS AGENCY	121,500.
KIM KAISER & ASSOCIATES, LLC 178 FLAX HILL ROAD, NORWALK, CT 06854	PHARMA CONSULTANT	113,063.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **2**



**Part VIII Statement of Revenue**

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b> 3,447,653.				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 4,776,215.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	40,158.				
	<b>h Total.</b> Add lines 1a-1f	▶ 8,223,868.				
	Program Service Revenue	<b>2 a</b> _____	<b>Business Code</b>			
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f		▶				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	▶ 1,606,562.			1,606,562.	
	<b>4</b> Income from investment of tax-exempt bond proceeds	▶				
	<b>5</b> Royalties	▶				
	<b>6 a</b> Gross rents	(i) Real	256,800.			
		(ii) Personal				
		<b>b</b> Less: rental expenses	111,662.			
		<b>c</b> Rental income or (loss)	145,138.			
	<b>d</b> Net rental income or (loss)	▶ 145,138.			145,138.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	15,715,308.			
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses	14,231,549.			
		<b>c</b> Gain or (loss)	1,483,759.			
	<b>d</b> Net gain or (loss)	▶ 1,483,759.			1,483,759.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 3,447,653. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	244,003.			
		<b>b</b> Less: direct expenses	244,003.			
<b>c</b> Net income or (loss) from fundraising events		▶ 0.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from gaming activities	▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	783.				
	<b>b</b> Less: cost of goods sold	394.				
	<b>c</b> Net income or (loss) from sales of inventory	▶ 389.			389.	
Miscellaneous Revenue		<b>Business Code</b>				
<b>11 a</b> SUBLET INCOME	532000	79,231.			79,231.	
<b>b</b> RETURN OF GRANTS & ADJUSTMENTS	900099	69,265.			69,265.	
<b>c</b> _____						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d	▶ 148,496.					
<b>12 Total revenue.</b> See instructions.	▶ 11,608,212.		0.	0.	3,384,344.	

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	7,148,120.	7,148,120.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	562,230.	562,230.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	432,276.	228,650.	87,107.	116,519.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,222,708.	428,058.	182,826.	611,824.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	94,122.	32,873.	13,447.	47,802.
9 Other employee benefits	215,302.	75,838.	35,898.	103,566.
10 Payroll taxes	108,034.	38,351.	20,404.	49,279.
11 Fees for services (non-employees):				
a Management				
b Legal	4,660.		4,660.	
c Accounting	42,659.		42,659.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	49,000.			49,000.
f Investment management fees	50,859.		50,859.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	428,875.	54,447.	172,547.	201,881.
12 Advertising and promotion				
13 Office expenses	34,907.	679.	23,865.	10,363.
14 Information technology	225,332.	114,356.	53,823.	57,153.
15 Royalties				
16 Occupancy	448,707.	159,288.	84,745.	204,674.
17 Travel	194,862.	52,382.	37,574.	104,906.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	262,029.	243,462.	9,905.	8,662.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31,244.	11,092.	5,900.	14,252.
23 Insurance	24,674.	8,759.	4,660.	11,255.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>WALKATHON PROMOTIONAL E</b>	161,325.			161,325.
b <b>PRINTING &amp; PUBLICATIONS</b>	154,709.	26,400.	14,436.	113,873.
c <b>POSTAGE, SHIPPING &amp; DEL</b>	73,943.	8,241.	12,771.	52,931.
d <b>DATA PROCESSING &amp; CREDI</b>	58,641.	14,669.	20,538.	23,434.
e All other expenses	56,533.	16,353.	22,806.	17,374.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	12,085,751.	9,224,248.	901,430.	1,960,073.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	201,656.	40,331.	0.	161,325.

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,957,910.	<b>1</b>	2,315,005.	
	<b>2</b> Savings and temporary cash investments .....	5,398,665.	<b>2</b>	4,714,220.	
	<b>3</b> Pledges and grants receivable, net .....	631,800.	<b>3</b>	741,831.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	58,358.	<b>9</b>	163,703.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,936,407.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 258,787.	1,680,987.	<b>10c</b>	1,677,620.
	<b>11</b> Investments - publicly traded securities .....	42,169,685.	<b>11</b>	50,164,508.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	93,408.	<b>15</b>	93,408.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	53,990,813.	<b>16</b>	59,870,295.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	287,806.	<b>17</b>	227,825.	
	<b>18</b> Grants payable .....	11,943,397.	<b>18</b>	12,588,188.	
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	26,115.	<b>25</b>	12,675.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	12,257,318.	<b>26</b>	12,828,688.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	31,215,005.	<b>27</b>	47,021,607.	
	<b>28</b> Temporarily restricted net assets .....	10,518,490.	<b>28</b>	20,000.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	41,733,495.	<b>33</b>	47,041,607.		
<b>34</b> Total liabilities and net assets/fund balances .....	53,990,813.	<b>34</b>	59,870,295.		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,608,212.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,085,751.
3	Revenue less expenses. Subtract line 2 from line 1	3	-477,539.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	41,733,495.
5	Net unrealized gains (losses) on investments	5	5,785,651.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	47,041,607.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: ALLIANCE FOR LUPUS RESEARCH, INC.

