

Form **990**

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

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2021 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input checked="" 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	<b>C</b> Name of organization LUPUS RESEARCH ALLIANCE, INC. Doing business as		<b>D</b> Employer identification number 58-2492929
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 270 MADISON AVENUE, SUITE 300		<b>E</b> Telephone number 212-218-2840
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10016		<b>G</b> Gross receipts \$ 29,599,200.
	<b>F</b> Name and address of principal officer: KENNETH M. FARBER SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> 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			
<b>J</b> Website: ▶ LUPUSRESEARCH.ORG			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1999
			<b>M</b> State of legal domicile: NY

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO SUPPORT RESEARCH TO PREVENT, TREAT AND CURE LUPUS.</u>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <span style="float: right;">3 26</span>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <span style="float: right;">4 26</span>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) <span style="float: right;">5 59</span>
	<b>6</b> Total number of volunteers (estimate if necessary) <span style="float: right;">6 500</span>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <span style="float: right;">7a 0.</span>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 <span style="float: right;">7b 0.</span>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <span style="float: right;">41,539,746. 18,941,837.</span>
	<b>9</b> Program service revenue (Part VIII, line 2g) <span style="float: right;">1,291,193. 1,036,685.</span>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <span style="float: right;">1,938,994. 3,679,888.</span>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <span style="float: right;">20,119. 121,620.</span>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <span style="float: right;">44,790,052. 23,780,030.</span>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <span style="float: right;">23,030,250. 15,031,432.</span>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <span style="float: right;">0. 0.</span>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <span style="float: right;">5,962,910. 6,237,294.</span>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <span style="float: right;">49,000. 65,000.</span>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,778,881.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <span style="float: right;">5,224,653. 5,438,357.</span>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <span style="float: right;">34,266,813. 26,772,083.</span>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <span style="float: right;">10,523,239. -2,992,053.</span>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <span style="float: right;">103,408,141. 110,909,946.</span>
	<b>21</b> Total liabilities (Part X, line 26) <span style="float: right;">41,851,086. 41,423,828.</span>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <span style="float: right;">61,557,055. 69,486,118.</span>

**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.

<b>Sign Here</b>	Signature of officer	Date			
	DEBRA ROSE, CHIEF FIN. AND ADMIN. OFFICER Type or print name and title	E-filed 9.14.2022			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name LAUREN CRESCI	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01268493
	Firm's name ▶ LUTZ AND CARR, CPAS LLP	Firm's EIN ▶ 13-1655065	Phone no. 212-697-2299		
	Firm's address ▶ 551 FIFTH AVENUE, SUITE 400 NEW YORK, NY 10176				

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE LUPUS RESEARCH ALLIANCE LEADS THE WORLD IN TRANSFORMING THE LIVES OF PEOPLE AFFECTED WITH LUPUS BY USING THE POWER OF SCIENCE TO DRIVE NEW TREATMENTS, PREVENT DISEASE PROGRESSION, AND FIND A CURE.

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

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

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

4a (Code: ) (Expenses \$ 11,722,856. including grants of \$ 10,660,064. ) (Revenue \$ )

RESEARCH: THE LUPUS RESEARCH ALLIANCE (LRA) IS THE LARGEST NON-GOVERNMENTAL, NON-PROFIT FUNDER OF LUPUS RESEARCH WORLDWIDE. THE ORGANIZATION AIMS TO TRANSFORM TREATMENT BY FUNDING THE MOST INNOVATIVE LUPUS RESEARCH, FOSTERING DIVERSE SCIENTIFIC TALENT, AND DRIVING DISCOVERY TOWARD BETTER DIAGNOSTICS AND IMPROVED TREATMENTS. LRA-FUNDED RESEARCH IS LEADING TO KEY DISCOVERIES THAT ARE IMPROVING DIAGNOSIS AND THERAPIES WHILE ADVANCING TOWARD PREVENTION AND ULTIMATELY A CURE. THE ORGANIZATION'S RESEARCH COMMITTEE OF THE BOARD OF DIRECTORS AND SCIENTIFIC ADVISORY BOARD INCLUDE TOP SCIENTIFIC EXPERTS, AND KEY LAY MEMBERS OF THE BOARD, WHO WORK WITH STAFF TO STRATEGICALLY GUIDE AND DRIVE THE RESEARCH FUNDING AGENDA.

4b (Code: ) (Expenses \$ 9,253,814. including grants of \$ 4,359,632. ) (Revenue \$ 1,036,685. )

SCIENTIFIC PROGRAMS: LUPUS RESEARCH ALLIANCE'S (LRA) SCIENTIFIC PROGRAM CONTINUED THEIR MOMENTUM IN 2021 EVEN WITH THE ONGOING PANDEMIC. THE IMPLEMENTATION OF LRA'S SCIENTIFIC STRATEGIC PLAN FOCUSING ON HETEROGENEITY CONTINUED WITH MUCH WORK DONE IN SEVERAL FRONTS. THE LRA ENCOURAGES CROSS-SECTOR AND CROSS-DISCIPLINE PARTNERSHIPS TO FOSTER THE MOST INNOVATIVE AND PRODUCTIVE RESEARCH ENVIRONMENT. IN 2021, VIRTUAL COLLABORATIVE MEETINGS WERE HELD BY THE LRA WHERE RESEARCHERS WERE ENCOURAGED TO EXCHANGE IDEAS AND HELP THE LRA CONTINUE SUCCESSFUL PROGRAMS WHILE TARGETING NEW RESEARCH OPPORTUNITIES. THIS INCLUDED THE: ANNUAL FORUM FOR DISCOVERY WHERE LRA-FUNDED SCIENTISTS AND GUESTS SHARE THEIR PROGRESS; RESEARCH COMMITTEE MEETINGS WHERE

4c (Code: ) (Expenses \$ 647,293. including grants of \$ 11,736. ) (Revenue \$ )

