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Part IIIS

Statement of Program Service Accomplishments















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

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|   |   |                        |                                  |               |
|---|---|------------------------|----------------------------------|---------------|
| 1   | Briefly describe the organization's mission   |                        |                                  |               |
| THE MISSION OF THE ALLIANCE FOR LUPUS RESEARCH (ALR) IS TO FIND BETTER TREATMENTS AND ULTIMATELY PREVENT AND CURE SYSTEMATIC LUPUS ERYTHEMATOSUS (SLE OR LUPUS), A DEBILITATING AUTOIMMUNE DISEASE THROUGH BIO-MEDICAL RESEARCH   |   |                        |                                  |               |
|   |   |                        |                                  |               |
|   |   |                        |                                  |               |
|   |   |                        |                                  |               |
| 2   | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                        |                                  |               |
| If "Yes," describe these new services on Schedule O   |   |                        |                                  |               |
| 3   | Did the organization cease conducting, or make significant changes in how it conducts, any program services? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                        |                                  |               |
| If "Yes," describe these changes on Schedule O  |   |                        |                                  |               |
| 4   | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported |                        |                                  |               |
| 4a  | (Code )   | (Expenses \$ 8,599,123 | including grants of \$ 7,710,350 | (Revenue \$ ) |
| RESEARCH THE ALR ENGAGES IN ACTIVE GRANT MAKING MANAGEMENT, WORKING HAND-IN-HAND WITH INVESTIGATORS TO GUIDE AND DRIVE THE RESEARCH PROCESS (SEE SCHEDULE O) SINCE ITS INCEPTION, THE ALR HAS COMMITTED NEARLY \$89 MILLION TO FUND LUPUS RESEARCH PROJECTS IN 2013, NEW GRANTS TOTALING APPROXIMATELY \$7 6 MILLION WERE AWARDED, OF WHICH APPROXIMATELY \$6 6 MILLION WENT TO 12 INVESTIGATORS WITH PROMISING NEW AVENUES OF RESEARCH UNDER THE TARGET IDENTIFICATION IN LUPUS (TIL) THREE YEAR GRANT MECHANISM AND \$1 MILLION WAS AWARDED TO 4 PROJECTS UNDER THE ALR'S NEW COLLABORATION WITH CENTERS FOR THERAPEUTIC INNOVATION, AN INNOVATIVE PFIZER PROGRAM, WHICH PROVIDES A RESEARCHER UP TO \$250,000 PER YEAR FOR LUPUS RESEARCH WITH THE POTENTIAL FOR A SECOND YEAR OF FUNDING BASED UPON THE SUCCESS OF THE FIRST YEAR OF STUDIES IN 2005, THE ALR LAUNCHED A GLOBAL CONSORTIUM OF LUPUS RESEARCHERS MEMBERS OF THE INTERNATIONAL SLE GENETICS (SLEGEN) CONSORTIUM POOLED THEIR RESOURCES AND INTELLECTS, DETERMINED TO FIND THE GENES RESPONSIBLE FOR LUPUS THE PROJECT WAS ORIGINALLY SUPPORTED BY \$2 5 MILLION IN FUNDING FROM THE ALR IN 2010, AN ADDITIONAL \$500,000 WAS AWARDED TO THE SLEGEN CONSORTIUM FOR AN IMMUNOCHIP PROCESS GEARED TOWARD UNDERSTANDING THE GENETIC BASIS OF LUPUS IN DIVERSE POPULATIONS AND WORK IS CONTINUING TO BE DONE TO ANALYZE THE CONSORTIUM'S DATA ALR'S UNIQUE FUNDING MODEL SUPPORTS PROMISING RESEARCH EFFORTS WITH THE GOAL OF IMPROVING THE LIVES OF PEOPLE WITH LUPUS IN THE NEAR FUTURE THROUGH A COMPETITIVE PEER-REVIEW PROCESS AND AN INNOVATIVE VENTURE-CAPITALIST APPROACH, PROJECTS BY THE ALR AIM TO TRANSLATE RESULTS FROM THE RESEARCH BENCH TO THE BEDSIDE BECAUSE THE ALR'S BOARD OF DIRECTORS FUNDS ADMINISTRATIVE AND FUNDRAISING EXPENSES, 100% OF ALL OTHER CONTRIBUTIONS GOES TO SUPPORT THE ALR'S LUPUS RESEARCH PROGRAMS |   |                        |                                  |               |
| 4b  | (Code )   | (Expenses \$ 513,410   | including grants of \$           | (Revenue \$ ) |
| SCIENTIFIC PROGRAMS THE ALR ENCOURAGES CROSS-SECTOR AND CROSS-DISCIPLINE PARTNERSHIPS TO FOSTER AN INNOVATIVE RESEARCH ENVIRONMENT IN 2013, THERE WERE COLLABORATIVE MEETINGS FUNDED BY THE ALR WHERE RESEARCHERS WERE ENCOURAGED TO EXCHANGE IDEAS AND HELP THE ALR TARGET NEW RESEARCH OPPORTUNITIES THIS INCLUDED SCIENTIFIC ADVISORY BOARD MEETINGS, OUT OF WHICH CAME SUPPORT FOR CONTINUING THE ALR'S TARGET IDENTIFICATION IN LUPUS GRANT PROGRAM, THE GENETIC PATHWAYS GRANT MECHANISM, CONTINUED SUPPORT FOR THE SLE GENETICS CONSORTIUM AND ENCOURAGING PARTNERSHIPS AMONG INVESTIGATORS, PHARMACEUTICAL AND BIOTECH COMPANIES AND FOR CLINICAL TRIALS (SEE SCHEDULE O) IN 2013, THE ALR EMBARKED ON A PARTNERSHIP WITH THE LUPUS RESEARCH INSTITUTE (LRI) TO EXPLORE A NEW PROGRAM DESIGNED TO EVALUATE DRUGS ALREADY APPROVED OR VERY CLOSE TO APPROVAL FOR OTHER INDICATIONS AS POSSIBLE CANDIDATES FOR REPURPOSING FOR LUPUS THE SCIENTIFIC ASSESSMENT CONDUCTED WAS COMPREHENSIVE AND EVIDENCE-BASED, WITH EMPHASIS PLACED ON THE CANDIDATE DRUG'S MECHANISM OF ACTION, SAFETY PROFILE AND THE FEASIBILITY OF CONDUCTING A PROOF OF CONCEPT CLINICAL TRIAL IN LUPUS PATIENTS THE INITIAL PHASE OF THIS PROJECT IS NOW COMPLETE, APPROXIMATELY 150 CANDIDATE DRUGS THAT MAY HAVE A REASONABLE BASIS FOR EFFICACY FOR SLE, CLE, LN AND/OR CNS LUPUS HAVE BEEN IDENTIFIED THESE CANDIDATES ARE BEING PRIORITIZED BY AN EXPERT COMMITTEE IN 2014 AS THE ALR AND LRI ARE COMMITTED TO SUPPORTING SMALL, SCIENCE-RICH, PROOF OF CONCEPT TRIALS TO ASSESS AS MANY CANDIDATES AS REASONABLY POSSIBLE   |   |                        |                                  |               |
| 4c  | (Code )   | (Expenses \$ 111,715   | including grants of \$           | (Revenue \$ ) |
| PUBLIC POLICY THE MAIN GOALS OF THE ALR'S PUBLIC POLICY PROGRAM ARE TO EDUCATE MEMBERS OF CONGRESS AND THE ADMINISTRATION ABOUT THE IMPORTANCE OF FUNDING LUPUS RESEARCH, TO INCREASE FEDERAL FUNDING FOR LUPUS RESEARCH BY INCREASING OVERALL NATIONAL INSTITUTES OF HEALTH (NIH) FUNDS, AND TO SECURE ADDITIONAL FUNDING FOR LUPUS RESEARCH THROUGH OTHER KEY FEDERAL AGENCIES INCLUDING THE VETERANS ADMINISTRATION AND DEPARTMENT OF DEFENSE (SEE SCHEDULE O) THROUGH THE ALR'S PUBLIC POLICY PROGRAM EFFORTS, FUNDING FOR LUPUS RESEARCH HAS BEEN OBTAINED UNDER THE DEPARTMENT OF DEFENSE PEER REVIEWED MEDICAL RESEARCH PROGRAM THIS IS A \$50 MILLION COMPETITIVE RESEARCH GRANT PROGRAM ONLY THOSE DISEASES LISTED IN THE DEFENSE APPROPRIATIONS COMMITTEE REPORT ARE ELIGIBLE TO RECEIVE FUNDING ALR WAS RESPONSIBLE FOR PERSUADING CONGRESS TO INCLUDE LUPUS ON THIS VERY COMPETITIVE LIST THE PAST NINE YEARS THROUGH THE ALR'S CONTINUED EFFORTS TO INCLUDE LUPUS ON THE LIST OF DISEASES UNDER THE PRMRP IN THE DEFENSE APPROPRIATIONS BILLS, THE DOD HAS AWARDED OVER \$10 MILLION TO LUPUS RESEARCHERS SINCE 2004 IN 2013, MEMBERS OF THE LUPUS COMMUNITY GATHERED IN WASHINGTON, DC FOR THE SECOND CONGRESSIONAL BRIEFING ON LUPUS THE MEETING OF THE CONGRESSIONAL LUPUS CAUCUS GAVE THOSE ATTENDING A CHANCE TO SHARE THEIR PERSONAL STORIES AND TO SPEAK ABOUT WHY SUPPORTING LUPUS RESEARCH AND CONSIDERING FUTURE POLICY IS VITAL FOR ADVANCING TREATMENTS AND ULTIMATELY FINDING A CURE FOR LUPUS THE ALR PARTNERED WITH THE LUPUS RESEARCH INSTITUTE TO SUPPORT THESE EFFORTS   |   |                        |                                  |               |
| 4d  | Other program services (Describe in Schedule O )  |                        |                                  |               |
|   | (Expenses \$  | including grants of \$ | (Revenue \$ )                    |               |
| 4e  | Total program service expenses  |                        | 9,224,248                        |               |