Employer identification number: 58-2492929

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons 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 If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s).

Table with 3 columns: Question (11g(i), 11g(ii), 11g(iii)), Yes, No.

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of monetary support.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	9087239.	6357332.	9496235.	8871788.	8223868.	42036462.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	9087239.	6357332.	9496235.	8871788.	8223868.	42036462.
<b>5</b> 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) .....						20445034.
<b>6 Public support.</b> Subtract line 5 from line 4.						21591428.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....	9087239.	6357332.	9496235.	8871788.	8223868.	42036462.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	398,450.	1694497.	1629738.	1474151.	1942593.	7139429.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....		445.	386.	359.	389.	1,579.
<b>11 Total support.</b> Add lines 7 through 10						49177470.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	43.91	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	46.01	%
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

**Part III 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions





**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization

Employer identification number

ALLIANCE FOR LUPUS RESEARCH, INC.

58-2492929

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization <b>ALLIANCE FOR LUPUS RESEARCH, INC.</b>	Employer identification number <b>58-2492929</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT WOOD JOHNSON 1962 CHARITABLE TRUST  610 FIFTH AVENUE, SECOND FLOOR  NEW YORK, NY 10020	\$ 3,325,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
2	NO. 7 THE WILLARD T.C. JOHNSON FOUNDATION INC.  610 FIFTH AVENUE, SECOND FLOOR  NEW YORK, NY 10020	\$ 550,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
3	WELLS FARGO  190 RIVER ROAD  SUMMIT, NJ 07901	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
4	NEW YORK JETS FOUNDATION, INC.  1 JETS DRIVE  FLORHAM PARK, NJ 07932	\$ 226,956.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
5	NO. 8 THE KEITH WOLD JOHNSON CHARITABLE TRUST  610 FIFTH AVENUE, SECOND FLOOR  NEW YORK, NY 10020	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
6	GLAXO SMITH KLINE  FIVE CRESCENT DRIVE, NY0200/NA SFS  PHILADELPHIA, PA 19112-1001	\$ 165,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization <b>ALLIANCE FOR LUPUS RESEARCH, INC.</b>	Employer identification number <b>58-2492929</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization <b>ALLIANCE FOR LUPUS RESEARCH, INC.</b>	Employer identification number <b>58-2492929</b>
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public Inspection**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>ALLIANCE FOR LUPUS RESEARCH, INC.</b>	Employer identification number <b>58-2492929</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2013

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....		111,717.	
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		111,717.	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		11,974,034.	
<b>d</b> Other exempt purpose expenditures .....		12,085,751.	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		754,288.	
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		188,572.	
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		0.	
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		0.	
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount	681,215.	724,787.	796,602.	754,288.	2,956,892.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					4,435,338.
<b>c</b> Total lobbying expenditures	150,604.	106,989.	112,653.	111,717.	481,963.
<b>d</b> Grassroots nontaxable amount	170,304.	181,197.	199,151.	188,572.	739,224.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,108,836.
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

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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.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: ALLIANCE FOR LUPUS RESEARCH, INC. Employer identification number: 58-2492929

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, open space, historically important land, historic structure), questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets.



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	31,218,383.	18,416,644.	8,416,644.		
b Contributions	10,000,000.	10,000,000.	10,000,000.	10,000,000.	
c Net investment earnings, gains, and losses	8,816,260.	4,761,791.	1,899,035.	-278,316.	
d Grants or scholarships					
e Other expenditures for facilities and programs	3,081,606.	1,960,052.	-1,899,035.	-1,305,040.	
f Administrative expenses					
g End of year balance	46,953,037.	31,218,383.	18,416,644.	8,416,644.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  100.00 %
- b Permanent endowment  .00 %
- c Temporarily restricted endowment  .00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,600,000.			1,600,000.
b Buildings				0.
c Leasehold improvements		42,129.	20,574.	21,555.
d Equipment		294,278.	238,213.	56,065.
e Other				0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,677,620.

**Part VII Investments - Other Securities.**

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: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSIT PAYABLE	12,675.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	12,675.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	17,273,739.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	5,785,651.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	5,785,651.	
3	Subtract line 2e from line 1	3	11,488,088.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	50,859.	
b	Other (Describe in Part XIII.)	4b	69,265.	
c	Add lines 4a and 4b	4c	120,124.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,608,212.	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	11,965,627.
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	0.	
3	Subtract line 2e from line 1	3	11,965,627.	
4	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	50,859.	
b	Other (Describe in Part XIII.)	4b	69,265.	
c	Add lines 4a and 4b	4c	120,124.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,085,751.	

