

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016Open to Public
Inspection**A For the 2016 calendar year, or tax year beginning and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LUPUS RESEARCH ALLIANCE, INC. F/K/A ALLIANCE FOR LUPUS RESEARCH, INC.		D Employer identification number 58-2492929
	Doing business as		E Telephone number 212-218-2840
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 275 MADISON AVE, 10TH FLOOR		
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10016		G Gross receipts \$ 55,917,648.
	F Name and address of principal officer: KENNETH M. FARBER SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ LUPUSRESEARCH.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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: SEE SCHEDULE O		
	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)	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	17
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	35
	6	Total number of volunteers (estimate if necessary)	500
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 15,274,909. Current Year 19,101,537.
	9	Program service revenue (Part VIII, line 2g)	0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,299,578. -850,998.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	224,378. 19,588.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,798,865. 18,270,127.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,031,864. 18,737,789.
	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)	2,242,797. 3,323,432.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	49,000. 49,000.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,724,883.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,858,750. 4,991,682.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,182,411. 27,101,903.
19	Revenue less expenses. Subtract line 18 from line 12	3,616,454. -8,831,776.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 63,114,028. End of Year 67,639,535.
	21	Total liabilities (Part X, line 26)	14,893,239. 22,480,616.
	22	Net assets or fund balances. Subtract line 21 from line 20	48,220,789. 45,158,919.

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		Date
	DEBRA ROSE, CHIEF FIN. AND ADMIN. OFFICER		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	LAUREN CRESCI		
Paid Preparer Use Only	Firm's name ▶ LUTZ AND CARR, CPAS LLP	Firm's EIN ▶ 13-1655065	PTIN P01268493
	Firm's address ▶ 551 FIFTH AVENUE, SUITE 400 NEW YORK, NY 10176	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 AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

THE LUPUS RESEARCH ALLIANCE UNITES THE GLOBAL LUPUS COMMUNITY IN BOLD DETERMINATION TO FREE THE WORLD OF LUPUS THROUGH THE POWER OF SCIENCE. WE WILL TRANSFORM THE LIVES OF PEOPLE AFFECTED BY LUPUS AS WE WELCOME AND EMBRACE A NEW SCIENTIFIC ERA, PIONEER INNOVATION, PUSH THE

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 ☐ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 17,760,597. including grants of \$ 17,097,789.) (Revenue \$)
RESEARCH:

THE LRA ENGAGES IN ACTIVE GRANT MAKING MANAGEMENT, WORKING HAND-IN-HAND WITH INVESTIGATORS TO GUIDE AND DRIVE THE RESEARCH PROCESS. SINCE ITS INCEPTION, THE LRA HAS COMMITTED OVER \$173 MILLION TO FUND LUPUS RESEARCH PROJECTS. IN 2016, GRANTS TOTALING \$17 MILLION WERE AWARDED UNDER FOUR MAIN GRANT MECHANISMS:

1) 7 NEW LEGACY ALR TARGET IDENTIFICATION IN LUPUS (TIL) THREE YEAR GRANT MECHANISM FOR OVER \$4 MILLION;

2) 10 NEW NOVEL LEGACY LRI GRANTS FOR \$3 MILLION OVER THREE YEARS;

CONTINUES ON SCHEDULE O.

4b (Code:) (Expenses \$ 3,943,902. including grants of \$ 1,640,000.) (Revenue \$)
SCIENTIFIC PROGRAMS:

THE LRA ENCOURAGES CROSS-SECTOR AND CROSS-DISCIPLINE PARTNERSHIPS TO FOSTER AN INNOVATIVE RESEARCH ENVIRONMENT. IN 2016, THERE WERE COLLABORATIVE MEETINGS FUNDED BY THE LRA WHERE RESEARCHERS WERE ENCOURAGED TO EXCHANGE IDEAS AND HELP THE LRA TARGET NEW RESEARCH OPPORTUNITIES. THIS INCLUDED THE ANNUAL 2 DAY FORUM FOR DISCOVERY, SCIENTIFIC ADVISORY BOARD MEETINGS, LUPUS INDUSTRY COUNCIL MEETINGS, AND LUPUS CLINICAL INVESTIGATORS NETWORK (LUCIN) MEETINGS.

CONTINUES ON SCHEDULE O.

4c (Code:) (Expenses \$ 541,256. including grants of \$) (Revenue \$)
PUBLIC POLICY:

THE MAIN GOALS OF THE LRA'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. VOLUNTEERS ACROSS THE COUNTRY HELP US WITH THESE OUTREACH EFFORTS.

CONTINUES ON SCHEDULE O.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **22,245,755.**

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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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	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>	10 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>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	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>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 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>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <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 or for domestic individuals 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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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? <i>If "Yes," complete Schedule L, Part II</i>		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 Section 501(c)(3) organizations. 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 OForm **990** (2016)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 54		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 35		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	17			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent		17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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, CO, CT, FL, GA, HI, IL, KS**

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.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **DEBRA ROSE - 646-884-8000**
275 MADISON AVE, 10 FLOOR, NEW YORK, NY 10016

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) RICHARD K. DESCHERER VICE CHAIR	1.00	X		X				0.	0.	0.
(3) ROBERT RAVITZ SECRETARY	1.00	X		X				0.	0.	0.
(4) JOSEPH MAURIELLO TREASURER	1.00	X		X				0.	0.	0.
(5) IRA AKSELRAD DIRECTOR	1.00	X						0.	0.	0.
(6) NEIL J. BURMEISTER DIRECTOR	1.00	X						0.	0.	0.
(7) JERMOME CHAZEN DIRECTOR	1.00	X						0.	0.	0.
(8) JENNIE DESCHERER DIRECTOR	1.00	X						0.	0.	0.
(9) SIR MARC FELDMANN DIRECTOR	1.00	X						0.	0.	0.
(10) DANIEL LAVECCHIA DIRECTOR	1.00	X						0.	0.	0.
(11) LOUIS LUCIDO DIRECTOR	1.00	X						0.	0.	0.
(12) WILLIAM J. MULVIHILL DIRECTOR	1.00	X						0.	0.	0.
(13) ROBERT W. PITTMAN DIRECTOR	1.00	X						0.	0.	0.
(14) FERN TESSLER DIRECTOR	1.00	X						0.	0.	0.
(15) KEITH C. WOLD DIRECTOR	1.00	X						0.	0.	0.
(16) WILLIAM WOLFE DIRECTOR	1.00	X						0.	0.	0.
(17) CAROL WIESMAN DIRECTOR	1.00	X						0.	0.	0.