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

|     |  |     |     |    |
|-----|--|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .  | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .  | 22  |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .  | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .  | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .  | 24d |     |    |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .  | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                       | 25b |     | No |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> . . . . .                                    | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)   |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | 28b |     | No |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . .  | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .  | 29  | Yes |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .  | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .  | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .  | 34  |     | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a |     | No |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . .   | 35b |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>   | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | 38  | Yes |    |

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  |
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.  | 37  |     |
| 1b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.   | 0   |     |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  |  | 1c  | Yes |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. | 2a  | 27  |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                   |  | 2b  | Yes |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  |  | 3a  | No  |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.  |  | 3b  |     |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                           |  | 4a  | No  |
| b If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |  |     |     |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |  | 5a  | No  |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  |  | 5b  | No  |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  |  | 5c  |     |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  |  | 6a  | No  |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   |  | 6b  |     |
| 7 Organizations that may receive deductible contributions under section 170(c).   |  |     |     |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   |  | 7a  | Yes |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided?   |  | 7b  | Yes |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  |  | 7c  | No  |
| d If "Yes," indicate the number of Forms 8282 filed during the year.  |  | 7d  |     |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   |  | 7e  | No  |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  |  | 7f  | No  |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  |  | 7g  |     |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  |  | 7h  |     |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |  | 8   |     |
| 9 Sponsoring organizations maintaining donor advised funds.   |  |     |     |
| a Did the organization make any taxable distributions under section 4966?   |  | 9a  |     |
| b Did the organization make a distribution to a donor, donor advisor, or related person?  |  | 9b  |     |
| 10 Section 501(c)(7) organizations. Enter   |  |     |     |
| a Initiation fees and capital contributions included on Part VIII, line 12.   |  | 10a |     |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  |  | 10b |     |
| 11 Section 501(c)(12) organizations. Enter  |  |     |     |
| a Gross income from members or shareholders.  |  | 11a |     |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).  |  | 11b |     |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  |  | 12a |     |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  |  | 12b |     |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers.   |  |     |     |
| a Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.  |  | 13a |     |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  |  | 13b |     |
| c Enter the amount of reserves on hand.   |  | 13c |     |
| 14a Did the organization receive any payments for indoor tanning services during the tax year?  |  | 14a | No  |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  |  | 14b |     |