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

**EXPLANATION: BOARD DESIGNATED (QUASI) ENDOWMENT FUND INCOME TO BE USED FOR RESEARCH PROGRAM GRANTS. PRINCIPAL TO REMAIN INTACT UNLESS HIGH PRIORITY LUPUS RESEARCH PROJECTS NEED TO BE FUNDED THAT COULD NOT BE FUNDED OTHERWISE.**

**PART X, LINE 2:**

**EXPLANATION: MANAGEMENT EVALUATED ALL INCOME TAX POSITIONS, INCLUDING THE POSITION THAT THE ORGANIZATION IS EXEMPT FROM INCOME TAXES OR NOT SUBJECT TO INCOME TAXES ON UNRELATED BUSINESS INCOME, AND CONCLUDED THAT NO DISCLOSURES RELATING TO UNCERTAIN TAX POSITIONS WERE REQUIRED IN THE FINANCIAL STATEMENTS.**

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RETURN OF GRANT

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RETURN OF GRANT

PART XI, LINE 4B AND PART XII, LINE 4B

EXPLANATION: UNUSED PORTIONS OF GRANTS RETURNED TO ALR THAT WERE PAID IN PREVIOUS YEARS IN THE AMOUNT OF \$40,970 AND ADJUSTMENTS TO OUTSTANDING GRANTS IN THE AMOUNT OF 28,295. THESE AMOUNTS ARE RECONCILING ITEMS BETWEEN THE REVENUE AND EXPENSES FROM THE AUDITED FINANCIAL STATEMENTS AND THOSE REPORTED ON FORM 990.

SCHEDULE D PART VI, LINE 1A - LAND HELD FOR RESALE

EXPLANATION: IN DECEMBER 2006, THE ORGANIZATION RECEIVED A DONATION OF LAND AND BUILDING CURRENTLY VALUED AT \$1,600,000 WHICH IS BEING HELD FOR RESALE.

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization: **ALLIANCE FOR LUPUS RESEARCH, INC.**  
Employer identification number: **58-2492929**

**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

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

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is 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
EUROPE	0	0	GRANT AWARDED TO INSTITUTION IN THE REGION	GRANT AWARDED	554,751.
NORTH AMERICA	0	0	GRANT AWARDED TO INSTITUTION IN THE REGION	GRANT AWARDED	7,479.
<b>3 a</b> Sub-total .....	0	0			562,230.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			562,230.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	LUPUS RESEARCH	554,751.	CHECK	0.		FMV
		NORTH AMERICA	LUPUS RESEARCH	7,479.	CHECK	0.		FMV

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

3 Enter total number of other organizations or entities ..... **2**

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  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 With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .....  Yes  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  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* .....  Yes  No

Schedule F (Form 990) 2013



**Part V Supplemental Information**

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

PART I, LINE 2:

EXPLANATION: BEFORE A GRANT IS AWARDED THE INSTITUTION MUST AGREE TO THE ALR'S CONDITIONS OF APPOINTMENT THAT INCLUDE:

CONFIRMATION BY THE PRINCIPAL INVESTIGATOR (PI) AND THE INSTITUTION THAT FUNDS WILL ONLY BE USED AS DESCRIBED IN THE APPLICATION SUBMITTED AND APPROVED FOR FUNDING.

AGREE TO GET APPROVAL FROM THE ALR IF THERE NEEDS TO BE A SIGNIFICANT CHANGE TO THE BUDGET AS SUBMITTED.

AGREE TO GET APPROVAL FROM THE ALR IF ADDITIONAL TIME IS NEEDED TO COMPLETE THE PROJECT WORK

AGREE TO SUBMIT ALL DELIVERABLES AND REPORTS AS SCHEDULED: (1) TIL RESEARCH 2 OR 3 YEAR GRANTS: (A) 8 OR 12 QUARTERLY PAYMENTS OVER THE COURSE OF THE GRANT PERIOD (B) ANNUAL PROGRESS REPORTS (C) ANNUAL BUDGET RECONCILIATION IS REQUIRED

THE PI MUST SUBMIT THE FOLLOWING: A SIGNED LETTER OF ACCEPTANCE CONFIRMING THE FOLLOWING:

A. PI'S WILLINGNESS TO ADHERE TO THE TERMS OF THE BUDGET AS OUTLINED ABOVE.

B. PI'S WILLINGNESS TO COMPLY WITH ALL OF THE CONDITIONS OUTLINED IN THE ALR'S CONDITIONS OF APPOINTMENT AND PATENT AND INTELLECTUAL PROPERTY POLICY.

C. THERE IS NO OVERLAPPING SOURCE OF SUPPORT FOR THE SPECIFIC PROJECT THAT IS THE SUBJECT OF THIS GRANT. OTHER FUNDING THAT MIGHT BE CONSTRUED AS OVERLAPPING, MUST BE EXPLAINED IN DETAIL.