PUBLIC POLICY: THE MAIN GOALS OF THE LUPUS RESEARCH ALLIANCE PUBLIC POLICY PROGRAM ARE TO: EDUCATE MEMBERS OF CONGRESS ABOUT ISSUES OF PRIORITY TO THE LUPUS COMMUNITY; INCREASE FEDERAL FUNDING FOR LUPUS RESEARCH BY INCREASING OVERALL NATIONAL INSTITUTES OF HEALTH (NIH) FUNDS, AND SECURE ADDITIONAL FUNDING FOR LUPUS RESEARCH THROUGH OTHER KEY FEDERAL AGENCIES INCLUDING THE DEPARTMENT OF DEFENSE (DOD); AND ENSURE THE PATIENT VOICE IS INCORPORATED IN THE DRUG DEVELOPMENT PROCESS. VOLUNTEERS ACROSS THE COUNTRY HELP AMPLIFY THESE OUTREACH EFFORTS. THROUGH THE LUPUS RESEARCH ALLIANCE ONGOING PUBLIC POLICY PROGRAM EFFORTS, SIGNIFICANT FUNDING FOR LUPUS RESEARCH HAS BEEN OBTAINED UNDER THE DEPARTMENT OF DEFENSE (DOD) CONGRESSIONALLY DIRECTED MEDICAL

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

4e Total program service expenses 21,623,963.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational compliance.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (26); 1b Enter the number of voting members included on line 1a, above, who are independent (26); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (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 on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 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 on 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); 16b 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 (1024 or 1024-A, 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. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on 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 - 646-884-6000 270 MADISON AVE, SUITE 300, NEW YORK, NY 10016

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) IRA AKSELRAD CO-CHAIR	1.00	X		X				0.	0.	0.
(2) RICHARD K. DESCHERER CO-CHAIR	1.00	X		X				0.	0.	0.
(3) JOSEPH MAURIELLO TREASURER	1.00	X		X				0.	0.	0.
(4) BRENDA BLACKMON SECRETARY	1.00	X		X				0.	0.	0.
(5) BISHOP RUDY V. CARLTON DIRECTOR	1.00	X						0.	0.	0.
(6) JEROME CHAZEN DIRECTOR	1.00	X						0.	0.	0.
(7) WILLIE COLON DIRECTOR	1.00	X						0.	0.	0.
(8) THOMAS O. DANIEL DIRECTOR	1.00	X						0.	0.	0.
(9) JENNIE DESCHERER DIRECTOR	1.00	X						0.	0.	0.
(10) KATEY DRISCOLL DIRECTOR	1.00	X						0.	0.	0.
(11) SIR MARC FELDMANN DIRECTOR	1.00	X						0.	0.	0.
(12) MOTI FERDER DIRECTOR	1.00	X						0.	0.	0.
(13) JOE GERMANOTTA DIRECTOR	1.00	X						0.	0.	0.
(14) DAVID KIES DIRECTOR	1.00	X						0.	0.	0.
(15) DANIEL LAVECCHIA DIRECTOR	1.00	X						0.	0.	0.
(16) LOUIS LUCIDO DIRECTOR	1.00	X						0.	0.	0.
(17) VERONICA VARGAS LUPO DIRECTOR	1.00	X						0.	0.	0.

**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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MOLLY MCCABE DIRECTOR	1.00	X						0.	0.	0.
(19) NADEEM MEGHJI DIRECTOR	1.00	X						0.	0.	0.
(20) WILLIAM J. MULVIHILL DIRECTOR	1.00	X						0.	0.	0.
(21) ROBERT SEDER, MD DIRECTOR	1.00	X						0.	0.	0.
(22) DANIEL J WALLACE DIRECTOR	1.00	X						0.	0.	0.
(23) WILLIAM WOLFE DIRECTOR	1.00	X						0.	0.	0.
(24) CAROL WEISMAN DIRECTOR	1.00	X						0.	0.	0.
(25) JULIUS WILLIAMS DIRECTOR	1.00	X						0.	0.	0.
(26) SPENCER ZWICK DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								2,257,105.	0.	521,317.
<b>d Total (add lines 1b and 1c)</b>								2,257,105.	0.	521,317.

**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 **14**

	Yes	No
<b>3</b> Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? 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
CONVERGENCY LLC, 1015 15TH ST., 6TH FL, NW, WASHINGTON, DC 20005	FDA CONSULTANT	195,000.
KIM KAISER & ASSOCIATES, LLC, 4001 SANTA BARBARA BLVD #405, NAPLES, FL 34104	PHARMA RELATIONS CONSULTANT	185,788.
EG&A CIRP DBA MCS HEALTHCARE PR 110 ALLEN RD 300, BASKING RIDGE, NJ 07921	PUBLIC RELATIONS CONSULTANT	170,555.
HYPATIA PROJECT LLC, 1818 LIBRARY STREET, SUITE 500, RESTON, VA 20190	CLINICAL OPS CONSULTANT	140,447.
LAUTMAN, MASKA, NEIL AND CO, 1703 RHODE ISLAND AVE NW STE #301, WASHINGTON, DC	DIRECT RESPONSE CONSULTANTS	114,050.

**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 **5**

SEE PART VII, SECTION A CONTINUATION SHEETS



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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Kenneth M. Farber, Debra Rose, Andrea O'Neill, Albert Roy, Teodora Staeva, Diane Gross, Jonathan Marks, Margy Meislin, Penelope Mitchell, and Dorey Neilinger.

Total to Part VII, Section A, line 1c ..... 2,257,105. 521,317.