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

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

Section B. Policies

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

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

Section C. Disclosure

|    |  |  |
|----|--|--|
| 17 | List the States with which a copy of this Form 990 is required to be filed   | AL, AK, AZ, AR, CA, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, NH, NJ, NM, NC, ND, OH, OK, OR, PA, RI, SC, TN, VA, WA, WV, WI, CO, HI, MS, MO, NY |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.<br><input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |  |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year   |  |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization   | DEBRA ROSE 28 WEST 44TH STREET SUITE 501 NEW YORK, NY 10036 (212) 218-2840   |

Part VII

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

| (A)<br>Name and Title                               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) ROBERT WOOD JOHNSON IV<br>CHAIRMAN OF THE BOARD | 1 00   | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (2) JOSEPH MAURIELLO<br>TRESURER                    | 1 00   | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (3) IRA AKSELRAD<br>SECRETARY                       | 1 00   | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (4) JAMES P ANDREW<br>DIRECTOR                      | 1 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (5) NEIL J BURMEISTER<br>DIRECTOR                   | 1 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (6) ALISON HARMELIN<br>DIRECTOR                     | 1 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (7) CHARLES J HUEBNER MD<br>DIRECTOR                | 1 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (8) DANIEL LAVECCHIA<br>DIRECTOR                    | 1 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (9) MICHELLE Y LEE<br>DIRECTOR                      | 1 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (10) WILLIAM J MULVIHILL<br>DIRECTOR                | 1 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (11) ROBERT W PITTMAN<br>DIRECTOR                   | 1 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (12) KEITH C WOLD<br>DIRECTOR                       | 1 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (13) KENNETH M FARBER<br>PRESIDENT                  | 30 00  |   |                       | X       |              |                              |        | 273,900   | 0  | 0   |
| (14) DEBRA ROSE<br>CHIEF OPERATING OFFICER          | 40 00  |   |                       | X       |              |                              |        | 121,241   | 0  | 35,561  |
| (15) ROBERT D HINNEN<br>NAT'L BUS DEV DIRECTOR      | 40 00  |   |                       |         |              | X                            |        | 114,446   | 0  | 19,301  |
|   |  |   |                       |         |              |                              |        |   |  |   |
|   |  |   |                       |         |              |                              |        |   |  |   |



## Part VII

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

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

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

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

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

Part VIII

Statement of Revenue

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

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

Part IX

Statement of Functional Expenses

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

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

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

Part X

Balance Sheet

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

|                             |   |  |              | (A)               |     | (B)         |
|-----------------------------|---|--|--------------|-------------------|-----|-------------|
|                             |   |  |              | Beginning of year |     | End of year |
| Assets                      | 1   | Cash—non-interest-bearing  |              | 3,957,910         | 1   | 2,315,005   |
|                             | 2   | Savings and temporary cash investments   |              | 5,398,665         | 2   | 4,714,220   |
|                             | 3   | Pledges and grants receivable, net   |              | 631,800           | 3   | 741,831     |
|                             | 4   | Accounts receivable, net   |              |                   | 4   |             |
|                             | 5   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L   |              |                   | 5   |             |
|                             | 6   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L |              |                   | 6   |             |
|                             | 7   | Notes and loans receivable, net  |              |                   | 7   |             |
|                             | 8   | Inventories for sale or use  |              |                   | 8   |             |
|                             | 9   | Prepaid expenses and deferred charges  |              | 58,358            | 9   | 163,703     |
|                             | 10a   | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | 10a1,936,407 |                   |     |             |
|                             | b   | Less accumulated depreciation  | 10b258,787   | 1,680,987         | 10c | 1,677,620   |
|                             | 11  | Investments—publicly traded securities   |              | 42,169,685        | 11  | 50,164,508  |
|                             | 12  | Investments—other securities See Part IV, line 11  |              |                   | 12  |             |
|                             | 13  | Investments—program-related See Part IV, line 11   |              |                   | 13  |             |
|                             | 14  | Intangible assets  |              |                   | 14  |             |
|                             | 15  | Other assets See Part IV, line 11  |              | 93,408            | 15  | 93,408      |
|                             | 16  | Total assets. Add lines 1 through 15 (must equal line 34)  |              | 53,990,813        | 16  | 59,870,295  |
| Liabilities                 | 17  | Accounts payable and accrued expenses  |              | 287,806           | 17  | 227,825     |
|                             | 18  | Grants payable   |              | 11,943,397        | 18  | 12,588,188  |
|                             | 19  | Deferred revenue   |              |                   | 19  |             |
|                             | 20  | Tax-exempt bond liabilities  |              |                   | 20  |             |
|                             | 21  | Escrow or custodial account liability Complete Part IV of Schedule D   |              |                   | 21  |             |
|                             | 22  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L  |              |                   | 22  |             |
|                             | 23  | Secured mortgages and notes payable to unrelated third parties   |              |                   | 23  |             |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties   |              |                   | 24  |             |
|                             | 25  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D   |              | 26,115            | 25  | 12,675      |
|                             | 26  | Total liabilities. Add lines 17 through 25   |              | 12,257,318        | 26  | 12,828,688  |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |  |              |                   |     |             |
|                             | 27  | Unrestricted net assets  |              | 31,215,005        | 27  | 47,021,607  |
|                             | 28  | Temporarily restricted net assets  |              | 10,518,490        | 28  | 20,000      |
|                             | 29  | Permanently restricted net assets  |              |                   | 29  |             |
|                             | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.                          |  |              |                   |     |             |
|                             | 30  | Capital stock or trust principal, or current funds   |              |                   | 30  |             |
|                             | 31  | Paid-in or capital surplus, or land, building or equipment fund  |              |                   | 31  |             |
|                             | 32  | Retained earnings, endowment, accumulated income, or other funds   |              |                   | 32  |             |
|                             | 33  | Total net assets or fund balances  |              | 41,733,495        | 33  | 47,041,607  |
|                             | 34  | Total liabilities and net assets/fund balances   |              | 53,990,813        | 34  | 59,870,295  |