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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			
(18) KENNETH M. FARBER CO-CEO AND CO-PRESIDENT	40.00			X				300,181.	0.	59,806.
(19) MARGARET P. DOWD CO-CEO AND CO-PRESIDENT	40.00			X				107,105.	0.	20,094.
(20) DEBRA ROSE CHIEF FIN. AND ADMIN. OFFICER	40.00			X				150,534.	0.	32,662.
(21) ROBERT D. HINNEN SENIOR DIRECTOR OF PHILANTHROPY	40.00					X		124,339.	0.	28,534.
(22) DENISE PRIOR NATIONAL COMMUNICATIONS DIRECTOR	40.00					X		105,335.	0.	24,337.
(23) JONATHAN MARKS SENIOR REGIONAL DEVELOPMENT DIRECTOR	40.00					X		100,376.	0.	52,012.
1b Sub-total								887,870.	0.	217,445.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								887,870.	0.	217,445.

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 **6**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 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? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
AMPEL BIOSOLUTIONS, LLC, 1001 RESEARCH PARK BLVD, SUITE 301, CHARLOTTESVILLE, VA	SCIENTIFIC CONSULTANT	471,825.
KIM KAISER & ASSOCIATES, LLC 151 CENTRE AVE #1A, NEW ROCHELLE, NY 10805	PHARMA RELATIONS CONSULTANT	236,000.
MARY CROW, 17 EAST 89TH STREET, APT, 3D, NEW YORK, NY 10128	SCIENTIFIC ADVISORY BOARD CHAIR	110,000.

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 **3**

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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	5,023,672.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	14,077,865.				
	g Noncash contributions included in lines 1a-1f: \$		206,337.				
	h Total. Add lines 1a-1f						
Program Service Revenue	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,132,214.			1,132,214.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses	8,064.					
	c Rental income or (loss)	75,094.					
	d Net rental income or (loss)	-67,030.					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses	35,165,766.					
	c Gain or (loss)	37,148,978.					
	d Net gain or (loss)	-1,983,212.					
	8 a Gross income from fundraising events (not including \$ 5,023,672. of contributions reported on line 1c). See Part IV, line 18	a	422,538.				
	b Less: direct expenses	b	422,538.				
	c Net income or (loss) from fundraising events			0.			
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a	471.				
	b Less: cost of goods sold	b	911.				
	c Net income or (loss) from sales of inventory			-440.			-440.
Miscellaneous Revenue			Business Code				
11 a SUBLET INCOME		532000	87,058.			87,058.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			87,058.				
12 Total revenue. See instructions.			18,270,127.	0.	0.	-831,410.	

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Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,831,344.	16,831,344.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,906,445.	1,906,445.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	724,203.	397,883.	127,808.	198,512.
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	1,928,218.	403,461.	578,829.	945,928.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	161,863.	35,539.	46,961.	79,363.
9 Other employee benefits	320,715.	76,933.	91,513.	152,269.
10 Payroll taxes	188,433.	54,926.	50,796.	82,711.
11 Fees for services (non-employees):				
a Management				
b Legal	146,400.	54,890.	91,097.	413.
c Accounting	91,722.		91,722.	
d Lobbying	122,783.	122,783.		
e Professional fundraising services. See Part IV, line 17	49,000.			49,000.
f Investment management fees	60,060.		60,060.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,337,640.	935,507.	210,325.	191,808.
12 Advertising and promotion				
13 Office expenses	127,358.	19,961.	60,255.	47,142.
14 Information technology	220,170.	119,183.	52,453.	48,534.
15 Royalties				
16 Occupancy	911,213.	265,607.	245,640.	399,966.
17 Travel	366,224.	237,960.	45,382.	82,882.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	699,894.	647,303.	43,669.	8,922.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	87,582.	25,529.	23,610.	38,443.
23 Insurance	37,664.	10,979.	10,153.	16,532.
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 PRINTING & PUBLICATIONS	211,533.	47,877.	62,226.	101,430.
b WALKATHON PROMOTIONAL E	162,739.			162,739.
c BRANDING & DESIGN	118,656.	11,365.	86,543.	20,748.
d POSTAGE, SHIPPING & DEL	83,378.	6,834.	21,899.	54,645.
e All other expenses	206,666.	33,446.	130,324.	42,896.
25 Total functional expenses. Add lines 1 through 24e	27,101,903.	22,245,755.	2,131,265.	2,724,883.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☒ if following SOP 98-2 (ASC 958-720)

LUPUS RESEARCH ALLIANCE, INC.

F/K/A ALLIANCE FOR LUPUS RESEARCH, INC.

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Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,528,244.	1	1,175,462.
	2 Savings and temporary cash investments	1,636,753.	2	3,030,324.
	3 Pledges and grants receivable, net	4,660,067.	3	7,780,945.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	122,948.	9	255,040.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,575,769.		
	b Less: accumulated depreciation	10b 178,912.		
	11 Investments - publicly traded securities	1,645,544.	10c	2,396,857.
	12 Investments - other securities. See Part IV, line 11	45,226,366.	11	50,404,753.
	13 Investments - program-related. See Part IV, line 11	5,199,398.	12	1,892,101.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	94,708.	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	63,114,028.	15	704,053.	
17 Accounts payable and accrued expenses	251,632.	16	67,639,535.	
18 Grants payable	14,628,932.	17	485,285.	
19 Deferred revenue		18	21,604,469.	
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 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		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	12,675.	24		
26 Total liabilities. Add lines 17 through 25	14,893,239.	25	390,862.	
27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26	22,480,616.	
28 Unrestricted net assets	47,674,034.	27	41,267,063.	
29 Temporarily restricted net assets	546,755.	28	3,891,856.	
30 Permanently restricted net assets		29		
31 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
32 Capital stock or trust principal, or current funds		30		
33 Paid-in or capital surplus, or land, building, or equipment fund		31		
34 Retained earnings, endowment, accumulated income, or other funds		32		
35 Total net assets or fund balances	48,220,789.	33	45,158,919.	
36 Total liabilities and net assets/fund balances	63,114,028.	34	67,639,535.	

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Part XI Reconciliation of Net AssetsCheck 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	18,270,127.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,101,903.
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,831,776.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	48,220,789.
5	Net unrealized gains (losses) on investments	5	5,768,030.
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	1,876.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	45,158,919.

Part XII Financial Statements and ReportingCheck 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
b 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	
c 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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2016)

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.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

Name of the organization **LUPUS RESEARCH ALLIANCE, INC.**
F/K/A 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 12, 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 (Form 990 or 990-EZ).)
- 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 ☒ 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

LUPUS RESEARCH ALLIANCE, INC.