D. THE FOLLOWING STATEMENT SHOULD APPEAR AT THE CONCLUSION OF THE LETTER OF ACCEPTANCE, "I AGREE TO ACCEPT RESPONSIBILITY FOR THE SCIENTIFIC AND TECHNICAL CONDUCT OF THE RESEARCH PROJECT AND FOR THE PROVISION OF ALL

**Part V** Supplemental Information

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

PROGRESS REPORTS REQUIRED FROM INVESTIGATORS FUNDED BY A TARGET

IDENTIFICATION IN LUPUS GRANT FROM THE ALLIANCE FOR LUPUS RESEARCH."

- IF AN EXTENSION IS AWARDED ADDITIONAL INTERIM PROGRESS REPORTS AND BUDGET RECONCILIATIONS ARE REQUIRED TO BE SUBMITTED.

- AT THE END OF THE GRANT A FINAL PROGRESS REPORT AND BUDGET RECONCILIATION IS REQUIRED TO BE SUBMITTED, UNSPENT AMOUNTS ARE TO BE RETURNED TO THE ALR.

ALL INSTITUTIONS RECEIVE A PAYMENT AND DELIVERABLE SCHEDULE AND THE PROJECT IS MONITORED BY:

- PERIODIC PROGRESS REPORTS

- PERIODIC BUDGET RECONCILIATIONS

- ALL PUBLICATIONS RELATED TO THE GRANT ARE TO BE SUBMITTED TO THE ALR

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open To Public Inspection**

Name of the organization

**ALLIANCE FOR LUPUS RESEARCH, INC.**

Employer identification number

**58-2492929**

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
DS CONSULTING GROUP - 111 W 57TH STREET, STE 419, NEW	SPECIAL EVENT CONSULTANT	X		566,600.	49,000.	566,600.
<b>Total</b>				566,600.	49,000.	566,600.

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, VT, VA, WA, WV, WI, WY**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GALA CELEBRATION (event type)	WALK-A-THONS (event type)	NONE (total number)		
Revenue	1	Gross receipts	901,725.	2,789,931.		3,691,656.
	2	Less: Contributions	686,538.	2,761,115.		3,447,653.
	3	Gross income (line 1 minus line 2)	215,187.	28,816.		244,003.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	215,187.	28,816.		244,003.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				244,003.
	11	Net income summary. Subtract line 10 from line 3, column (d)				0.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity operated in:
 

<b>13a</b>		%
<b>13b</b>		%
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_  
 Gaming manager compensation ▶ \$ \_\_\_\_\_  
 Description of services provided ▶ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: DS CONSULTING GROUP  
 (I) ADDRESS OF FUNDRAISER: 111 W 57TH STREET, STE 419, NEW YORK, NY 10019

**PART I, LINE 2B, COLUMN (V):**

**EXPLANATION: DS CONSULTING PLANNED AND MANAGED ALR'S GALA EVENT. CONTRACT AMOUNT FOR THE PERIOD COVERING 1/1/13 - 12/31/13 WAS \$49,000 PLUS REIMBURSABLE EXPENSES.**

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

**ALLIANCE FOR LUPUS RESEARCH, INC.**

**Employer identification number**

**58-2492929**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMPEL, LLC 1545 LONDON ROAD CHARLOTTESVILLE, VA 22901	46-3230076		28,175.	0.	BOOK		LUPUS RESEARCH
DUKE UNIVERSITY MEDICAL CENTER 508 FULTON STREET DURHAM, NC 27705	56-0532129	501(C)(3)	564,122.	0.	BOOK		LUPUS RESEARCH
JOAN & SANFORD I. WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 525 LEXINGTON AVENUE, 9TH FLOOR - NEW YORK, NY 10025	13-1623978	501(C)(3)	12,850.	0.	BOOK		LUPUS RESEARCH
PARTNERS HEALTHCARE 101 HUNTINGTON AVENUE BOSTON, MA 02199	43-2300350	501(C)(3)	246,132.	0.	BOOK		LUPUS RESEARCH
TEMPLE UNIVERSITY 3322 NORTH BROAD STREET MOB #205 PHILADELPHIA, PA 19140-5104	23-1365971	501(C)(3)	553,789.	0.	BOOK		LUPUS RESEARCH
CHILDREN'S HOSPITAL OF PHILADELPHIA - 3615 CIVIC CENTER BOULEVARD - PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	358,458.	0.	BOOK		LUPUS RESEARCH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 20.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 6.