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	7,808,509.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	698,800.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	10,434,528.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 157,755.				
	<b>h Total.</b> Add lines 1a-1f			18,941,837.			
<b>Program Service Revenue</b>	<b>2 a</b> LUCIN CONSULTING REVENUE	<b>Business Code</b>	900099	1,036,685.	1,036,685.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			1,036,685.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			1,904,150.		1904150.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	7,003,020.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	5,227,282.				
	<b>c</b> Gain or (loss)	<b>7c</b>	1,775,738.				
<b>d</b> Net gain or (loss)			1,775,738.		1775738.		
<b>8 a</b> Gross income from fundraising events (not including \$ 7,808,509. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		591,888.				
			591,888.				
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events			0.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11 a</b> SUBLET INCOME	<b>Business Code</b>	900099	121,620.		121,620.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			121,620.			
<b>12 Total revenue.</b> See instructions			23,780,030.	1,036,685.	0.	3801508.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,344,685.	13,344,685.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	11,736.	11,736.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,675,011.	1,675,011.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,807,839.	965,194.	383,289.	459,356.
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	3,148,035.	1,690,527.	631,591.	825,917.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	236,753.	128,810.	43,331.	64,612.
9 Other employee benefits	713,482.	382,175.	145,985.	185,322.
10 Payroll taxes	331,185.	177,573.	67,525.	86,087.
11 Fees for services (nonemployees):				
a Management				
b Legal	123,537.	83,842.	20,541.	19,154.
c Accounting	64,368.		64,368.	
d Lobbying	190,611.	190,611.		
e Professional fundraising services. See Part IV, line 17	65,000.			65,000.
f Investment management fees	194,932.		194,932.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,630,331.	1,089,335.	313,580.	227,416.
12 Advertising and promotion				
13 Office expenses	92,247.	43,325.	30,862.	18,060.
14 Information technology	411,732.	208,437.	130,957.	72,338.
15 Royalties				
16 Occupancy	1,129,925.	668,328.	202,909.	258,688.
17 Travel	46,658.	32,490.	6,603.	7,565.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	362,101.	343,035.	11,092.	7,974.
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	141,508.	75,873.	28,853.	36,782.
23 Insurance	65,512.	41,796.	10,425.	13,291.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>CLINICAL STUDIES</b>	330,308.	330,308.		
b <b>PRINTING &amp; PUBLICATIONS</b>	215,585.	32,377.	11,632.	171,576.
c <b>DATA PROCESSING</b>	154,003.	40,920.	9,553.	103,530.
d <b>POSTAGE, SHIPPING &amp; DEL</b>	119,357.	3,891.	15,891.	99,575.
e All other expenses	165,642.	63,684.	45,320.	56,638.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	26,772,083.	21,623,963.	2,369,239.	2,778,881.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,877,555.	<b>1</b>	12,383,714.
	<b>2</b> Savings and temporary cash investments .....	846,030.	<b>2</b>	847,554.
	<b>3</b> Pledges and grants receivable, net .....	15,931,284.	<b>3</b>	2,944,619.
	<b>4</b> Accounts receivable, net .....	545,275.	<b>4</b>	332,914.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	193,080.	<b>9</b>	370,260.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,111,481.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 835,817.		
	<b>11</b> Investments - publicly traded securities .....	390,827.	<b>10c</b>	275,664.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	80,441,611.	<b>11</b>	92,239,618.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	708,544.	<b>12</b>	1,025,732.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	473,935.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	103,408,141.	<b>15</b>	489,871.	
		<b>16</b>	110,909,946.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	511,502.	<b>17</b>	763,708.
	<b>18</b> Grants payable .....	39,843,096.	<b>18</b>	39,844,509.
	<b>19</b> Deferred revenue .....		<b>19</b>	42,880.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	698,800.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	797,688.	<b>25</b>	772,731.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	41,851,086.	<b>26</b>	41,423,828.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	45,047,938.	<b>27</b>	58,936,120.
	<b>28</b> Net assets with donor restrictions .....	16,509,117.	<b>28</b>	10,549,998.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	61,557,055.	<b>32</b>	69,486,118.
<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	103,408,141.	<b>33</b>	110,909,946.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,780,030.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,772,083.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,992,053.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	61,557,055.
5	Net unrealized gains (losses) on investments	5	7,278,535.
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 on Schedule O)	9	3,642,581.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	69,486,118.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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 type="checkbox"/> Separate basis <input checked="" 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 on 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 on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2021)

SCHEDULE A (Form 990)

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization LUPUS RESEARCH ALLIANCE, 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).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	23693133.	15396535.	17673622.	41539746.	18941837.	117244873
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	23693133.	15396535.	17673622.	41539746.	18941837.	117244873
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						53466414.
<b>6 Public support.</b> Subtract line 5 from line 4.						63778459.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	23693133.	15396535.	17673622.	41539746.	18941837.	117244873
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1314981.	1336303.	1445946.	1614390.	2025770.	7737390.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	204.					204.
<b>11 Total support.</b> Add lines 7 through 10						124982467
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	5,143,208.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	51.03 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	48.80 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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 line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> 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 <b>Part VI</b> 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.			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> 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).		

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2022. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section 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.)

Multiple horizontal lines for supplemental information.

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political 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) 2021

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	647,293.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	647,293.													
<b>d</b>	Other exempt purpose expenditures .....	26,124,790.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	26,772,083.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	788,377.	846,235.	743,966.	647,293.	3,025,871.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

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

Table with 3 main columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members; 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); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures. See instructions

Part IV Supplemental Information

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

Blank lines for providing supplemental information as required by the instructions.



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization LUPUS RESEARCH ALLIANCE, 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.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and monitoring details.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

**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 make 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 program
  - 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	56,586,437.	51,813,456.	46,122,925.	51,742,397.	45,863,827.
b Contributions					
c Net investment earnings, gains, and losses	7,839,333.	6,226,708.	8,404,231.	-2,936,193.	8,478,913.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,111,233.	1,453,727.	2,713,456.	2,683,279.	2,600,343.
f Administrative expenses					
g End of year balance	61,314,537.	56,586,437.	51,813,456.	46,122,925.	51,742,397.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  100 %
  - b Permanent endowment  %
  - c Term 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:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations  |     | X  |
| (ii) Related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		424,912.	229,038.	195,874.
d Equipment		686,569.	606,779.	79,790.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				275,664.

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

**Part IX Other Assets.**

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" 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) DEFERRED RENT	772,731.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	772,731.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	34,477,283.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	7,278,535.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c	3,613,650.	
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		10,892,185.
3	Subtract line 2e from line 1	3		23,585,098.
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	194,932.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		194,932.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		23,780,030.

**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	26,548,220.
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		26,548,220.
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	194,932.	
b	Other (Describe in Part XIII.)	4b	28,931.	
c	Add lines 4a and 4b	4c		223,863.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		26,772,083.

**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 28,931.

**PART PART XII, LINE 4B**

UNUSED PORTIONS OF GRANTS RETURNED TO LRA THAT WERE PAID IN PREVIOUS YEARS IN THE AMOUNT OF \$28,931. 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.

Multiple horizontal lines for supplemental information.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **LUPUS RESEARCH ALLIANCE, 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
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANTS TO RECIPIENTS		634,745.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS		596,917.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTS TO RECIPIENTS		443,349.
<b>3 a</b> Subtotal .....	0	0			1,675,011.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			1,675,011.