Schedule A (Form 990 or 990-EZ) 2016 **F/K/A ALLIANCE FOR LUPUS RESEARCH, INC. 58-2492929** Page **2****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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8871788.	8223868.	12504683.	15274909.	19101537.	63976785.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8871788.	8223868.	12504683.	15274909.	19101537.	63976785.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						23850903.
6 Public support. Subtract line 5 from line 4.						40125882.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	8871788.	8223868.	12504683.	15274909.	19101537.	63976785.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1474151.	1942593.	1763120.	1817934.	1227336.	8225134.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	359.	389.	675.	118.	-440.	1,101.
11 Total support. Add lines 7 through 10						72203020.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	55.57 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	48.73 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2015. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. 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"/>

Schedule A (Form 990 or 990-EZ) 2016

LUPUS RESEARCH ALLIANCE, INC.

Schedule A (Form 990 or 990-EZ) 2016 F/K/A ALLIANCE FOR LUPUS RESEARCH, INC. 58-2492929 Page 3

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015.** 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 ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

LUPUS RESEARCH ALLIANCE, INC.

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2016

LUPUS RESEARCH ALLIANCE, INC.

Schedule A (Form 990 or 990-EZ) 2016 **F/K/A ALLIANCE FOR LUPUS RESEARCH, INC. 58-2492929** Page **7**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 **F/K/A ALLIANCE FOR LUPUS RESEARCH, INC.** 58-2492929 Page **8**

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

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

Name of organization	LUPUS RESEARCH ALLIANCE, INC. F/K/A ALLIANCE FOR LUPUS RESEARCH, INC.	Employer identification number	58-2492929
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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 campaign activity expenditures ▶ \$ _____

3 Volunteer hours for political campaign activities _____

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) 2016

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LUPUS RESEARCH ALLIANCE, INC.

Schedule C (Form 990 or 990-EZ) 2016 F/K/A ALLIANCE FOR LUPUS RESEARCH, INC. 58-2492929 Page 2

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		541,256.													
c Total lobbying expenditures (add lines 1a and 1b)		541,256.													
d Other exempt purpose expenditures		26,560,647.													
e Total exempt purpose expenditures (add lines 1c and 1d)		27,101,903.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	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.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
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.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	754,288.	835,249.	909,121.	1,000,000.	3,498,658.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,247,987.
c Total lobbying expenditures	111,717.	123,897.	152,897.	541,256.	929,767.
d Grassroots nontaxable amount	188,572.	208,812.	227,280.	250,000.	874,664.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,311,996.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 **F/K/A ALLIANCE FOR LUPUS RESEARCH, INC.** 58-2492929 Page 3

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization LUPUS RESEARCH ALLIANCE, INC.

F/K/A 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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2016

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" on 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, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	44,173,045.	48,100,254.	46,953,037.	31,218,383.	18,416,644.
b Contributions				10,000,000.	10,000,000.
c Net investment earnings, gains, and losses	4,257,605.	-1,498,278.	3,340,405.	8,816,260.	4,761,791.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,566,823.	2,428,931.	2,193,188.	3,081,606.	1,960,052.
f Administrative expenses					
g End of year balance	45,863,827.	44,173,045.	48,100,254.	46,953,037.	31,218,383.

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 ☐ %

c Temporarily restricted endowment ☐ %

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

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

(i) unrelated organizations ☐ Yes ☒ No

(ii) related organizations ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,725,928.			1,725,928.
b Buildings				
c Leasehold improvements		384,902.	19,246.	365,656.
d Equipment		464,939.	159,666.	305,273.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,396,857.

Schedule D (Form 990) 2016

LUPUS RESEARCH ALLIANCE, INC.

Schedule D (Form 990) 2016

F/K/A ALLIANCE FOR LUPUS RESEARCH, INC.

58-2492929 Page 3

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on 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	28,355.	
(3) DEFERRED RENT	362,507.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	390,862.	

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 ☐

Schedule D (Form 990) 2016

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

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

1	Total revenue, gains, and other support per audited financial statements	1	23,978,097.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	5,768,030.
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	5,768,030.
3	Subtract line 2e from line 1	3	18,210,067.
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	60,060.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	60,060.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	18,270,127.

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

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

1	Total expenses and losses per audited financial statements	1	27,039,967.
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	27,039,967.
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	60,060.
b	Other (Describe in Part XIII.)	4b	1,876.
c	Add lines 4a and 4b	4c	61,936.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	27,101,903.

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:

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 XII, LINE 4B - OTHER ADJUSTMENTS:

RETURN OF GRANTS & ADJUSTMENTS 1,876.

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

UNUSED PORTIONS OF GRANTS RETURNED TO ALR THAT WERE PAID IN PREVIOUS YEARS
 IN THE AMOUNT OF \$1,876. THESE AMOUNTS ARE RECONCILING ITEMS BETWEEN THE
 REVENUE AND EXPENSES FROM THE AUDITED FINANCIAL STATEMENTS AND THOSE

Part XIII Supplemental Information (continued)

REPORTED ON FORM 990.

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

IN DECEMBER 2006, THE ORGANIZATION RECEIVED A DONATION OF LAND AND
BUILDING CURRENTLY VALUED AT \$1,725,928 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.

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

OMB No. 1545-0047

2016**Open to Public
Inspection**

Name of the organization

LUPUS RESEARCH ALLIANCE, INC.
F/K/A 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	GRANTS TO RECIPIENTS	1,336,445.
NORTH AMERICA	0	0	PROGRAM SERVICES	GRANTS TO RECIPIENTS	320,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	GRANTS TO RECIPIENTS	250,000.
3 a Sub-total	0	0			1,906,445.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			1,906,445.

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

Schedule F (Form 990) 2016

LUPUS RESEARCH ALLIANCE, INC.

F/K/A ALLIANCE FOR LUPUS RESEARCH, INC.

58-2492929

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	LUPUS RESEARCH	336,445.	CHECK	0.		BOOK
		NORTH AMERICA	LUPUS RESEARCH	40,000.	CHECK	0.		BOOK
		NORTH AMERICA	LUPUS RESEARCH	40,000.	CHECK	0.		BOOK
		NORTH AMERICA	LUPUS RESEARCH	40,000.	CHECK	0.		BOOK
		NORTH AMERICA	LUPUS RESEARCH	40,000.	CHECK	0.		BOOK
		NORTH AMERICA	LUPUS RESEARCH	40,000.	CHECK	0.		BOOK
		NORTH AMERICA	LUPUS RESEARCH	40,000.	CHECK	0.		BOOK
		EAST ASIA AND THE PACIFIC	LUPUS RESEARCH	250,000.	CHECK	0.		BOOK

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

10

3 Enter total number of other organizations or entities

LUPUS RESEARCH ALLIANCE, INC.

F/K/A ALLIANCE FOR LUPUS RESEARCH, INC.

58-2492929

Schedule F (Form 990)

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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)
		EAST ASIA AND THE PACIFIC	LUPUS RESEARCH	750,000.	CHECK	0.		BOOK
		EUROPE (INCLUDING ICELAND AND GREENLAND)	LUPUS RESEARCH	250,000.	CHECK	0.		BOOK
		NORTH AMERICA	LUPUS RESEARCH	40,000.	CHECK	0.		BOOK
		NORTH AMERICA	LUPUS RESEARCH	40,000.	CHECK	0.		BOOK

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.
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Part III can be duplicated if additional space is needed.