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

|    |  | Yes | No  |
|----|--|-----|-----|
| 1  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |     |     |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a  | No  |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>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<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | 2b  | Yes |
| 2c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  | 2c  | Yes |
| 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?   | 3a  | No  |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   | 3b  |     |

SCHEDULE A

(Form 990 or 990EZ)

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

OMB No 1545-0047

2013

Open to Public  
Inspection

|  |   |
|--|---|
| <b>Name of the organization</b><br>ALLIANCE FOR LUPUS RESEARCH INC | <b>Employer identification number</b><br>58-2492929 |
|--|---|

Part I

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

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

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

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U S ? |    | (vii) Amount of monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
|                                    |          |  | Yes  | No | Yes   | No | Yes  | No |                                  |
|                                    |          |  |  |    |   |    |  |    |                                  |
|                                    |          |  |  |    |   |    |  |    |                                  |
| Total                              |          |  |  |    |   |    |  |    |                                  |

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support   |           |           |           |           |           |            |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| Calendar year (or fiscal year beginning in) ▶   | (a) 2009  | (b) 2010  | (c) 2011  | (d) 2012  | (e) 2013  | (f) Total  |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")   | 9,087,239 | 6,357,332 | 9,496,235 | 8,871,788 | 8,223,868 | 42,036,462 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |           |           |           |           |           |            |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge   |           |           |           |           |           |            |
| 4 <b>Total.</b> Add lines 1 through 3   | 9,087,239 | 6,357,332 | 9,496,235 | 8,871,788 | 8,223,868 | 42,036,462 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |           |           |           |           |           | 20,445,034 |
| 6 <b>Public support.</b> Subtract line 5 from line 4  |           |           |           |           |           | 21,591,428 |

| Section B. Total Support                      |   |           |           |           |           |           |            |
|---|---|-----------|-----------|-----------|-----------|-----------|------------|
| Calendar year (or fiscal year beginning in) ▶ |   | (a) 2009  | (b) 2010  | (c) 2011  | (d) 2012  | (e) 2013  | (f) Total  |
| 7   | Amounts from line 4   | 9,087,239 | 6,357,332 | 9,496,235 | 8,871,788 | 8,223,868 | 42,036,462 |
| 8   | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 398,450   | 1,694,497 | 1,629,738 | 1,474,151 | 1,942,593 | 7,139,429  |
| 9   | Net income from unrelated business activities, whether or not the business is regularly carried on  |           |           |           |           |           |            |
| 10  | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )  |           | 445       | 386       | 359       | 389       | 1,579      |
| 11  | <b>Total support</b> (Add lines 7 through 10)   |           |           |           |           |           | 49,177,470 |
| 12  | Gross receipts from related activities, etc (see instructions)  |           |           |           |           | 12        |            |
| 13  | <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ |           |           |           |           |           |            |

| Section C. Computation of Public Support Percentage |   |    |          |
|---|---|----|----------|
| 14  | Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))  | 14 | 43 910 % |
| 15  | Public support percentage for 2012 Schedule A, Part II, line 14   | 15 | 46 010 % |
| 16a   | <b>33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  |    |          |
| b   | <b>33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization   |    |          |
| 17a   | <b>10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization      |    |          |
| b   | <b>10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization |    |          |
| 18  | <b>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   |    |          |

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support  |          |          |          |          |          |           |
|--|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5   |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| c Add lines 7a and 7b  |          |          |          |          |          |           |
| 8 Public support (Subtract line 7c from line 6.)   |          |          |          |          |          |           |

| Section B. Total Support   |          |          |          |          |          |           |
|--|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 Amounts from line 6  |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |          |          |          |          |          |           |
| c Add lines 10a and 10b  |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)   |          |          |          |          |          |           |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                       |    |  |
|---|----|--|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 |  |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15                      | 16 |  |

| Section D. Computation of Investment Income Percentage   |    |  |
|--|----|--|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))   | 17 |  |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17  | 18 |  |
| 19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶        |    |  |
| b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ |    |  |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶  |    |  |



**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

|                              |
|------------------------------|
| Facts And Circumstances Test |
|                              |

| Return Reference | Explanation |  |
|------------------|-------------|--|
|------------------|-------------|--|

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

Name of the organization  
ALLIANCE FOR LUPUS RESEARCH INC

Employer identification number  
58-2492929

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

▶ \$
- 3

Volunteer hours

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

- 1

Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

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

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

| Limits on Lobbying Expenditures<br>(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 (grass roots lobbying)   |   |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)   |   | 111,717  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b)   |   | 111,717  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>d</b> Other exempt purpose expenditures   |   | 11,974,034   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)   |   | 12,085,751   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns  |   | 754,288  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><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></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)   |   | 188,572  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-  |   | 0  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-  |   | 0  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |

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

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

Part II-B

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

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

Part III-A

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

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

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."