**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)
		NORTH AMERICA	LUPUS RESEARCH	80,000.	ACH	0.		
		NORTH AMERICA	LUPUS RESEARCH	80,000.	ACH	0.		
		NORTH AMERICA	LUPUS RESEARCH	80,000.	ACH	0.		
		NORTH AMERICA	LUPUS RESEARCH	90,000.	ACH	0.		
		NORTH AMERICA	LUPUS RESEARCH	80,000.	ACH	0.		
		NORTH AMERICA	LUPUS RESEARCH	80,000.	ACH	0.		
		NORTH AMERICA	LUPUS RESEARCH	80,000.	ACH	0.		
		NORTH AMERICA	LUPUS RESEARCH	34,745.	ACH	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **7**

3 Enter total number of other organizations or entities ..... **9**

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)
		NORTH AMERICA	LUPUS RESEARCH	30,000.	ACH	0.		
		EAST ASIA AND THE PACIFIC	LUPUS RESEARCH	301,389.	ACH	0.		
		EAST ASIA AND THE PACIFIC	LUPUS RESEARCH	291,389.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	LUPUS RESEARCH	120,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	LUPUS RESEARCH	10,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	LUPUS RESEARCH	14,821.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	LUPUS RESEARCH	291,389.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	LUPUS RESEARCH	7,139.	WIRE	0.		



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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  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; don't file with Form 990)* .....  Yes  No

**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:****PRE AWARD AND APPLICATION PHASE:**

BEFORE A GRANT IS AWARDED, THE SPONSORING INSTITUTION (SI) MUST AGREE TO THE TERMS AND CONDITIONS OUTLINED IN THE LUPUS RESEARCH ALLIANCE (LRA)'S POLICY STATEMENT FOR RESEARCH GRANTS THAT INCLUDE:

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

AGREE THAT PI AND SI ARE BOTH RESPONSIBLE FOR INSURING THAT ALL RESEARCH ACTIVITIES ARE CONDUCTED IN A SAFE, RESPONSIBLE AND ETHICAL MANNER. THEY MUST KEEP UPDATED APPROVAL FROM THE SI'S INSTITUTIONAL REVIEW BOARD AND ANIMAL CARE AND USE COMMITTEE THROUGHOUT THE PROJECT PERIOD.

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 FINANCIAL REPORTS ARE REQUIRED.

TRAVEL FUNDS PROVIDED AS PART OF THE PROJECT ARE EXPECTED TO BE USED TO ATTEND THE LRA'S ANNUAL MEETING FORUM FOR DISCOVERY.

CONFIRMATION THAT THERE IS NO OTHER ACTIVE OR PENDING SUPPORT FOR THE SPECIFIC PROJECT THAT IS THE SUBJECT OF THE GRANT.

**POST AWARD:**

THE PI AND A REPRESENTATIVE FROM THE SI MUST SUBMIT: 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.

**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.

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 SIS 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 THE LRA MUST BE LISTED AS A FUNDER IN ANY PUBLISHED PAPERS AND VERBAL OR POSTER PRESENTATIONS

THE SI MUST SUBMIT A COPY OF THE IRS OR OTHER TAX GOVERNING INSTITUTION CONFIRMING THE TAX STATUS OF THE SI

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**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 NY GALA	X		7,292,511.	65,000.	7,292,511.
<b>Total</b>				7,292,511.	65,000.	7,292,511.

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

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" 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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA CELEBRATION (event type)	WALK-A-THONS (event type)	NONE (total number)	
Revenue	1	Gross receipts	7,323,415.	1,076,982.	8,400,397.
	2	Less: Contributions	6,863,745.	944,764.	7,808,509.
	3	Gross income (line 1 minus line 2)	459,670.	132,218.	591,888.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	313,972.		313,972.
	8	Entertainment			
	9	Other direct expenses	145,698.	132,218.	277,916.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			591,888.
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: \_\_\_\_\_

- 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 1/1/21 - 12/31/21 WAS \$65,000 PLUS REIMBURSABLE EXPENSES.

**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **LUPUS RESEARCH ALLIANCE, 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK AVE - BRONX, NY 10461	47-2209056	501(C)(3)	80,000.	0.	BOOK		LUPUS RESEARCH
BENAROYA RESEARCH INSTITUTE AT VIRGINIA MASON - 1201 NINTH AVE - SEATTLE, WA 98101	91-0653422	501(C)(3)	10,813.	0.	BOOK		LUPUS RESEARCH
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE - BOSTON, MA 02215	04-2103881	501(C)(3)	80,000.	0.	BOOK		LUPUS RESEARCH
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	291,389.	0.	BOOK		LUPUS RESEARCH
BRIGHAM AND WOMEN'S HOSPITAL 77 AVENUE LOUIS PASTEUR BOSTON, MA 02115	04-2312909	501(C)(3)	96,528.	0.	BOOK		LUPUS RESEARCH
BROAD INSTITUTE, INC. SEVEN CAMBRIDGE CENTER CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	469,092.	0.	BOOK		LUPUS RESEARCH