[illegible]

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 separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* ☐ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2016

Part V Supplemental Information

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

PART I, LINE 2:

BEFORE A GRANT IS AWARDED, THE INSTITUTION MUST AGREE TO THE TERMS AND CONDITIONS OUTLINED IN THE LRA'S POLICY STATEMENT FOR RESEARCH GRANTS 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 THAT PI AND SPONSORING INSTITUTION ARE BOTH RESPONSIBLE FOR INSURING THAT ALL RESEARCH ACTIVITIES ARE CONDUCTED IN A SAFE, RESPONSIBLE AND ETHICAL MANNER.

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

- AGREE TO GET APPROVAL FROM THE LRA IF ADDITIONAL TIME IS NEEDED TO COMPLETE THE PROJECT WORK.

- AGREE TO SUBMIT ALL DELIVERABLES AND REPORTS AS SCHEDULED: (A) ANNUAL PROGRESS REPORTS AND (B) ANNUAL BUDGET RECONCILIATION IS REQUIRED.

THE PI AND A REPRESENTATIVE FROM THE INSTITUTION 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 IN THE FUNDING LETTER.

B. PI'S WILLINGNESS TO COMPLY WITH ALL OF THE CONDITIONS OUTLINED IN THE POLICY STATEMENT FOR RESEARCH GRANTS 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

Part V

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

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 GRANT FROM THE
LUPUS RESEARCH ALLIANCE."

- 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 LRA.

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 LRA

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization	LUPUS RESEARCH ALLIANCE, INC. F/K/A ALLIANCE FOR LUPUS RESEARCH, INC.	Employer identification number	58-2492929
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Part I

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

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 10 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 - 845 THIRD AVENUE, 6TH FLOOR, NEW	SPECIAL EVENT CONSULTANT	X		2,293,340.	49,000.	2,293,340.
Total				2,293,340.	49,000.	2,293,340.

- 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	

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

Schedule G (Form 990 or 990-EZ) 2016

SEE PART IV FOR CONTINUATIONS

LUPUS RESEARCH ALLIANCE, INC.

Schedule G (Form 990 or 990-EZ) 2016 **F/K/A ALLIANCE FOR LUPUS RESEARCH, INC. 58-2492929** Page **2****Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 GALA CELEBRATION	(b) Event #2 WALK-A-THONS	(c) Other events 1	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	3,015,898.	2,058,564.	371,748.	5,446,210.
	2 Less: Contributions	2,614,673.	2,037,251.	371,748.	5,023,672.
	3 Gross income (line 1 minus line 2)	401,225.	21,313.		422,538.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	280,959.			280,959.
	8 Entertainment	8,000.			8,000.
	9 Other direct expenses	112,266.	21,313.		133,579.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				422,538.
	11 Net income summary. Subtract line 10 from line 3, column (d)				0.

Part III Gaming. Complete if the organization answered "Yes" on 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))
Revenue	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 conducts gaming activities: _____

a Is the organization licensed to conduct 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: _____

LUPUS RESEARCH ALLIANCE, INC.

Schedule G (Form 990 or 990-EZ) 2016 **F/K/A ALLIANCE FOR LUPUS RESEARCH, INC. 58-2492929** Page **3**

- 11** Does the organization conduct 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 conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 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 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: 845 THIRD AVENUE, 6TH FLOOR, NEW YORK, NY 10022

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

DS CONSULTING PLANNED AND MANAGED ALR'S GALA EVENT. CONTRACT AMOUNT FOR THE PERIOD COVERING 1/1/16 - 12/31/16 WAS \$49,000 PLUS REIMBURSABLE EXPENSES.

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization **LUPUS RESEARCH ALLIANCE, INC.**
F/K/A 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERISTY OF CALIFORNIA, LOS ANGELES - BOX 951432, 1125 MURPHY HALL, 405 HILGARD AVENUE - LOS ANGELES, CA 90095	95-6006143	501(C)(3)	8,095.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, INC - 505 SOUTH HANCOCK ST, ROOM 602A - LOUISVILLE, KY 40202	61-1029626	501(C)(3)	8,242.	0.	BOOK		LUPUS RESEARCH
THE CENTER FOR INFORMATION & STUDY ON CLINICAL RESEARCH PARTICPATION - 56 COMMERCIAL WHARF EAST - BOSTON, MA 02110	20-0588190	501(C)(3)	10,000.	0.	BOOK		LUPUS RESEARCH
ALLEGHENY SINGER RESEARCH INSTITUTE - 320 E. NORTH AVE. - PITTSBURGH, PA 15212	25-1320493	501(C)(3)	40,000.	0.	BOOK		LUPUS RESEARCH
EMORY UNIVERSITY 1762 CLIFTON RD NE ATLANTA, GA 30322	58-0566256	501(C)(3)	40,000.	0.	BOOK		LUPUS RESEARCH
NORTHWELL HEALTH - DIVISION OF RHEUMATOLOGY - 972 BRUSH HOLLOW RD 5TH FL - WESTBURY, NY 11590	11-2673595	501(C)(3)	40,000.	0.	BOOK		LUPUS RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **50.**

3 Enter total number of other organizations listed in the line 1 table ▶ **1.**

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

Schedule I (Form 990) (2016)

LUPUS RESEARCH ALLIANCE, INC.

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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
OKLAHOMA MEDICAL RESEARCH FOUNDATION - 825 NE 13TH STREET - OKLAHOMA CITY, OK 73104	73-0580274	501(C)(3)	40,000.	0.	BOOK		LUPUS RESEARCH
PENNSYLVANIA STATE UNIVERSITY/COLLEGE OF MEDICINE - ONE OLD MAIN - UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	40,000.	0.	BOOK		LUPUS RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA, IRVINE - 5171 CALIFORNIA AVENUE, STE 150 - IRVINE, CA 92697	95-2226406	501(C)(3)	40,000.	0.	BOOK		LUPUS RESEARCH
RUSH UNIVERSITY MEDICAL CENTER 1653 WEST CONGRESS PARKWAY CHICAGO, IL 60612	36-2174823	501(C)(3)	40,000.	0.	BOOK		LUPUS RESEARCH
THE METROHEALTH SYSTEM 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	34-6004382	SECTION 115 - OH	40,000.	0.	BOOK		LUPUS RESEARCH
THE RESEARCH FOUNDATION OF SUNY 35 STATE STREET ALBANY, NY 12201	14-1368361	501(C)(3)	40,000.	0.	BOOK		LUPUS RESEARCH
THE UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE, STE 501 CHICAGO, IL 60637	36-2177139	501(C)(3)	40,000.	0.	BOOK		LUPUS RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 10920 WILSHIRE BLVD, STE 620 - LOS ANGELES, CA 90024	95-6006143	501(C)(3)	40,000.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS - 3100 MARINE ST, 6TH FL - BOULDER, CO 80309	84-6000555	501(C)(3)	40,000.	0.	BOOK		LUPUS RESEARCH