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

Part IV

Supplemental Information

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

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

[illegible]

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**  
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
ALLIANCE FOR LUPUS RESEARCH INC

Employer identification number  
58-2492929

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)  
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

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

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

|    | Held at the End of the Year |
|----|-----------------------------|
| 2a |                             |
| 2b |                             |
| 2c |                             |
| 2d |                             |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2013

Part III

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

- 3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

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

|    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

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

☐

Part V

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

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

- 2

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

a

Board designated or quasi-endowment

100 000 %

b

Permanent endowment

0 %

c

Temporarily restricted endowment

0 %

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

3a

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

(i) unrelated organizations . . . . .

3a(i)

☐ Yes

☐ No

(ii) related organizations . . . . .

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No
- 4

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

Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

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





Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XII

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

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

|   |   |    |            |
|---|---|----|------------|
| 1 | Total expenses and losses per audited financial statements . . . . .                      | 1  | 11,965,627 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25                          |    |            |
| a | Donated services and use of facilities . . . . .  | 2a |            |
| b | Prior year adjustments . . . . .  | 2b |            |
| c | Other losses . . . . .  | 2c |            |
| d | Other (Describe in Part XIII ) . . . . .  | 2d |            |
| e | Add lines 2a through 2d . . . . .   | 2e | 0          |
| 3 | Subtract line 2e from line 1 . . . . .  | 3  | 11,965,627 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:                        |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                | 4a | 50,859     |
| b | Other (Describe in Part XIII ) . . . . .  | 4b | 69,265     |
| c | Add lines 4a and 4b . . . . .   | 4c | 120,124    |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . . | 5  | 12,085,751 |

Part XIII

Supplemental Information

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

| Return Reference                                   | Explanation  |
|--|--|
| 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 X, LINE 2                                     | MANAGEMENT EVALUATED ALL INCOME TAX POSITIONS, INCLUDING THE POSITION THAT THE ORGANIZATION IS EXEMPT FROM INCOME TAXES OR NOT SUBJECT TO INCOME TAXES ON UNRELATED BUSINESS INCOME, AND CONCLUDED THAT NO DISCLOSURES RELATING TO UNCERTAIN TAX POSITIONS WERE REQUIRED IN THE FINANCIAL STATEMENTS           |
| PART XI, LINE 4B - OTHER ADJUSTMENTS               | RETURN OF GRANT  |
| PART XII, LINE 4B - OTHER ADJUSTMENTS              | RETURN OF GRANT  |
| PART XI, LINE 4B AND PART XII, LINE 4B             | UNUSED PORTIONS OF GRANTS RETURNED TO ALR THAT WERE PAID IN PREVIOUS YEARS IN THE AMOUNT OF \$40,970 AND ADJUSTMENTS TO OUTSTANDING GRANTS IN THE AMOUNT OF 28,295. THESE AMOUNTS ARE RECONCILING ITEMS BETWEEN THE REVENUE AND EXPENSES FROM THE AUDITED FINANCIAL STATEMENTS AND THOSE REPORTED ON FORM 990. |
| SCHEDULE D PART VI, LINE 1A - LAND HELD FOR RESALE | IN DECEMBER 2006, THE ORGANIZATION RECEIVED A DONATION OF LAND AND BUILDING CURRENTLY VALUED AT \$1,600,000 WHICH IS BEING HELD FOR RESALE   |
|  |  |

[illegible]

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990. ► See separate instructions.  
► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
ALLIANCE FOR LUPUS RESEARCH INC

Employer identification number  
58-2492929

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

| (a) Region                                 | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|--|-------------------------------------|--|---|--|--|
| EUROPE                                     | 0                                   | 0  | GRANT AWARDED TO INSTITUTION IN THE REGION  | GRANT AWARDED  | 554,751  |
| NORTH AMERICA                              | 0                                   | 0  | GRANT AWARDED TO INSTITUTION IN THE REGION  | GRANT AWARDED  | 7,479  |
|  |                                     |  |   |  |  |
|  |                                     |  |   |  |  |
|  |                                     |  |   |  |  |
| 3a Sub-total                               | 0                                   | 0  |   |  | 562,230  |
| b Total from continuation sheets to Part I | 0                                   | 0  |   |  | 0  |
| c Totals (add lines 3a and 3b)             | 0                                   | 0  |   |  | 562,230  |

**Part II**

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

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

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

2
- 3 Enter total number of other organizations or entities . . . . . ▶

## Part III

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

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐

Yes

☒

No







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

|                 |    | (a) Event #1  | (b) Event #2                        | (c) Other events      | (d) Total events              |
|-----------------|----|---|-------------------------------------|-----------------------|-------------------------------|
|                 |    | <u>GALA CELEBRATION</u><br>(event type)                                 | <u>WALK-A-THONS</u><br>(event type) | <u>(total number)</u> | (add col (a) through col (c)) |
| Revenue         | 1  | Gross receipts . . . .  | 901,725                             | 2,789,931             | 3,691,656                     |
|                 | 2  | Less Contributions . . .  | 686,538                             | 2,761,115             | 3,447,653                     |
|                 | 3  | Gross income (line 1 minus line 2) . . . .                              | 215,187                             | 28,816                | 244,003                       |
| Direct Expenses | 4  | Cash prizes . . . .   |                                     |                       |                               |
|                 | 5  | Noncash prizes . . . .  |                                     |                       |                               |
|                 | 6  | Rent/facility costs . . .   |                                     |                       |                               |
|                 | 7  | Food and beverages . .  |                                     |                       |                               |
|                 | 8  | Entertainment . . . .   |                                     |                       |                               |
|                 | 9  | Other direct expenses .   | 215,187                             | 28,816                | 244,003                       |
|                 | 10 | Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶  |                                     |                       |                               |
|                 | 11 | Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |                                     |                       |                               |
|                 |    |   |                                     |                       | 0                             |

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

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

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the organization operate gaming activities with nonmembers? . . . . . ☐ **Yes** ☐ **No**