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **46.**

**3** Enter total number of other organizations listed in the line 1 table **10.**

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

Schedule I (Form 990) 2021

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL OF PHILADELPHIA - 3401 CIVIC CENTER BOULEVARD - PHIALDELPHIA, PA 19104	23-1352166	501(C)(3)	8,611.	0.	BOOK		LUPUS RESEARCH
COLUMBIA UNIVERSITY MEDICAL CENTER 154 HAVEN AVE, 2ND FL NEW YORK, NY 10032	13-3598093	501(C)(3)	80,000.	0.	BOOK		LUPUS RESEARCH
EMORY UNIVERSITY 1762 CLIFTON RD NE ATLANTA, GA 30322	58-0566256	501(C)(3)	3,117,140.	0.	BOOK		LUPUS RESEARCH
FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC. - 9650 ROCKVILLE PIKE - BETHESDA, MD 20814	52-1986675	501(C)(3)	100,000.	0.	BOOK		LUPUS RESEARCH
HOSPITAL FOR SPECIAL SURGERY 535 E 70TH STREET NEW YORK, NY 10021	13-1624135	501(C)(3)	145,872.	0.	BOOK		LUPUS RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	87,176.	0.	BOOK		LUPUS RESEARCH
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	88,611.	0.	BOOK		LUPUS RESEARCH
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 179 ASHLEY AVENUE - CHARLESTON, SC 29425	57-6028985	SECTION 115 - SC	662,779.	0.	BOOK		LUPUS RESEARCH
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - 550 FIRST AVENUE - NEW YORK, NY 10016	13-5562308	501(C)(3)	90,872.	0.	BOOK		LUPUS RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWELL HEALTH - DIVISION OF RHEUMATOLOGY - 972 BRUSH HOLLOW RD 5TH FL - WESTBURY, NY 11590	11-2673595	501(C)(3)	80,000.	0.	BOOK		LUPUS RESEARCH
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167818	501(C)(3)	80,000.	0.	BOOK		LUPUS RESEARCH
OKLAHOMA MEDICAL RESEARCH FOUNDATION - 825 NE 13TH STREET - OKLAHOMA CITY, OK 73104	73-0580274	501(C)(3)	105,818.	0.	BOOK		LUPUS RESEARCH
PENNSYLVANIA STATE UNIVERSITY ONE OLD MAIN UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	80,000.	0.	BOOK		LUPUS RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY - 2200 UNIVERSITY AVE - BERKELEY, CA 94720	94-6002123	501(C)(3)	291,389.	0.	BOOK		LUPUS RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA, IRVINE - 5171 CALIFORNIA AVENUE, STE 150 - IRVINE, CA 92697	95-2226406	501(C)(3)	80,000.	0.	BOOK		LUPUS RESEARCH
RUSH UNIVERSITY MEDICAL CENTER 1653 WEST CONGRESS PARKWAY CHICAGO, IL 60612	36-2174823	501(C)(3)	80,000.	0.	BOOK		LUPUS RESEARCH
ST. JUDE CHILDREN'S HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 38105-3678	62-0646012	501(C)(3)	16,528.	0.	BOOK		LUPUS RESEARCH
STANFORD UNIVERSITY 3145 PORTER DRIVE PALO ALTO, CA 94304	94-1156365	501(C)(3)	94,352.	0.	BOOK		LUPUS RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STATE UNIVERSITY OF NY AT STONY BROOK - ONE LINCOLN CENTER - SYRACUSE, NY 13202	14-1368361	501(C)(3)	291,386.	0.	BOOK		LUPUS RESEARCH
TEMPLE UNIVERSITY 1801 N. BROAD STREET PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	80,000.	0.	BOOK		LUPUS RESEARCH
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER - 3601 4TH STREET - LUBBOCK, TX 79430	75-2668014	TX STATE GOVERNMENT	25,459.	0.	BOOK		LUPUS RESEARCH
THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH - 350 COMMUNITY - MANHASSET, NY 11030	11-2673595	501(C)(3)	134,413.	0.	BOOK		LUPUS RESEARCH
THE METROHEALTH SYSTEM 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	34-6004382	SECTION 115 - OH	80,000.	0.	BOOK		LUPUS RESEARCH
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	31-1702164	SECTION 115 - OH	80,000.	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)	80,000.	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)	579,275.	0.	BOOK		LUPUS RESEARCH
THE RESEARCH FOUNDATION OF SUNY 35 STATE STREET ALBANY, NY 12201	14-1368361	501(C)(3)	80,000.	0.	BOOK		LUPUS RESEARCH

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE, STE 501 CHICAGO, IL 60637	36-2177139	501(C)(3)	90,586.	0.	BOOK		LUPUS RESEARCH
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 6000 FELDWOOD ROAD - COLLEGE PARK, GA 30349	56-6001393	501(C)(3)	148,317.	0.	BOOK		LUPUS RESEARCH
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	119,508.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1530 3RD AVE S - BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	96,446.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 2200 UNIVERSITY HALL - BERKELEY, CA 94720	94-6036493	501(C)(3)	439,013.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS - 3100 MARINE ST, 6TH FL - BOULDER, CO 80309	84-6000555	501(C)(3)	118,611.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF FLORIDA 207 TIGERT HALL GAINSEVILLE, FL 32611	59-6002052	FL STATE GOVERN	80,000.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF HOUSTON 4800 CALHOUN ROAD HOUSTON, TX 77004	74-6001399	501(C)(3)	8,611.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF MARYLAND BALTIMORE 620 W. LEXINGTON STREET, 4TH FL BALTIMORE, MD 21201	52-1830242	SECTION 115 - MD	80,000.	0.	BOOK		LUPUS RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - 55 LAKE AVENUE - WORCESTER, MA 01655	04-3167325	MA STATE GOVERN	385,737.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF MIAMI 1320 S. DIXIE HIGHWAY, GABLES ONE TOWER #650 - CORAL GABLES, FL 33146	59-0624458	501(C)(3)	80,000.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF MICHIGAN 503 THOMPSON STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	105,139.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE PITTSBURGH, PA 15213	25-0965591	501(C)(3)	80,000.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF ROCHESTER 518 HYLAN BUILDING ROCHESTER, NY 14627	16-0743209	501(C)(3)	80,000.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF TEXAS AT SAN ANTONIO 7703 FLOYD CURL DRIVE SAN ANTONIO, TX 78229-3900	74-6000203	TX STATE GOVERN	16,528.	0.	BOOK		LUPUS RESEARCH
UNIVERSITY OF WASHINGTON 3917 UNIVERSITY WAY NE SEATTLE, WA 98195	91-6001537	SECTION 115 - WA	88,429.	0.	BOOK		LUPUS RESEARCH
UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD DALLAS, TX 75390	74-6000203	TX STATE GOVERN	80,000.	0.	BOOK		LUPUS RESEARCH
VANDERBILT UNIVERSITY MEDICAL CENTER - 1211 MEDICAL CENTER DRIVE - NASHVILLE, TN 37232	35-2528741	501(C)(3)	92,750.	0.	BOOK		LUPUS RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAKE FOREST UNIVERSITY HEALTH SCIENCES - MEDICAL CENTER BLVD - WINSTON-SALEM, NC 27157	22-3849199	501(C)(3)	80,000.	0.	BOOK		LUPUS RESEARCH
WALLACE RHEUMATIC STUDIES CENTER, LLC - 8737 BENVERLY BLVD STE 301 - W HOLLYWOOD, CA 90048	45-5434561	501(C)(3)	80,000.	0.	BOOK		LUPUS RESEARCH
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 1300 YORK AVENUE - NEW YORK, NY 10065	13-1623978	501(C)(3)	3,154,756.	0.	BOOK		LUPUS RESEARCH
YALE UNIVERSITY BOX 208239 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	88,611.	0.	BOOK		LUPUS RESEARCH