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(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 MARYLAND BALTIMORE 620 W. LEXINGTON STREET, 4TH FL BALTIMORE, MD 21201	52-1830242	SECTION 115 - MD	40,000.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF MIAMI 1320 S. DIXIE HIGHWAY, GABLES ONE TOWER #650 - CORAL GABLES, FL 33146	59-0624458	501(C)(3)	40,000.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER - 2500 NORTH STATE STREET - JACKSON, MS 39216	64-6008520	501(C)(3)	40,000.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE PITTSBURGH, PA 15213	25-0965591	501(C)(3)	40,000.	0.	BOOK		LUPUS RESEARCH
WALLACE RHEUMATIC STUDIES CENTER, LLC - 8737 BENVERLY BLVD STE 301 - W HOLLYWOOD, CA 90048	45-5434561	501(C)(3)	40,000.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF WASHINGTON 1959 NE PACIFIC STREET SEATTLE, WA 98195	91-6001537	501(C)(3)	47,852.	0.	BOOK		LUPUS RESEARCH
STANFORD UNIVERSITY 269 CAMPUS DRIVE CCSR BUILDING, ROO STANFORD, CA 94305	94-1156365	501(C)(3)	48,089.	0.	BOOK		LUPUS RESEARCH
THE OHIO STATE UNIVERSITY 333 WEST TENTH AVENUE COLUMBUS, OH 43210	31-6025986	SEC 115 UNIT OF	48,127.	0.	BOOK		LUPUS RESEARCH
BETH ISRAEL DEACONESS MEDICAL CENTER - BROOKLINE AVENUE - BOSTON, MA 02215	04-2103881	501(C)(3)	48,218.	0.	BOOK		LUPUS RESEARCH

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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 VERMONT 85 SOUTH PROSPECT STREET BURLINGTON, VT 05405	03-0179440	VT STATE GOVERN	50,000.	0.	BOOK		LUPUS RESEARCH
HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH STREET NEW YORK, NY 10021	13-1624135	501(C)(3)	50,000.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF COLORADO 1600 BROADWAY DENVER, CO 80202	84-6000555	501(C)(3)	50,000.	0.	BOOK		LUPUS RESEARCH
BAYLOR RESEARCH INSTITUTE 1311 S 5TH STREET WACO, TX 76706	75-1921898	501(C)(3)	50,000.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF FLORIDA 1149 SOUTH NEWELL DRIVE GAINESVILLE, FL 32611	59-6002052	FLORIDA STATE GO	50,000.	0.	BOOK		LUPUS RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE MC0934 - LA JOLLA, CA 92093	95-6006144	501(C)(3)	60,000.	0.	BOOK		LUPUS RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM ST, STE 425 - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	60,000.	0.	BOOK		LUPUS RESEARCH
AMPEL, BIOSOLUTIONS LLC 1001 RESEARCH PARK BLVD SUITE 301 CHARLOTTESVILLE, VA 22901	46-3230076		85,412.	0.	BOOK		LUPUS RESEARCH
FOUNDATION FOR THE NATIONAL INSTITUTE FOR HEALTH, INC - 9650 ROCKVILLE PIKE - BETHESDA, MD 20814	52-1986675	501(C)(3)	100,000.	0.	BOOK		LUPUS RESEARCH

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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
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	100,000.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF NEBRASKA S 42ND ST & EMILE ST OMAHA, NE 68198	47-0771713	501(C)(3)	100,000.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER - 920 COURT AVENUE - MEMPHIS, TN 38163	62-6001636	501(C)(3)	100,000.	0.	BOOK		LUPUS RESEARCH
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE - NEW YORK, NY 10029	13-6171197	501(C)(3)	100,000.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 2200 UNIVERSITY HALL - BERKELEY, CA 94720	94-6036493	501(C)(3)	108,107.	0.	BOOK		LUPUS RESEARCH
FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH - 5 DAKOTA DRIVE - LAKE SUCCESS, NY 11042	11-2673595	501(C)(3)	150,000.	0.	BOOK		LUPUS RESEARCH
CHILDREN'S HOSPITAL BOSTON 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	178,723.	0.	BOOK		LUPUS RESEARCH
THE HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH STREET NEW YORK, NY 10021	13-1624135	501(C)(3)	187,406.	0.	BOOK		LUPUS RESEARCH
VANDERBILT UNIVERSITY MEDICAL CENTER - 1211 MEDICAL CENTER DRIVE - NASHVILLE, TN 37232	35-2528741	501(C)(3)	190,000.	0.	BOOK		LUPUS RESEARCH

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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 SAN FRANCISCO 200 UNIVERSITY HALL BERKELEY, CA 94720	94-6036493	501(C)(3)	200,000.	0.	BOOK		LUPUS RESEARCH
TEMPLE UNIVERSITY 1801 N. BROAD STREET PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	200,000.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF BUFFALO 12 CAPEN HALL 12 CAPEN HALL, NY 14260	16-0865182	501(C)(3)	200,000.	0.	BOOK		LUPUS RESEARCH
LANKENAU MEDICAL CENTER 100 LANCASTER AVENUE WYNNEWOOD, PA 19096	23-2176723	501(C)(3)	200,000.	0.	BOOK		LUPUS RESEARCH
THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER - 1000 N. LINCOLN BLVD.- STE 2900 - OKLAHOMA CITY, OK 73104	73-1192768	501(C)(3)	200,000.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF NORTH CAROLINA 910 RALEIGH ROAD CHAPEL HILL, NC 27174	56-6001393	501(C)(3)	200,000.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF HOUSTON 4800 CALHOUN ROAD 4800 CALHOUN ROAD, TX 77004	74-6001399	501(C)(3)	200,000.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF SOUTHERN CALIFORNIA ZONAL AVE., HMR 705 LOS ANGELES, CA 90089	95-1642394	501(C)(3)	208,188.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF ROCHESTER 518 Hylan Building ROCHESTER, NY 14627	16-0743209	501(C)(3)	210,648.	0.	BOOK		LUPUS RESEARCH