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ **Yes** ☐ **No**

**13** Indicate the percentage of gaming activity operated in

**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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  \$ \_\_\_\_\_

**Part IV**

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

| Return Reference                        | Explanation  |
|---|--|
| SCHEDULE G, PART I, LINE 2B, COLUMN (V) | DS CONSULTING PLANNED AND MANAGED ALR'S GALA EVENT CONTRACT AMOUNT FOR THE PERIOD COVERING 1/1/13 - 12/31/13 WAS \$49,000 PLUS REIMBURSABLE EXPENSES |

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ALLIANCE FOR LUPUS RESEARCH INC

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

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

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

OMB No 1545-0047

2013

Open to Public  
Inspection

Employer identification number  
58-2492929

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| See Additional Data Table                          |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |

2

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

20

3

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

6

**Part III**

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

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

**Part IV**

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

| Return Reference | Explanation  |
|------------------|--|
| PART I, LINE 2   | BEFORE A GRANT IS AWARDED THE INSTITUTION MUST AGREE TO THE ALR'S CONDITIONS OF APPOINTMENT THAT INCLUDE CONFIRMATION BY THE PRINCIPAL INVESTIGATOR (PI) AND THE INSTITUTION THAT FUNDS WILL ONLY BE USED AS DESCRIBED IN THE APPLICATION SUBMITTED AND APPROVED FOR FUNDING AGREE TO GET APPROVAL FROM THE ALR IF THERE NEEDS TO BE A SIGNIFICANT CHANGE TO THE BUDGET AS SUBMITTED AGREE TO GET APPROVAL FROM THE ALR IF ADDITIONAL TIME IS NEEDED TO COMPLETE THE PROJECT WORK AGREE TO SUBMIT ALL DELIVERABLES AND REPORTS AS SCHEDULED (1)TIL RESEARCH 2 OR 3 YEAR GRANTS (A) 8 OR 12 QUARTERLY PAYMENTS OVER THE COURSE OF THE GRANT PERIOD (B) ANNUAL PROGRESS REPORTS (C) ANNUAL BUDGET RECONCILIATION IS REQUIRED THE PI MUST SUBMIT THE FOLLOWING A SIGNED LETTER OF ACCEPTANCE CONFIRMING THE FOLLOWING A PI'S WILLINGNESS TO ADHERE TO THE TERMS OF THE BUDGET AS OUTLINED ABOVE B PI'S WILLINGNESS TO COMPLY WITH ALL OF THE CONDITIONS OUTLINED IN THE ALR'S CONDITIONS OF APPOINTMENT AND PATENT AND INTELLECTUAL PROPERTY POLICY C THERE IS NO OVERLAPPING SOURCE OF SUPPORT FOR THE SPECIFIC PROJECT THAT IS THE SUBJECT OF THIS GRANT OTHER FUNDING THAT MIGHT BE CONSTRUED AS OVERLAPPING, MUST BE EXPLAINED IN DETAIL D THE FOLLOWING STATEMENT SHOULD APPEAR AT THE CONCLUSION OF THE LETTER OF ACCEPTANCE, "I AGREE TO ACCEPT RESPONSIBILITY FOR THE SCIENTIFIC AND TECHNICAL CONDUCT OF THE RESEARCH PROJECT AND FOR THE PROVISION OF ALL PROGRESS REPORTS REQUIRED FROM INVESTIGATORS FUNDED BY A TARGET IDENTIFICATION IN LUPUS GRANT FROM THE ALLIANCE FOR LUPUS RESEARCH " - IF AN EXTENSION IS AWARDED ADDITIONAL INTERIM PROGRESS REPORTS AND BUDGET RECONCILIATIONS ARE REQUIRED TO BE SUBMITTED - AT THE END OF THE GRANT A FINAL PROGRESS REPORT AND BUDGET RECONCILIATION IS REQUIRED TO BE SUBMITTED, UNSPENT AMOUNTS ARE TO BE RETURNED TO THE ALR ALL INSTITUTIONS RECEIVE A PAYMENT AND DELIVERABLE SCHEDULE AND THE PROJECT IS MONITORED BY - PERIODIC PROGRESS REPORTS - PERIODIC BUDGET RECONCILIATIONS - ALL PUBLICATIONS RELATED TO THE GRANT ARE TO BE SUBMITTED TO THE ALR |

Additional Data

Software ID:

Software Version:

EIN: 58-2492929

Name: ALLIANCE FOR LUPUS RESEARCH INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| AMPEL LLC<br>1545 LONDON ROAD<br>CHARLOTTESVILLE,VA<br>22901  | 46-3230076 |                                    | 28,175                   |                                   | BOOK  |  | LUPUS RESEARCH                     |
| DUKE UNIVERSITY<br>MEDICAL CENTER<br>508 FULTON STREET<br>DURHAM,NC 27705   | 56-0532129 | 501(C)(3)                          | 564,122                  |                                   | BOOK  |  | LUPUS RESEARCH                     |
| JOAN & SANFORD I WEILL<br>MEDICAL COLLEGE OF<br>CORNELL UNIVERSITY<br>525 LEXINGTON AVENUE<br>9TH FLOOR<br>NEW YORK,NY 10025  | 13-1623978 | 501(C)(3)                          | 12,850                   |                                   | BOOK  |  | LUPUS RESEARCH                     |
| PARTNERS HEALTHCARE<br>101 HUNTINGTON AVENUE<br>BOSTON,MA 02199   | 43-2300350 | 501(C)(3)                          | 246,132                  |                                   | BOOK  |  | LUPUS RESEARCH                     |
| TEMPLE UNIVERSITY<br>3322 NORTH BROAD<br>STREET MOB 205<br>PHILADELPHIA,PA<br>191405104                                       | 23-1365971 | 501(C)(3)                          | 553,789                  |                                   | BOOK  |  | LUPUS RESEARCH                     |
| CHILDREN'S HOSPITAL OF<br>PHILADELPHIA<br>3615 CIVIC CENTER<br>BOULEVARD<br>PHILADELPHIA,PA 19104                             | 23-1352166 | 501(C)(3)                          | 358,458                  |                                   | BOOK  |  | LUPUS RESEARCH                     |
| THE FEINSTEIN INSTITUTE<br>FOR MEDICAL RESEARCH<br>350 COMMUNITY DRIVE<br>MANHASSET,NY 11030                                  | 11-2673595 | 501(C)(3)                          | 13,649                   |                                   | BOOK  |  | LUPUS RESEARCH                     |
| THE HOSPITAL FOR<br>SPECIAL SURGERY<br>535 EAST 70TH STREET<br>NEW YORK,NY 10021  | 13-1624135 | 501(C)(3)                          | 1,046,377                |                                   | BOOK  |  | LUPUS RESEARCH                     |
| THE REGENTS OF THE<br>UNIVERSITY OF<br>CALIFORNIA SAN DIEGO<br>374 PARNASSUS AVENUE<br>1ST FLOOR<br>SAN FRANCISCO,CA<br>94143 | 95-6006144 | 501(C)(3)                          | 13,543                   |                                   | BOOK  |  | LUPUS RESEARCH                     |
| THE UNIVERSITY OF<br>NORTH CAROLINA AT<br>CHAPEL HILL<br>LOCK BOX 402420<br>6000FELDWOOD ROAD<br>COLLEGE PARK,GA 30349        | 56-6001393 | 501(C)(3)                          | 9,991                    |                                   | BOOK  |  | LUPUS RESEARCH                     |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|---|---------------------------------|--|--|---|---|
| UNIVERSITY OF COLORADO DENVER AMC AND DC<br>BUILDING 500 13001 EAST 17TH PLACE<br>W1126<br>AURORA, CO 80045 | 84-6000555     | 501(C)(3)                                 | 13,383                          |  | BOOK   |   | LUPUS RESEARCH                            |
| UNIVERSITY OF FLORIDA<br>207 TIGERT HALL<br>GAINESVILLE, FL 32611   | 59-6002052     | FL STATE GOVERNMENT                       | 936,975                         |  | BOOK   |   | LUPUS RESEARCH                            |
| UNIVERSITY OF HOUSTON<br>5000 GULF FREEWAY<br>HOUSTON, TX 77204   | 74-6001399     | TX STATE GOVERNMENT                       | 192,289                         |  | BOOK   |   | LUPUS RESEARCH                            |
| UNIVERSITY OF MINNESOTA - TWIN CITIES<br>200 OAK STREET SE<br>MINNEAPOLIS, MN 55455                         | 41-6007513     | MN STATE GOVERNMENT                       | 548,937                         |  | BOOK   |   | LUPUS RESEARCH                            |
| UNIVERSITY OF PITTSBURGH<br>116 ATWOOD STREET<br>SUITE 201<br>PITTSBURGH, PA 15260                          | 25-0965591     | 501(C)(3)                                 | 66,667                          |  | BOOK   |   | LUPUS RESEARCH                            |
| UNIVERSITY OF VIRGINIA<br>914 EMMET ST BOX 400127<br>CHARLOTTESVILLE, VA 22903                              | 54-6001796     | 501(C)(3)                                 | 554,039                         |  | BOOK   |   | LUPUS RESEARCH                            |
| USCUNIVERSITY OF SOUTHERN CALIFORNIA<br>2011 ZONAL AVE<br>LOS ANGELES, CA 90089                             | 95-1642394     | 501(C)(3)                                 | 560,820                         |  | BOOK   |   | LUPUS RESEARCH                            |
| UT SOUTHWESTERN MEDICAL CENTER<br>5323 HARRY HINES BOULEVARD<br>DALLAS, TX 75390                            | 74-6000203     | TX STATE GOVERNMENT                       | 569,914                         |  | BOOK   |   | LUPUS RESEARCH                            |
| UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER<br>7703 FLOYD CURL DRIVE<br>SAN ANTONIO, TX 78229                 | 74-6000203     | TX STATE GOVERNMENT                       | 549,615                         |  | BOOK   |   | LUPUS RESEARCH                            |
| WAKE FOREST UNIVERSITY HEALTH SCIENCES<br>1920 WEST 1ST STREET<br>WINSTON SALEM, NC 27104                   | 22-3849199     | 501(C)(3)                                 | 13,250                          |  | BOOK   |   | LUPUS RESEARCH                            |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI<br>ONE GUST AVE L LEVY PLACE<br>NEW YORK,NY 100296500             | 13-6171197 | 501(C)(3)                          | 250,000                  |                                   | BOOK   |  | LUPUS RESEARCH                     |
| BAYLOR RESEARCH INSTITUTE<br>3434 LIVE OAK<br>DALLAS,TX 75204   | 75-1921898 | 501(C)(3)                          | 7,231                    |                                   | BOOK   |  | LUPUS RESEARCH                     |
| BRIGHAM AND WOMEN'S HOSPITAL INC<br>4 BLACK FAN CIRCLE<br>BOSTON,MA 02115                                 | 04-2312909 | 501(C)(3)                          | 14,993                   |                                   | BOOK   |  | LUPUS RESEARCH                     |
| STANFORD UNIVERSITY<br>269 CAMPUS DRIVE CCSR BUILDING ROOM 2215A<br>STANFORD,CA 94305                     | 94-1156365 | 501(C)(3)                          | 7,513                    |                                   | BOOK   |  | LUPUS RESEARCH                     |
| UNIVERSITY OF PENNSYLVANIA<br>421 CURIE BOULEVARD<br>PHILADELPHIA,PA 19104                                | 23-1352685 | 501(C)(3)                          | 7,490                    |                                   | BOOK   |  | LUPUS RESEARCH                     |
| VIRGINA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY<br>914 EMMET ST BOX 400127<br>CHARLOTTESVILLE,VA 22903 | 54-6001796 | 501(C)(3)                          | 7,918                    |                                   | BOOK   |  | LUPUS RESEARCH                     |