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

Schedule I (Form 990) (2013)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH - 350 COMMUNITY DRIVE - MANHASSET, NY 11030	11-2673595	501(C)(3)	13,649.	0.	BOOK		LUPUS RESEARCH
THE HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH STREET NEW YORK, NY 10021	13-1624135	501(C)(3)	1,046,377.	0.	BOOK		LUPUS RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 374 PARNASSUS AVENUE, 1ST FLOOR - SAN FRANCISCO, CA 94143	95-6006144	501(C)(3)	13,543.	0.	BOOK		LUPUS RESEARCH
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - LOCK BOX 402420: 6000FELDWOOD ROAD - COLLEGE PARK, GA 30349	56-6001393	501(C)(3)	9,991.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF COLORADO DENVER, AMC AND DC - BUILDING 500, 13001 EAST 17TH PLACE #W1126 - AURORA, CO 80045	84-6000555	501(C)(3)	13,383.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF FLORIDA 207 TIGERT HALL GAINESVILLE, FL 32611	59-6002052	FL STATE GOVERN	936,975.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF HOUSTON 5000 GULF FREEWAY HOUSTON, TX 77204	74-6001399	TX STATE GOVERN	192,289.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF MINNESOTA - TWIN CITIES - 200 OAK STREET, SE - MINNEAPOLIS, MN 55455	41-6007513	MN STATE GOVERN	548,937.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF PITTSBURGH 116 ATWOOD STREET, SUITE 201 PITTSBURGH, PA 15260	25-0965591	501(C)(3)	66,667.	0.	BOOK		LUPUS RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF VIRGINIA 914 EMMET ST, BOX 400127 CHARLOTTESVILLE, VA 22903	54-6001796	501(C)(3)	554,039.	0.	BOOK		LUPUS RESEARCH
USC/UNIVERSITY OF SOUTHERN CALIFORNIA - 2011 ZONAL AVE. - LOS ANGELES, CA 90089	95-1642394	501(C)(3)	560,820.	0.	BOOK		LUPUS RESEARCH
UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	TX STATE GOVERN	569,914.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER - 7703 FLOYD CURL DRIVE - SAN ANTONIO, TX 78229	74-6000203	TX STATE GOVERN	549,615.	0.	BOOK		LUPUS RESEARCH
WAKE FOREST UNIVERSITY HEALTH SCIENCES - 1920 WEST 1ST STREET - WINSTON SALEM, NC 27104	22-3849199	501(C)(3)	13,250.	0.	BOOK		LUPUS RESEARCH
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUST AVE L. LEVY PLACE - NEW YORK, NY 10029-6500	13-6171197	501(C)(3)	250,000.	0.	BOOK		LUPUS RESEARCH
BAYLOR RESEARCH INSTITUTE 3434 LIVE OAK DALLAS, TX 75204	75-1921898	501(C)(3)	7,231.	0.	BOOK		LUPUS RESEARCH
BRIGHAM AND WOMEN'S HOSPITAL, INC. 4 BLACK FAN CIRCLE BOSTON, MA 02115	04-2312909	501(C)(3)	14,993.	0.	BOOK		LUPUS RESEARCH
STANFORD UNIVERSITY 269 CAMPUS DRIVE CCSR BUILDING, ROOM STANFORD, CA 94305	94-1156365	501(C)(3)	7,513.	0.	BOOK		LUPUS RESEARCH



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PENNSYLVANIA 421 CURIE BOULEVARD PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	7,490.	0.	BOOK		LUPUS RESEARCH
VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY - 914 EMMET ST, BOX 400127 - CHARLOTTESVILLE, VA 22903	54-6001796	501(C)(3)	7,918.	0.	BOOK		LUPUS RESEARCH

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

PART I, LINE 2:

EXPLANATION: BEFORE A GRANT IS AWARDED THE INSTITUTION MUST AGREE TO THE

ALR'S CONDITIONS OF APPOINTMENT THAT INCLUDE:

CONFIRMATION BY THE PRINCIPAL INVESTIGATOR (PI) AND THE INSTITUTION THAT

FUNDS WILL ONLY BE USED AS DESCRIBED IN THE APPLICATION SUBMITTED AND

APPROVED FOR FUNDING.

AGREE TO GET APPROVAL FROM THE ALR IF THERE NEEDS TO BE A SIGNIFICANT

CHANGE TO THE BUDGET AS SUBMITTED.

AGREE TO GET APPROVAL FROM THE ALR IF ADDITIONAL TIME IS NEEDED TO COMPLETE

**Part IV** Supplemental Information

## THE PROJECT WORK

AGREE TO SUBMIT ALL DELIVERABLES AND REPORTS AS SCHEDULED: (1) TIL RESEARCH 2 OR 3 YEAR GRANTS: (A) 8 OR 12 QUARTERLY PAYMENTS OVER THE COURSE OF THE GRANT PERIOD (B) ANNUAL PROGRESS REPORTS (C) ANNUAL BUDGET RECONCILIATION IS REQUIRED

THE PI MUST SUBMIT THE FOLLOWING: A SIGNED LETTER OF ACCEPTANCE CONFIRMING THE FOLLOWING:

A. PI'S WILLINGNESS TO ADHERE TO THE TERMS OF THE BUDGET AS OUTLINED ABOVE.

B. PI'S WILLINGNESS TO COMPLY WITH ALL OF THE CONDITIONS OUTLINED IN THE ALR'S CONDITIONS OF APPOINTMENT AND PATENT AND INTELLECTUAL PROPERTY POLICY.