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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
BRIGHAM AND WOMEN'S HOSPITAL, INC. 4 BLACK FAN CIRCLE BOSTON, MA 02115	04-2312909	501(C)(3)	248,243.	0.	BOOK		LUPUS RESEARCH
SEATTLE CHILDREN'S RESEARCH INSTITUTE - 1900 NINTH AVENUE - SEATTLE, WA 98101	91-0564748	501(C)(3)	285,940.	0.	BOOK		LUPUS RESEARCH
THE CHILDREN'S HOSPITAL OF PHILADELPHIA - 3535 MARKET STREET - PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	285,940.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE - LA JOLLA, CA 92093	95-6006144	501(C)(3)	285,940.	0.	BOOK		LUPUS RESEARCH
FRED HUTCHINSON CANCER RESEARCH CENTER OFFICE OF SPONSORED RESEARCH - 1100 FAIRVIEW AVENUE N - SEATTLE, WA 98109	23-7156071	501(C)(3)	285,940.	0.	BOOK		LUPUS RESEARCH
THE METHODIST HOSPITAL RESEARCH INSTITUTE - 6565 FANNIN, MGJ4-024 - HOUSTON, TX 77030	87-0721923	501(C)(3)	285,941.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF ALABAMA 1530 3RD AVENUE S BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	300,000.	0.	BOOK		LUPUS RESEARCH
BENAROYA RESEARCH INSTITUTE AT VIRGINIA MASON - 1201 NINTH AVE - SEATTLE, WA 98101	91-0653422	501(C)(3)	325,941.	0.	BOOK		LUPUS RESEARCH
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 179 ASHLEY AVENUE - CHARLESTON, SC 29425	57-6028985	SC STATE GOVERNMENT	325,941.	0.	BOOK		LUPUS RESEARCH

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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
PARTNERS HEALTHCARE SYSTEM INC. 101 HUNTINGTON AVENUE BOSTON, MA 02199	43-3230035	501(C)(3)	325,941.	0.	BOOK		LUPUS RESEARCH
CINCINNATI CHILDRENS HOSPITAL MEDICAL CENTER - 3333 BURNET AVENUE - CINCINNATI, OH 45229	31-0833936	501(C)(3)	400,000.	0.	BOOK		LUPUS RESEARCH
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	410,648.	0.	BOOK		LUPUS RESEARCH
DARTMOUTH MEDICAL SCHOOL 1 ROPE FERRY ROAD HANOVER, NH 03755	02-0222111	501(C)(3)	471,406.	0.	BOOK		LUPUS RESEARCH
UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	74-6000203	TX STATE GOVERNMENT	508,357.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF VIRGINIA PO BOX 400126 CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	522,089.	0.	BOOK		LUPUS RESEARCH
THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH - 350 COMMUNITY DRIVE - MANHASSET, NY 11030	11-2673595	501(C)(3)	598,570.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF FLORIDA 207 TIGERT HALL GAINESVILLE, FL 32611	59-6000205	FLORIDA STATE GO	610,219.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 11042	23-1365861	501(C)(3)	621,882.	0.	BOOK		LUPUS RESEARCH

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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
ST JUDE CHILDRENS RESEARCH HOSPITAL - 333 MEADOWLANDS PARKWAY - SECAUCUS, NJ 07094	62-0646012	501(C)(3)	800,000.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - 55 LAKE AVE - WORCESTER, MA 01655	04-3167325	MA STATE GOVERNMENT	892,274.	0.	BOOK		LUPUS RESEARCH
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - 550 FIRST AVENUE - NEW YORK, NY 10016	13-5562308	501(C)(3)	942,812.	0.	BOOK		LUPUS RESEARCH
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	1,168,648.	0.	BOOK		LUPUS RESEARCH
YALE UNIVERSITY PO BOX 208239 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	1,441,565.	0.	BOOK		LUPUS RESEARCH

Schedule I (Form 990)

Part III**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

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:

BEFORE A GRANT IS AWARDED, THE INSTITUTION MUST AGREE TO THE TERMS AND
 CONDITIONS OUTLINED IN THE LRA'S POLICY STATEMENT FOR RESEARCH GRANTS 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 THAT PI AND SPONSORING INSTITUTION ARE BOTH RESPONSIBLE FOR
 INSURING THAT ALL RESEARCH ACTIVITIES ARE CONDUCTED IN A SAFE, RESPONSIBLE

Part IV Supplemental Information

AND ETHICAL MANNER.

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

-AGREE TO GET APPROVAL FROM THE LRA IF ADDITIONAL TIME IS NEEDED TO COMPLETE THE PROJECT WORK.

-AGREE TO SUBMIT ALL DELIVERABLES AND REPORTS AS SCHEDULED: (A) ANNUAL PROGRESS REPORTS AND (B) ANNUAL BUDGET RECONCILIATION IS REQUIRED.

THE PI AND A REPRESENTATIVE FROM THE INSTITUTION 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 IN THE FUNDING LETTER.

B. PI'S WILLINGNESS TO COMPLY WITH ALL OF THE CONDITIONS OUTLINED IN THE POLICY STATEMENT FOR RESEARCH GRANTS 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 GRANT FROM THE LUPUS RESEARCH ALLIANCE."

- 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 LRA.

ALL INSTITUTIONS RECEIVE A PAYMENT AND DELIVERABLE SCHEDULE AND THE PROJECT

Part IV Supplemental Information

IS MONITORED BY:

- PERIODIC PROGRESS REPORTS

- PERIODIC BUDGET RECONCILIATIONS

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

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Name of the organization

**LUPUS RESEARCH ALLIANCE, INC.
F/K/A ALLIANCE FOR LUPUS RESEARCH, INC.**

Employer identification number

58-2492929

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 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 checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

LUPUS RESEARCH ALLIANCE, INC.

F/K/A ALLIANCE FOR LUPUS RESEARCH, INC. 58-2492929

Schedule J (Form 990) 2016

Page 2

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

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

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

(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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KENNETH M. FARBER CO-CEO AND CO-PRESIDENT	(i)	300,181.	0.	0.	21,200.	38,606.	359,987.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEBRA ROSE CHIEF FIN. AND ADMIN. OFFICER	(i)	150,534.	0.	0.	13,864.	18,798.	183,196.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBERT D. HINNEN SENIOR DIRECTOR OF PHILANTHROPY	(i)	124,339.	0.	0.	12,259.	16,275.	152,873.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JONATHAN MARKS SENIOR REGIONAL DEVELOPMENT DIRECTOR	(i)	100,376.	0.	0.	13,401.	38,611.	152,388.	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)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2016

Part III	Supplemental Information
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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.

[illegible]

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2016

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Inspection

- ▶ **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.**

Name of the organization **LUPUS RESEARCH ALLIANCE, INC.**
F/K/A 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	9	206,337.	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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) (2016)

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.

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.