**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
LUPUS EMERGENCY GRANT - \$500 MAX PER PERSON	28	11,736.	0.	BILLS	LUPUS EMERGENCY GRANT - \$500 MAX PER PERSON

**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:

PRE AWARD AND APPLICATION PHASE:

BEFORE A GRANT IS AWARDED, THE SPONSORING INSTITUTION (SI) MUST AGREE TO THE TERMS AND CONDITIONS OUTLINED IN THE LUPUS RESEARCH ALLIANCE (LRA)'S POLICY STATEMENT FOR RESEARCH GRANTS THAT INCLUDE:

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

AGREE THAT PI AND SI ARE BOTH RESPONSIBLE FOR INSURING THAT ALL RESEARCH



**Part IV** Supplemental Information

ACTIVITIES ARE CONDUCTED IN A SAFE, RESPONSIBLE AND ETHICAL MANNER. THEY MUST KEEP UPDATED APPROVAL FROM THE SI'S INSTITUTIONAL REVIEW BOARD AND ANIMAL CARE AND USE COMMITTEE THROUGHOUT THE PROJECT PERIOD.

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 FINANCIAL REPORTS ARE REQUIRED.

TRAVEL FUNDS PROVIDED AS PART OF THE PROJECT ARE EXPECTED TO BE USED TO ATTEND THE LRA'S ANNUAL MEETING FORUM FOR DISCOVERY.

CONFIRMATION THAT THERE IS NO OTHER ACTIVE OF PENDING SUPPORT FOR THE SPECIFIC PROJECT THAT IS THE SUBJECT OF THE GRANT.

POST AWARD:

THE PI AND A REPRESENTATIVE FROM THE SI MUST SUBMIT: 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

**Part IV** Supplemental Information

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 SIS 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 THE LRA MUST BE LISTED AS A FUNDER IN ANY PUBLISHED PAPERS AND VERBAL OR POSTER PRESENTATIONS

THE SI MUST SUBMIT A COPY OF THE IRS OR OTHER TAX GOVERNING INSTITUTION CONFIRMING THE TAX STATUS OF THE SI

Multiple horizontal lines for additional text input.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**LUPUS RESEARCH ALLIANCE, 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 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

**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 and/or 1099-NEC 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 CEO AND PRESIDENT	(i)	372,500.	50,000.	6,866.	28,500.	52,965.	510,831.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEBRA ROSE CHIEF FINANCE OFFICER	(i)	189,188.	30,000.	1,368.	24,410.	22,068.	267,034.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANDREA O'NEILL EXECUTIVE DIRECTOR	(i)	220,000.	50,000.	1,791.	29,700.	20,397.	321,888.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ALBERT ROY EXECUTIVE DIRECTOR, LUCIN	(i)	231,790.	40,000.	1,406.	27,179.	49,679.	350,054.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TEODORA STAEVA CHIEF SCIENTIFIC OFFICER	(i)	258,837.	40,000.	1,965.	22,800.	40,130.	363,732.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DIANE GROSS NATIONAL DIRECTOR OF ADVOC	(i)	138,424.	500.	860.	15,282.	27,498.	182,564.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JONATHAN MARKS DIRECTOR OF CORPORATE DEVE	(i)	141,900.	1,000.	934.	15,719.	33,284.	192,837.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MARGY MEISLIN EDITORIAL & PR DIRECTOR	(i)	128,750.	1,000.	3,447.	14,272.	26,421.	173,890.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PENELOPE MITCHELL DIRECTOR OF COMMUNICATIONS	(i)	164,800.	5,000.	2,380.	13,192.	22,593.	207,965.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DOREY NEILINGER SENIOR DIRECTOR OF PHILANT	(i)	164,250.	5,000.	3,149.	18,618.	16,610.	207,627.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Name of the organization **LUPUS RESEARCH ALLIANCE, 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	8	157,755.	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 V, Donee Acknowledgement **29**

	Yes	No
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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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

SCHEDULE M, LINE 32B:

LRA HAS AN ACCOUNT WITH MORGAN STANLEY, WHICH LRA USES TO SELL THE CONTRIBUTIONS IT RECEIVES THROUGH STOCKS.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

LUPUS RESEARCH ALLIANCE, INC.

Employer identification number

58-2492929

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

SINCE ITS INCEPTION, THE LRA HAS COMMITTED OVER \$220 MILLION TO FUND LUPUS RESEARCH PROJECTS. IN 2021 ALONE, OVER \$10,600,000 MILLION WAS AWARDED IN GRANTS FOR HIGHLY INNOVATIVE PROJECTS WITH THE POTENTIAL TO IMPROVE TREATMENT AS WELL AS UNDERSTAND THE CAUSES OF LUPUS AND THUS LEAD TO A CURE:

1) 2 GLOBAL TEAM SCIENCE AWARDS WERE AWARDED FOR \$3 MILLION FOR A TOTAL OF \$6 MILLION OVER TWO YEARS. THESE AWARDS WILL FUND MULTIDISCIPLINARY, COLLABORATIVE AND HIGHLY SYNERGISTIC PROJECTS THAT PUSH THE BOUNDARIES OF INNOVATION AND BRIDGE RESEARCH AND CLINICAL EFFORTS IN LUPUS. THE TEAMS WILL FOCUS ON UNRAVELING HUMAN LUPUS HETEROGENEITY WITH THE AIM TO DISCOVER NEW AVENUES TO PERSONAL TREATMENT APPROACHES;

2) 11 LUPUS INNOVATION AWARD GRANTS WERE AWARDED FOR A TOTAL OF \$3.3 MILLION OVER TWO YEARS FOCUSING ON EARLY-STAGE FUNDAMENTAL RESEARCH INTO DISEASE MECHANISMS;

3) 7 ADMINISTRATIVE DIVERSITY SUPPLEMENT TO PROMOTED DIVERSITY IN LUPUS RESEARCH WERE AWARDED TOTALING APPROXIMATELY \$150,000. THESE AWARDS FUND HIGHLY QUALIFIED AND PROMISING UNDERREPRESENTED MINORITY TRAINEES TO SUPPORT THEIR RESEARCH EXPERIENCES ALIGNED WITH AN LRA PARENT AWARD.