C. THERE IS NO OVERLAPPING SOURCE OF SUPPORT FOR THE SPECIFIC PROJECT THAT IS THE SUBJECT OF THIS GRANT. OTHER FUNDING THAT MIGHT BE CONSTRUED AS OVERLAPPING, MUST BE EXPLAINED IN DETAIL.

D. THE FOLLOWING STATEMENT SHOULD APPEAR AT THE CONCLUSION OF THE LETTER OF ACCEPTANCE, "I AGREE TO ACCEPT RESPONSIBILITY FOR THE SCIENTIFIC AND TECHNICAL CONDUCT OF THE RESEARCH PROJECT AND FOR THE PROVISION OF ALL PROGRESS REPORTS REQUIRED FROM INVESTIGATORS FUNDED BY A TARGET IDENTIFICATION IN LUPUS GRANT FROM THE ALLIANCE FOR LUPUS RESEARCH."

- IF AN EXTENSION IS AWARDED ADDITIONAL INTERIM PROGRESS REPORTS AND BUDGET RECONCILIATIONS ARE REQUIRED TO BE SUBMITTED.

- AT THE END OF THE GRANT A FINAL PROGRESS REPORT AND BUDGET RECONCILIATION IS REQUIRED TO BE SUBMITTED, UNSPENT AMOUNTS ARE TO BE RETURNED TO THE ALR. ALL INSTITUTIONS RECEIVE A PAYMENT AND DELIVERABLE SCHEDULE AND THE PROJECT IS MONITORED BY:

- PERIODIC PROGRESS REPORTS

- PERIODIC BUDGET RECONCILIATIONS

- ALL PUBLICATIONS RELATED TO THE GRANT ARE TO BE SUBMITTED TO THE ALR

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2013**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**ALLIANCE FOR LUPUS RESEARCH, INC.**

Employer identification number

**58-2492929**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> 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 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> 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: <b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	X
<b>8</b> 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 .....	<b>8</b>	X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2013

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

For each individual whose compensation must be reported 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.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KENNETH M. FARBER PRESIDENT	(i)	273,900.	0.	0.	0.	0.	273,900.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEBRA ROSE CHIEF OPERATING OFFICER	(i)	121,241.	0.	0.	11,988.	23,573.	156,802.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Multiple horizontal lines for providing supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/form990)

Name of the organization **ALLIANCE FOR LUPUS RESEARCH, INC.** Employer identification number **58-2492929**

Part I		Types of Property			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art .....				
2	Art - Historical treasures .....				
3	Art - Fractional interests .....				
4	Books and publications .....				
5	Clothing and household goods .....				
6	Cars and other vehicles .....				
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....	X	3	40,158.	AVG STOCK VALUE
10	Securities - Closely held stock .....				
11	Securities - Partnership, LLC, or trust interests .....				
12	Securities - Miscellaneous .....				
13	Qualified conservation contribution - Historic structures .....				
14	Qualified conservation contribution - Other .....				
15	Real estate - Residential .....				
16	Real estate - Commercial .....				
17	Real estate - Other .....				
18	Collectibles .....				
19	Food inventory .....				
20	Drugs and medical supplies .....				
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ▶ ( _____ )				
26	Other ▶ ( _____ )				
27	Other ▶ ( _____ )				
28	Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that 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 Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Lined area for supplemental information.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

ALLIANCE FOR LUPUS RESEARCH, INC.

Employer identification number

58-2492929

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

THE MISSION OF THE ALLIANCE FOR LUPUS RESEARCH (ALR) IS TO SUPPORT  
BIO-MEDICAL RESEARCH TO PREVENT, TREAT AND CURE LUPUS.

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

SINCE ITS INCEPTION, THE ALR HAS COMMITTED NEARLY \$89 MILLION TO FUND  
LUPUS RESEARCH PROJECTS. IN 2013, NEW GRANTS TOTALING APPROXIMATELY  
\$7.6 MILLION WERE AWARDED, OF WHICH APPROXIMATELY \$6.6 MILLION WENT TO  
12 INVESTIGATORS WITH PROMISING NEW AVENUES OF RESEARCH UNDER THE  
TARGET IDENTIFICATION IN LUPUS (TIL) THREE YEAR GRANT MECHANISM AND \$1  
MILLION WAS AWARDED TO 4 PROJECTS UNDER THE ALR'S NEW COLLABORATION  
WITH CENTERS FOR THERAPEUTIC INNOVATION, AN INNOVATIVE PFIZER PROGRAM,  
WHICH PROVIDES A RESEARCHER UP TO \$250,000 PER YEAR FOR LUPUS RESEARCH  
WITH THE POTENTIAL FOR A SECOND YEAR OF FUNDING BASED UPON THE SUCCESS  
OF THE FIRST YEAR OF STUDIES.