OMB No. 1545-0047

2016

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Inspection

Name of the organization	LUPUS RESEARCH ALLIANCE, INC. F/K/A ALLIANCE FOR LUPUS RESEARCH, INC.	Employer identification number 58-2492929
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

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

FRONTIERS OF KNOWLEDGE, ENLIST DIVERSE NEW SCIENTIFIC TALENT, AND LEAD
THE DRIVE TO NEW TREATMENTS, PREVENTION AND CURE.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

PAGE 2, PART III, LINE 2

A LUCIN GOVERNANCE STRUCTURE HAS BEEN DEVELOPED TO PROVIDE AN INITIAL
FRAMEWORK TO OPERATIONALIZE NETWORK ACTIVITIES AND FACILITATE LUPUS
COMMUNITY INVOLVEMENT. THE GOVERNANCE STRUCTURE IS COMPRISED OF LUCIN
INVESTIGATORS AND PATIENTS, COVERING A DIVERSE RANGE OF INTEREST AND
EXPERTISE, WITH THE SINGULAR FOCUS OF IDENTIFYING AND ACCELERATING THE
DEVELOPMENT OF NEW AND SAFER TREATMENTS FOR LUPUS PATIENTS. UP TO 90%
OF THE PEOPLE WITH LUPUS ARE WOMEN AND THE DISORDER IS THREE TIMES MORE
PREVALENT IN AFRICAN AMERICAN WOMEN THAN ANY OTHER GROUP. PATIENT
RECRUITMENT WILL BE THE MOST CRITICAL ELEMENT IN THE SUCCESS OF THIS
PROGRAM. A PATIENT ADVOCATES IN LUPUS PROGRAM IS ALSO BEING CREATED AS
AN ADJUNCT TO LUCIN TO ASSIST WITH PATIENT RECRUITMENT.

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

3) 3 DISTINGUISHED INNOVATOR AWARDS (DIA) FOR \$2 MILLION OVER 2 TO 4
YEARS

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization	LUPUS RESEARCH ALLIANCE, INC. F/K/A ALLIANCE FOR LUPUS RESEARCH, INC.	Employer identification number 58-2492929
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4) JOINT LRA-CTI GRANTS WERE AWARDED FOR \$1.1 MILLION OVER ONE YEAR

5) DUE TO THE MERGER OF THE LUPUS RESEARCH INSTITUTE INTO THE ALR THERE WAS ALSO AN ACCRUAL FOR LEGACY DIA AND NOVEL LRI GRANTS FOR NEARLY \$7 MILLION.

LRA'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 LRA AIM TO TRANSLATE RESULTS FROM THE RESEARCH BENCH TO THE BEDSIDE AS QUICKLY AS POSSIBLE. BECAUSE THE LRA'S BOARD OF DIRECTORS FUNDS ADMINISTRATIVE AND FUNDRAISING EXPENSES, 100% OF ALL OTHER CONTRIBUTIONS GOES TO SUPPORT THE LRA'S LUPUS RESEARCH PROGRAMS.

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

IN 2016, THE LRA FULLY FORMED LUCIN TO RUN "PROOF OF CONCEPT" CLINICAL TRIALS TO EVALUATE WHETHER NEW TREATMENTS WILL IMPROVE THE OUTCOME IN PATIENTS WITH LUPUS UNDER THE DRUG REPOSITIONING PROGRAM. WE WILL BE BUILDING ALLIANCES AND PARTNERSHIPS WITH COMPANIES, ORGANIZATIONS, AND INDIVIDUALS WHO ARE WILLING TO ASSIST LRA IN REALIZING THE GREAT POTENTIAL OF THIS PROGRAM. OVER THE NEXT 5 YEARS WE WILL RUN MULTIPLE CLINICAL TRIALS WITH MEDICINES THAT LOOK THE MOST PROMISING. IN 2016, 3 "PROOF OF CONCEPT" CLINICAL TRIALS WERE INITIATED IN APPROXIMATELY 60 TRIAL SITES THROUGHOUT THE UNITED STATES AND CANADA AND 2-3 MORE ARE EXPECTED IN 2017.

A LUCIN GOVERNANCE STRUCTURE HAS BEEN DEVELOPED TO PROVIDE AN INITIAL FRAMEWORK TO OPERATIONALIZE NETWORK ACTIVITIES AND FACILITATE LUPUS

Name of the organization	LUPUS RESEARCH ALLIANCE, INC. F/K/A ALLIANCE FOR LUPUS RESEARCH, INC.	Employer identification number 58-2492929
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COMMUNITY INVOLVEMENT. THE GOVERNANCE STRUCTURE IS COMPRISED OF LUCIN INVESTIGATORS AND PATIENTS, COVERING A DIVERSE RANGE OF INTEREST AND EXPERTISE, WITH THE SINGULAR FOCUS OF IDENTIFYING AND ACCELERATING THE DEVELOPMENT OF NEW AND SAFER TREATMENTS FOR LUPUS PATIENTS. UP TO 90% OF THE PEOPLE WITH LUPUS ARE WOMEN AND THE DISORDER IS THREE TIMES MORE PREVALENT IN AFRICAN AMERICAN WOMEN THAN ANY OTHER GROUP. PATIENT RECRUITMENT WILL BE THE MOST CRITICAL ELEMENT IN THE SUCCESS OF THIS PROGRAM. A PATIENT ADVOCATES IN LUPUS PROGRAM IS ALSO BEING CREATED AS AN ADJUNCT TO LUCIN TO ASSIST WITH PATIENT RECRUITMENT.

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

THROUGH THE LRA'S PUBLIC POLICY PROGRAM EFFORTS, FUNDING FOR LUPUS 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. LRA WAS RESPONSIBLE FOR PERSUADING CONGRESS TO INCLUDE LUPUS ON THIS VERY COMPETITIVE LIST THE PAST TEN YEARS. IN ADDITION, THERE IS NOW \$5 MILLION EARMARKED SPECIFICALLY FOR LUPUS IN FY17 AND THROUGH THE LRA'S CONTINUED EFFORTS, THE APPROPRIATIONS BILL FOR FY18 PROVIDES AN ADDITIONAL \$5 MILLION FOR THE LUPUS MEDICAL RESEARCH PROGRAM AT THE DEPARTMENT OF DEFENSE (DOD), BRINGING THE TOTAL TO \$10 MILLION OVER TWO YEARS.

IN 2016, THE LUPUS PATIENT-FOCUSED DRUG DEVELOPMENT (PFDD) INITIATIVE - BRINGING THE VOICE OF THE PATIENT TO DRUG DEVELOPMENT WAS INITIATED. THIS COLLABORATIVE EFFORT WITH THE LUPUS AND ALLIED DISEASES ASSOCIATION (LADA) AND LUPUS FOUNDATION OF AMERICA (LFA) IS A

Name of the organization	LUPUS RESEARCH ALLIANCE, INC. F/K/A ALLIANCE FOR LUPUS RESEARCH, INC.	Employer identification number 58-2492929
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GROUNDBREAKING INITIATIVE DESIGNED TO PROVIDE THE FOOD AND DRUG
 ADMINISTRATION (FDA) WITH PERSPECTIVES FROM PEOPLE WITH LUPUS,
 ADVOCATES AND CAREGIVERS TO HELP INFORM THE FDA'S DECISIONS AND
 OVERSIGHT DURING THE DRUG DEVELOPMENT AND REVIEW PROCESSES. A MAJOR
 LAUNCH TO THE LUPUS COMMUNITY IS PLANNED FOR MAY 2017 WITH THE MEETING
 IN FALL 2017.