4) THE DISTINGUISHED INNOVATOR AWARD PROGRAM PROVIDES OUTSTANDING SCIENTISTS WITH SUBSTANTIAL SUPPORT TO CONDUCT HIGHLY INNOVATIVE RESEARCH TO UNCOVER THE UNDERLYING CAUSES OF LUPUS, A SUPPLEMENTAL \$500,000 WAS AWARDED OVER TWO YEARS TO A CURRENTLY FUNDED RESEARCHER TO CONTINUED PROPOSED WORK.

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

Schedule O (Form 990) 2021

132211 11-11-21



Name of the organization LUPUS RESEARCH ALLIANCE, INC.	Employer identification number 58-2492929
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5) THE LUPUS INSIGHT PRIZE WAS AWARDED FOR \$100,000. THIS AWARD RECOGNIZES A LEADING RESEARCHER WHO HAS MADE A MAJOR CONTRIBUTION TO THE FIELD.

6) LRA IS PROVIDING \$100,000 PER YEAR TO THE FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH IN SUPPORT OF THE ACCELERATING MEDICINES PARTNERSHIP (AMP) AUTOIMMUNITY AND IMMUNE-MEDIATED (AIM) DISEASES PROGRAM WHICH LEVERAGES DATA GENERATED BY THE PREVIOUS WORK DONE ON LUPUS BY THIS PROGRAM.

THE 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 PROJECTS BY THE LRA AIM TO TRANSLATE RESULTS FROM THE RESEARCH BENCH TO THE BEDSIDE AS QUICKLY AS POSSIBLE. BECAUSE THE LUPUS RESEARCH ALLIANCE BOARD OF DIRECTORS FUNDS THE 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: MEMBERS OF OUR BOARD OF DIRECTORS AS WELL AS TOP-LEVEL RESEARCHERS DISCUSSED OUR PORTFOLIO AND UPCOMING STRATEGIC STEPS; SCIENTIFIC ADVISORY BOARD MEETINGS WHERE HIGHLY REGARDED SCIENTIFIC ADVISORS REVIEW GRANT APPLICATION SUBMISSIONS AND DISCUSS FUTURE AND OVERALL RESEARCH STRATEGY FOR THE ORGANIZATION; LUPUS INDUSTRY FULL COUNCIL AND EXECUTIVE COMMITTEE MEETINGS WHERE THE LRA AND INDUSTRY REPRESENTATIVES FOCUSED ON SOLVING SHARED OBSTACLES TO CLINICAL TRIALS; CONTINUED MEETINGS WITH INDUSTRY AND OTHER DISEASE -FOCUSED NONPROFIT PARTNERS AS PART OF THE LRA ACCELERATOR AWARD PROGRAM AND COMMON MECHANISMS IN

Name of the organization LUPUS RESEARCH ALLIANCE, INC.	Employer identification number 58-2492929
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AUTOIMMUNITY GRANT PROGRAMS; CLINICAL TRIALS AWARENESS FAIRS THAT ENGAGE THE LUPUS COMMUNITY IN UNDERSTANDING, PARTICIPATING IN AND ADVOCATING FOR LUPUS CLINICAL TRIALS; AND LUPUS CLINICAL INVESTIGATORS NETWORK (LUCIN) MEETINGS WHERE TOP RESEARCHERS DISCUSS THE DESIGN AND PROGRESS FOR LUPUS CLINICAL TRIALS.

THE LRA FOUNDED LUPUS THERAPEUTICS, LLC AS AN AFFILIATE OF THE LRA IN 2018 TO RUN LUCIN TO ADVANCE CLINICAL TRIALS AND FACILITATE THE DEVELOPMENT OF MUCH NEEDED NEW LUPUS TREATMENTS. THE LRA COMMITTED OVER \$4.3 MILLION IN 1-YEAR GRANTS IN 2021 TO CONTINUE FUNDING THRU 2023 OF TOP ACADEMIC CENTERS TO FOSTER CLINICAL TRIAL PARTICIPATION IN LUCIN. LUPUS THERAPEUTICS (LT) CONTINUES TO HAVE A DIVERSE PORTFOLIO OF ONGOING CLINICAL TRIALS WITHIN LUCIN AND AS OF 2021, THERE HAVE BEEN TWENTY STUDIES MANAGED VIA LUPUS THERAPEUTICS IN CONJUNCTION WITH THE LUCIN NETWORK WITH AN EMPHASIS ON NEW TREATMENTS FOR LUPUS IN PHASE II AND III CLINICAL STUDIES. POSITIVE RESULTS WERE REPORTED ON TWO STUDIES WITH 4 MORE STUDIES RESULTS EXPECTED IN 2022. MOREOVER, LT HAS A HEALTHY PIPELINE OF NEW BUSINESS DEVELOPMENT DISCUSSIONS WITH INDUSTRY RELATED TO PERFORMING ADVISORY SERVICES AND/OR CONDUCTING PROSPECTIVE CLINICAL TRIALS WITHIN THE NETWORK AND COMPLETED 9 CONSULTATIVE ENGAGEMENTS WITH PHARMA IN 2021.

DURING 2020, THE LRA DEVELOPED A BUSINESS PLAN FOR LUPUS NEXUS, A PATIENT REGISTRY AND BIOREPOSITORY COUPLED WITH DATA SHARING AND ANALYSIS PLATFORM, TO PROVIDE A GAME-CHANGING CONTRIBUTION TO LUPUS PATIENT-CENTERED RESEARCH. WORKING WITH LUPUS THERAPEUTICS, LUPUS NEXUS WILL CAPITALIZE ON CURRENT STRATEGIC OPPORTUNITIES IN THE LUPUS FIELD BY ENABLING A COLLABORATIVE, DATA-DRIVEN PLATFORM FOR THE RESEARCH COMMUNITY.