IN 2005, THE ALR LAUNCHED A GLOBAL CONSORTIUM OF LUPUS RESEARCHERS.  
MEMBERS OF THE INTERNATIONAL SLE GENETICS (SLEGEN) CONSORTIUM POOLED  
THEIR RESOURCES AND INTELLECTS, DETERMINED TO FIND THE GENES  
RESPONSIBLE FOR LUPUS. THE PROJECT WAS ORIGINALLY SUPPORTED BY \$2.5  
MILLION IN FUNDING FROM THE ALR. IN 2010, AN ADDITIONAL \$500,000 WAS  
AWARDED TO THE SLEGEN CONSORTIUM FOR AN IMMUNOCHIP PROCESS GEARED  
TOWARD UNDERSTANDING THE GENETIC BASIS OF LUPUS IN DIVERSE POPULATIONS  
AND WORK IS CONTINUING TO BE DONE TO ANALYZE THE CONSORTIUM'S DATA.

Name of the organization ALLIANCE FOR LUPUS RESEARCH, INC.	Employer identification number 58-2492929
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ALR'S UNIQUE FUNDING MODEL SUPPORTS PROMISING RESEARCH EFFORTS WITH THE GOAL OF IMPROVING THE LIVES OF PEOPLE WITH LUPUS IN THE NEAR FUTURE. THROUGH A COMPETITIVE PEER-REVIEW PROCESS AND AN INNOVATIVE VENTURE-CAPITALIST APPROACH, PROJECTS BY THE ALR AIM TO TRANSLATE RESULTS FROM THE RESEARCH BENCH TO THE BEDSIDE. BECAUSE THE ALR'S BOARD OF DIRECTORS FUNDS ADMINISTRATIVE AND FUNDRAISING EXPENSES, 100% OF ALL OTHER CONTRIBUTIONS GOES TO SUPPORT THE ALR'S LUPUS RESEARCH PROGRAMS.

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

IN 2013, THE ALR EMBARKED ON A PARTNERSHIP WITH THE LUPUS RESEARCH INSTITUTE (LRI) TO EXPLORE A NEW PROGRAM DESIGNED TO EVALUATE DRUGS ALREADY APPROVED OR VERY CLOSE TO APPROVAL FOR OTHER INDICATIONS AS POSSIBLE CANDIDATES FOR REPURPOSING FOR LUPUS. THE SCIENTIFIC ASSESSMENT CONDUCTED WAS COMPREHENSIVE AND EVIDENCE-BASED, WITH EMPHASIS PLACED ON THE CANDIDATE DRUG'S MECHANISM OF ACTION, SAFETY PROFILE AND THE FEASIBILITY OF CONDUCTING A PROOF OF CONCEPT CLINICAL TRIAL IN LUPUS PATIENTS. THE INITIAL PHASE OF THIS PROJECT IS NOW COMPLETE; APPROXIMATELY 150 CANDIDATE DRUGS THAT MAY HAVE A REASONABLE BASIS FOR EFFICACY FOR SLE, CLE, LN AND/OR CNS LUPUS HAVE BEEN IDENTIFIED. THESE CANDIDATES ARE BEING PRIORITIZED BY AN EXPERT COMMITTEE IN 2014 AS THE ALR AND LRI ARE COMMITTED TO SUPPORTING SMALL, SCIENCE-RICH, PROOF OF CONCEPT TRIALS TO ASSESS AS MANY CANDIDATES AS REASONABLY POSSIBLE.

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

THROUGH THE ALR'S PUBLIC POLICY PROGRAM EFFORTS, FUNDING FOR LUPUS

Name of the organization ALLIANCE FOR LUPUS RESEARCH, INC.	Employer identification number 58-2492929
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RESEARCH HAS BEEN OBTAINED UNDER THE DEPARTMENT OF DEFENSE PEER REVIEWED MEDICAL RESEARCH PROGRAM. THIS IS A \$50 MILLION COMPETITIVE RESEARCH GRANT PROGRAM. ONLY THOSE DISEASES LISTED IN THE DEFENSE APPROPRIATIONS COMMITTEE REPORT ARE ELIGIBLE TO RECEIVE FUNDING. ALR WAS RESPONSIBLE FOR PERSUADING CONGRESS TO INCLUDE LUPUS ON THIS VERY COMPETITIVE LIST THE PAST NINE YEARS. THROUGH THE ALR'S CONTINUED EFFORTS TO INCLUDE LUPUS ON THE LIST OF DISEASES UNDER THE PRMRP IN THE DEFENSE APPROPRIATIONS BILLS, THE DOD HAS AWARDED OVER \$10 MILLION TO LUPUS RESEARCHERS SINCE 2004.

IN 2013, MEMBERS OF THE LUPUS COMMUNITY GATHERED IN WASHINGTON, DC FOR THE SECOND CONGRESSIONAL BRIEFING ON LUPUS. THE MEETING OF THE CONGRESSIONAL LUPUS CAUCUS GAVE THOSE ATTENDING A CHANCE TO SHARE THEIR PERSONAL STORIES AND TO SPEAK ABOUT WHY SUPPORTING LUPUS RESEARCH AND CONSIDERING FUTURE POLICY IS VITAL FOR ADVANCING TREATMENTS AND ULTIMATELY FINDING A CURE FOR LUPUS. THE ALR PARTNERED WITH THE LUPUS RESEARCH INSTITUTE TO SUPPORT THESE EFFORTS.