IN ADDITION, ADVOCACY FOR THE CONTINUED AVAILABILITY OF QUINACRINE WAS
 A PRIORITY IN 2016. THE FOOD AND DRUG ADMINISTRATION (FDA) IS
 ASSESSING ALL COMPOUNDED PHARMACEUTICALS THROUGH THEIR PHARMACY
 COMPOUNDING ADVISORY COMMITTEE (PCAC). IN THE SPRING, THE COMMITTEE
 VOTED TO RECOMMEND TAKING QUINACRINE OFF THE COMPOUNDING PHARMACY LIST.
 IN OCTOBER LRA MET WITH THE DR. JANET WOODCOCK, DIRECTOR, CENTER FOR
 DRUG EVALUATION AND RESEARCH, AND A LARGE TEAM AT FDA TO DISCUSS WAYS
 TO KEEP QUINACRINE AVAILABLE TO PEOPLE WITH LUPUS IN A WAY THAT IS
 ACCEPTABLE TO THE FDA. WE ARE LOOKING INTO THOSE OPTIONS.

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

1. NEIL J. BURMEISTER (DIRECTOR), IRA AKSELRAD (DIRECTOR) AND ROBERT WOOD JOHNSON, IV, (CHAIRMAN OF THE BOARD), HAVE A BUSINESS RELATIONSHIP.

2. ROBERT WOOD JOHNSON IV (CHAIRMAN OF THE BOARD) AND ROBERT PITTMAN (DIRECTOR) HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 4:

ON JULY 1, 2016 TWO LUPUS ORGANIZATIONS; THE SLE LUPUS FOUNDATION AND THE
 LUPUS RESEARCH INSTITUTE MERGED WITH AND INTO THE ALLIANCE FOR LUPUS
 RESEARCH HENCEFORTH KNOWN AS LUPUS RESEARCH ALLIANCE. NEW ARTICLES OF

Name of the organization	LUPUS RESEARCH ALLIANCE, INC. F/K/A ALLIANCE FOR LUPUS RESEARCH, INC.	Employer identification number 58-2492929
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INCORPORATION AND BYLAWS WENT INTO EFFECT WITH THE MERGER DATE OF JULY 1, 2016.

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

AFTER PREPARATION BY OF FORM 990 BY LRA'S AUDITOR, LUTZ AND CARR, THE 990 IS REVIEWED BY THE LRA'S SENIOR OFFICERS, THE CHIEF FINANCE AND ADMINISTRATIVE 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:

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:

THE EXECUTIVE 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 2016, THE COMMITTEE REVIEWED AND APPROVED BASE SALARIES AND ANNUAL MERIT ADJUSTMENTS FOR ALL STAFF.

Name of the organization	LUPUS RESEARCH ALLIANCE, INC. F/K/A ALLIANCE FOR LUPUS RESEARCH, INC.	Employer identification number 58-2492929
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FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

FORM 990, PART VI, SECTION C, LINE 19:

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

RETURN OF UNSPENT GRANT FUNDS 1,876.

FORM 990, PART V, QUESTION 2A

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

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	FURNITURE, FIXTURE AND EQUIPMENT	VARIOUS	SL	5.00		16	339,012.				339,012.	62,373.		34,829.	97,202.
2	COMPUTER EQUIPMENT	VARIOUS	SL	3.00		16	125,927.				125,927.	38,776.		23,688.	62,464.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						464,939.				464,939.	101,149.		58,517.	159,666.
	LAND														
4	LAND	VARIOUS	L				1,725,928.				1,725,928.			0.	
	* 990 PAGE 10 TOTAL LAND						1,725,928.				1,725,928.	0.		0.	0.
	OTHER														
3	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	20.00		16	384,902.				384,902.			19,246.	19,246.
	* 990 PAGE 10 TOTAL OTHER						384,902.				384,902.	0.		19,246.	19,246.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,575,769.				2,575,769.	101,149.		77,763.	178,912.

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. LUPUS RESEARCH ALLIANCE, INC. F/K/A ALLIANCE FOR LUPUS RESEARCH, INC.	Employer identification number (EIN) or 58-2492929
	Number, street, and room or suite no. If a P.O. box, see instructions. 275 MADISON AVE, 10TH FLOOR	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10016	

Enter the Return Code for the return that this application is for (file a separate application for each return)

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DEBRA ROSE

- The books are in the care of ► **275 MADISON AVE, 10 FLOOR - NEW YORK, NY 10016**
Telephone No. ► **646-884-8000** Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year **2016** or
► ☐ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2016, or fiscal year beginning _____, 2016, and ending _____, 20____

▶ **Do not send to the IRS. Keep for your records.**▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.****2016**

Name of exempt organization

**LUPUS RESEARCH ALLIANCE, INC.
F/K/A ALLIANCE FOR LUPUS RESEARCH, INC.**

Employer identification number

58-2492929

Name and title of officer

**DEBRA ROSE
CHIEF FIN AND ADMIN OFFICER****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 18,270,127.
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **LUTZ AND CARR, CPAS LLP** to enter my PIN **10036**
ERO firm name Enter five numbers, but
do not enter all zeros

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

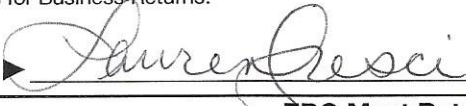
Officer's signature ▶  Date ▶ **9-11-2017****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

13332110017

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ **9/8/17****ERO Must Retain This Form - See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

623051 09-26-16

09030908 759420 4194

2016.04020 LUPUS RESEARCH ALLIANCE, IN 4194__1

Product: **Exempt**
 Name: **LUPUS RESEARCH ALLIANCE,
 INC. f/k/a ALLIANCE FOR LUPUS
 RESEARCH, INC.**
 FEIN: *******2929**

Category:

IRS Center: **Ogden**
 e-Postmark: **9/11/2017 12:18 PM**

Notification:

Fiscal Year Begin Date: **1/1/2016**

Fiscal Year End Date: **12/31/2016**

eSigned:

Return Information

Date	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
09/08/2017	Upload Started				
09/08/2017	Ready to Release by Customer				
09/11/2017	Released for Transmission - Validation in Progress			759420	
09/11/2017	Ready to transmit - Validation Complete				
09/11/2017	Transmitted to FD	13332120172540338e05			
09/11/2017	Accepted by FD on 9/11/2017				