THE VISION FOR THE LUPUS NEXUS IS TO TRANSFORM LUPUS RESEARCH AND DRUG

Name of the organization

LUPUS RESEARCH ALLIANCE, INC.

Employer identification number

58-2492929

DEVELOPMENT THROUGH UNPRECEDENTED INFORMATION EXCHANGE CAPABILITIES.

THE PLATFORM WILL PROVIDE A COLLABORATIVE SOLUTION THAT IS INCLUSIVE OF DIVERSE PATIENT POPULATIONS DISPROPORTIONALLY AFFECTED BY LUPUS. THE LUPUS NEXUS WILL BE A SOURCE OF HIGHLY CURATED DATA TO CATALYZE GLOBAL COLLABORATION, RESEARCH INNOVATION, AND PRECISION MEDICINE APPROACHES TO ACCELERATE LUPUS RESEARCH AND DRUG DEVELOPMENT.

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

RESEARCH PROGRAMS (CDMRP) OPERATED BY THE ARMY MEDICAL RESEARCH AND MATERIEL COMMAND. FIRST, THE LUPUS RESEARCH ALLIANCE WAS RESPONSIBLE FOR PERSUADING CONGRESS TO INCLUDE LUPUS IN ITS LIST OF DESIGNATED DISEASES ELIGIBLE FOR FUNDING IN THE PEER REVIEWED MEDICAL PROGRAM. MOST RECENTLY, LUPUS RESEARCH ALLIANCE ADVOCACY SUCCEEDED IN THE ESTABLISHMENT IN 2017 OF THE LUPUS RESEARCH PROGRAM UNDER THE CDMRP. OVER THE PROGRAM'S FIRST THREE YEARS, \$5 MILLION WAS EARMARKED EACH YEAR SPECIFICALLY FOR LUPUS; THROUGH THE LUPUS RESEARCH ALLIANCE'S CONTINUED EFFORTS THIS AMOUNT WAS INCREASED TO \$10M IN FISCAL YEARS (FY) 2020, 2021, AND 2022 DEFENSE APPROPRIATIONS BILLS OVER SIX YEARS, \$45M WAS SECURED UNDER THIS PROGRAM, AND THE LRA HAS REQUESTED AN INCREASE TO \$15M FOR FY 2023.

THE LRA COLLABORATED WITH THE LUPUS AND ALLIED DISEASES ASSOCIATION (LADA) AND LUPUS FOUNDATION OF AMERICA (LFA) IN 2017 ON THE LUPUS PATIENT-FOCUSED DRUG DEVELOPMENT (PFDD) INITIATIVE. THIS EFFORT CULMINATED IN A REPORT THAT WAS 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. THE LRA CONTINUES TO WORK TO BRING THE VOICE OF THE PATIENT TO THE DRUG REVIEW

Name of the organization LUPUS RESEARCH ALLIANCE, INC.	Employer identification number 58-2492929
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PROCESS BY RESPONDING TO RELEVANT CALLS FROM THE FDA FOR COMMENTS INCLUDING THOSE FOCUSED ON ENSURING CLINICAL TRIAL PARTICIPANTS REPRESENT THE REAL-WORLD DEMOGRAPHIC CHARACTERISTICS OF PEOPLE LIVING WITH THE DISEASE

ONGOING ADVOCACY FOCUSES ON ENSURING LEGISLATION THAT SECURES THE FEDERAL FUNDING SUPPORT NECESSARY TO AFFORD INVESTIGATORS THE RESOURCES TO FOLLOW THROUGH WITH RESEARCH DISCOVERIES THAT WILL IMPROVE TREATMENT OF LUPUS. EVERY YEAR, THE LRA TRAINS AND ORGANIZES ADVOCATES FROM ACROSS THE COUNTRY TO MEET WITH LEGISLATORS ON CAPITOL HILL. THE GOAL IS TO INCREASE AWARENESS OF LUPUS AND THE IMPACT IT HAS ON PEOPLES' DAILY LIVES TO MEMBERS OF CONGRESS AND TO REQUEST THEIR SUPPORT FOR INCREASED FUNDING FOR LUPUS RESEARCH FROM FEDERAL PROGRAMS SUCH AS THE NIH.

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

NEIL J. BURMEISTER (DIRECTOR) AND IRA AKSELRAD (DIRECTOR) HAVE A BUSINESS RELATIONSHIP. RICHARD K. DESCHERER (CO-CHAIR) AND JENNIE DESCHERER HAVE A FAMILY RELATIONSHIP.

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

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

Name of the organization LUPUS RESEARCH ALLIANCE, INC.	Employer identification number 58-2492929
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## 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 COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ASSISTED THE BOARD IN FULFILLING ITS OVERSIGHT RESPONSIBILITIES RELATING TO THE COMPENSATION AND BENEFITS OF THE PRESIDENT AND OTHER EXECUTIVE OFFICERS; AND PROVIDED RECOMMENDATIONS REGARDING MANAGEMENT SUCCESSORS.

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

IN 2021, THE COMMITTEE REVIEWED AND APPROVED BASE SALARIES, ANNUAL COST OF LIVING ADJUSTMENTS AND BONUSES FOR ALL STAFF.

## 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:

REFUND OF GRANTS	28,931.
CANCELLED GRANTS	3,613,650.
TOTAL TO FORM 990, PART XI, LINE 9	3,642,581.

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

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**  
**Open to Public Inspection**

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

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LUPUS THERAPEUTICS, LLC - 82-3984908 270 MADISON AVENUE NEW YORK, NY 10016	LRA'S SCIENTIFIC PROGRAMS	VIRGINIA	1,181,046.	14,541,019.	YES

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2021

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	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	344,718.				344,718.	332,015.		38,226.	370,241.
2	COMPUTER EQUIPMENT	VARIOUS	SL	3.00		16	341,851.				341,851.	274,764.		59,538.	334,302.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						686,569.				686,569.	606,779.		97,764.	704,543.
	OTHER														
3	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	20.00		16	424,912.				424,912.	229,038.		43,744.	272,782.
	* 990 PAGE 10 TOTAL OTHER						424,912.				424,912.	229,038.		43,744.	272,782.
	* GRAND TOTAL 990 PAGE 10 DEPR						1,111,481.				1,111,481.	835,817.		141,508.	977,325.