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
ALLIANCE FOR LUPUS RESEARCH INC

Employer identification number  
58-2492929

Part I Questions Regarding Compensation

|   | Yes | No |
|---|-----|----|
| <div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div> |     |    |
| <div><div>1b</div><div>If any of the boxes in 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</div></div>   |     |    |
| <div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>  |     |    |
| <div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>   |     |    |
| <div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>  |     |    |
| <div><div>4a</div><div>Receive a severance payment or change-of-control payment?</div></div>  |     | No |
| <div><div>4b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>  |     | No |
| <div><div>4c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>   |     | No |
| <div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>   |     |    |
| <div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>   |     |    |
| <div><div>5a</div><div>The organization?</div></div>  |     | No |
| <div><div>5b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>  |     | No |
| <div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>   |     |    |
| <div><div>6a</div><div>The organization?</div></div>  |     | No |
| <div><div>6b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>  |     | No |
| <div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>  |     | No |
| <div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>   |     | No |
| <div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>  |     |    |



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

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

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

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

**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.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
ALLIANCE FOR LUPUS RESEARCH INC

Employer identification number  
58-2492929

Part I Types of Property

|  | (a)<br>Check<br>if<br>applicable | (b)<br>Number of contributions<br>or items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|----------------------------------|--|---|--|
| 1 Art—Works of art . . . . .   |                                  |  |   |  |
| 2 Art—Historical treasures . . . . .   |                                  |  |   |  |
| 3 Art—Fractional interests . . . . .   |                                  |  |   |  |
| 4 Books and publications . . . . .   |                                  |  |   |  |
| 5 Clothing and household<br>goods . . . . .  |                                  |  |   |  |
| 6 Cars and other vehicles . . . . .  |                                  |  |   |  |
| 7 Boats and planes . . . . .   |                                  |  |   |  |
| 8 Intellectual property . . . . .  |                                  |  |   |  |
| 9 Securities—Publicly traded . . . . .   | X                                | 3  | 40,158  | AVG STOCK VALUE  |
| 10 Securities—Closely held stock . . . . .   |                                  |  |   |  |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .  |                                  |  |   |  |
| 12 Securities—Miscellaneous . . . . .  |                                  |  |   |  |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . .   |                                  |  |   |  |
| 14 Qualified conservation<br>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<br>for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .   |                                  |  | 29  |  |
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that<br>it must hold for at least three years from the date of the initial contribution, and which is not required to be used<br>for exempt purposes for the entire holding period? . . . . . |                                  |  |   | Yes<br>No  |
| b If "Yes," describe the arrangement in Part II  |                                  |  |   |  |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?   |                                  |  |   | Yes  |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash<br>contributions? . . . . .  |                                  |  |   | Yes  |
| b If "Yes," describe in Part II  |                                  |  |   |  |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,<br>describe in Part II   |                                  |  |   |  |

**Part III**

**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.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.  
Attach to Form 990 or 990-EZ.  
Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

|   |  |
|---|--|
| Name of the organization<br>ALLIANCE FOR LUPUS RESEARCH INC | Employer identification number<br>58-2492929 |
|---|--|

990 Schedule O, Supplemental Information

| Return Reference                       | Explanation   |
|--|---|
| FORM 990, PART VI, SECTION A, LINE 2   | 1 NEIL J BURMEISTER, IRA AKSELRAD (SECRETARY OF THE BOARD) AND ROBERT WOOD JOHNSON, IV'S, (CHAIRMAN OF THE BOARD), HAVE A BUSINESS RELATIONSHIP 2 ROBERT WOOD JOHNSON IV (CHAIR) AND ROBERT PITTMAN (DIRECTOR) HAVE A BUSINESS RELATIONSHIP   |
| FORM 990, PART VI, SECTION B, LINE 11  | AFTER PREPARATION OF FORM 990 BY ALR'S AUDITOR, LUTZ AND CARR, THE 990 IS REVIEWED BY THE ALR'S SENIOR OFFICERS, THE CHIEF OPERATING OFFICER AND THE PRESIDENT THE FINANCE AND AUDIT COMMITTEE OF THE BOARD THEN MEETS TO REVIEW THE 990 BEFORE FILING AND APPROVES FOR FILING WITH ANY NOTED CHANGES A DRAFT OF THE 990 IS THEN SENT OUT TO THE FULL BOARD FOR COMMENT PRIOR TO FILING WITH THE IRS THE FINAL FORM 990 IS PRESENTED TO THE FULL BOARD AT THE SEPTEMBER MEETING   |
| FORM 990, PART VI, SECTION B, LINE 12C | 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 2013, THE COMMITTEE REVIEWED AND APPROVED BASE SALARIES AND ANNUAL MERIT ADJUSTMENTS FOR ALL STAFF WITH SPECIAL ATTENTION TO THE CHIEF OPERATING OFFICER AND PRESIDENT |
| FORM 990, PART VI, 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 V, QUESTION 2A          | THE ALR CONTRACTS WITH AMBROSE EMPLOYER GROUP, LLC, A PROFESSIONAL EMPLOYER ORGANIZATION (PEO), TO PROVIDE PAYROLL AND BENEFITS AS A CO-EMPLOYER WITH THE ALR ALR PAYROLL AND BENEFITS ARE ADMINISTERED BY AMBROSE GROUP AS APPROVED BY ALR OFFICERS ALR PAYROLL IS THEREFORE UNDER THE AMBROSE GROUP EIN 13-3867443 AND W-2'S ARE PREPARED UNDER THAT EIN BY AMBROSE   |