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

EXPLANATION: 1. NEIL J. BURMEISTER, IRA AKSELRAD (SECRETARY OF THE BOARD) AND ROBERT WOOD JOHNSON, IV'S, (CHAIRMAN OF THE BOARD), HAVE A BUSINESS RELATIONSHIP.

2. ROBERT WOOD JOHNSON IV (CHAIR) AND ROBERT PITTMAN (DIRECTOR) HAVE A BUSINESS RELATIONSHIP.

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

EXPLANATION: AFTER PREPARATION OF FORM 990 BY ALR'S AUDITOR, LUTZ AND CARR,

Name of the organization ALLIANCE FOR LUPUS RESEARCH, INC.	Employer identification number 58-2492929
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THE 990 IS REVIEWED BY THE ALR'S SENIOR OFFICERS, THE CHIEF OPERATING OFFICER AND THE PRESIDENT. THE FINANCE AND AUDIT COMMITTEE OF THE BOARD THEN MEETS TO REVIEW THE 990 BEFORE FILING AND APPROVES FOR FILING WITH ANY NOTED CHANGES. A DRAFT OF THE 990 IS THEN SENT OUT TO THE FULL BOARD FOR COMMENT PRIOR TO FILING WITH THE IRS. THE FINAL FORM 990 IS PRESENTED TO THE FULL BOARD AT THE SEPTEMBER MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE GOVERNANCE COMMITTEE OF THE BOARD IS RESPONSIBLE FOR MONITORING CONFLICTS OF INTEREST. AN ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM IS REQUIRED TO BE FILLED OUT EACH YEAR BY BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES.

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

EXPLANATION: THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ASSISTED THE BOARD IN FULFILLING ITS OVERSIGHT RESPONSIBILITIES RELATING TO THE COMPENSATION AND BENEFITS OF THE PRESIDENT AND OTHER EXECUTIVE OFFICERS; AND PROVIDED RECOMMENDATIONS REGARDING MANAGEMENT SUCCESSORS.

ANNUALLY THE COMMITTEE REVIEWS AND RECOMMENDS TO THE BOARD THE SALARY FOR THE PRESIDENT AND OTHER OFFICERS/KEY EMPLOYEES.

IN 2013, THE COMMITTEE REVIEWED AND APPROVED BASE SALARIES AND ANNUAL MERIT ADJUSTMENTS FOR ALL STAFF WITH SPECIAL ATTENTION TO THE CHIEF OPERATING OFFICER AND PRESIDENT.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, NH, NJ, NM, NC, ND, OH, OK, OR, PA, RI, SC, TN, VA, WA, WV, WI, CO, HI, MS, MO, NY

Name of the organization <b>ALLIANCE FOR LUPUS RESEARCH, INC.</b>	Employer identification number <b>58-2492929</b>
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FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST  
POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND ON  
GUIDESTAR.ORG

FORM 990, PART V, QUESTION 2A

EXPLANATION: THE ALR CONTRACTS WITH AMBROSE EMPLOYER GROUP, LLC, A  
PROFESSIONAL EMPLOYER ORGANIZATION (PEO), TO PROVIDE PAYROLL AND  
BENEFITS AS A CO-EMPLOYER WITH THE ALR. ALR PAYROLL AND BENEFITS ARE  
ADMINISTERED BY AMBROSE GROUP AS APPROVED BY ALR OFFICERS. ALR PAYROLL  
IS THEREFORE UNDER THE AMBROSE GROUP EIN: 13-3867443 AND W-2'S ARE  
PREPARED UNDER THAT EIN BY AMBROSE.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MACHINERY & EQUIPMENT											
1	FURNITURE, FIXTURE AND EQUIPMENT	VARIES	SSL	5.00	16	172,907.			172,907.	139,960.		8,419.
2	COMPUTER EQUIPMENT	VARIES	SSL	3.00	16	121,371.			121,371.	72,613.		17,222.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					294,278.		0.	294,278.	212,573.	0.	25,641.
	LAND											
4	LAND	VARIES	SSL			1600000.			1600000.			0.
	* 990 PAGE 10 TOTAL LAND					1600000.		0.	1600000.	0.	0.	0.
	OTHER LEASEHOLD IMPROVEMENTS											
3	OTHER IMPROVEMENTS	VARIES	SSL	20.00	16	42,129.			42,129.	14,970.		5,604.
	* 990 PAGE 10 TOTAL OTHER					42,129.		0.	42,129.	14,970.	0.	5,604.
	* GRAND TOTAL 990 PAGE 10 DEPR					1936407.		0.	1936407.	227,543.	0.	31,245.