

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning OCT 1, 2022 and ending SEP 30, 2023

Form header section containing organization name (LUPUS FOUNDATION OF AMERICA, INC.), EIN (43-1131436), address (2121 K STREET, NW WASHINGTON, DC 20037), and other identifying information.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include mission statement, governance metrics, revenue (Total: 17,248,744), expenses (Total: 15,165,951), and net assets (Total: 7,990,988).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block containing signatures of Julie Tune (Chief Financial Officer) and Aaron M. Fox (Preparer), along with dates and titles.

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

COPY

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: LUPUS FOUNDATION OF AMERICA, INC. (THE FOUNDATION) IS DEDICATED TO IMPROVING THE QUALITY OF LIFE FOR ALL PEOPLE AFFECTED BY LUPUS THROUGH PROGRAMS OF RESEARCH, EDUCATION, SUPPORT, AND ADVOCACY.

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

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

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

4a (Code:) (Expenses \$ 4,877,712. including grants of \$) (Revenue \$ 221,769.) PUBLIC INFORMATION AND EDUCATION:

THE LUPUS FOUNDATION OF AMERICA CONDUCTS OUTREACH AND OFFERS PROGRAMS AND SERVICES TO SUPPORT OUR ORGANIZATIONAL GOALS OF REDUCING TIME TO A LUPUS DIAGNOSIS, ENSURING PEOPLE WITH LUPUS HAVE AN ARSENAL OF SAFE AND EFFECTIVE TREATMENTS, AND EXPANDING DIRECT SERVICES AND INCREASING ACCESS TO TREATMENT AND CARE. IN 2023, THE FOUNDATION CONTINUED TO EXPAND ITS REACH THROUGH ITS WEBSITE, ONLINE EDUCATION PROGRAMS, AWARENESS CAMPAIGNS, SOCIAL MEDIA MARKETING, CELEBRITY ENGAGEMENT AND COMMUNITY PARTNERSHIPS. OUR WEBSITE IS THE LEADING SOURCE FOR LUPUS-RELATED INFORMATION, WITH AN ONLINE AUDIENCE OF MORE THAN 11 MILLION VISITS ANNUALLY. OUR SOCIAL MEDIA CHANNELS HAVE 448,000

4b (Code:) (Expenses \$ 3,515,875. including grants of \$ 62,000.) (Revenue \$ 578,071.) NETWORK SUPPORT AND SERVICES:

THE FOUNDATION'S NATIONAL NETWORK INCLUDES CHAPTERS, REGIONAL OFFICES, AMBASSADORS AND SUPPORT GROUPS ACROSS THE UNITED STATES. NETWORK AFFILIATES CONDUCT EDUCATION PROGRAMS AND SUPPORT RESEARCH, ALONG WITH PROVIDING INFORMATION, SUPPORT AND ADVOCACY TO IMPROVE THE QUALITY OF LIFE FOR THOSE AFFECTED BY LUPUS.

THE FOUNDATION PROVIDES NETWORK AFFILIATES WITH CAPACITY-BUILDING SERVICES, ORGANIZATIONAL DEVELOPMENT, STRATEGIC SUPPORT, TRAINING AND CONSULTATION. OUR NATIONAL AMBASSADOR PROGRAM CONTINUES TO GROW, WITH THESE COMMITTED AND SPECIALLY-TRAINED VOLUNTEERS PLAYING A VITAL ROLE

4c (Code:) (Expenses \$ 2,633,355. including grants of \$ 895,355.) (Revenue \$ 367,207.) RESEARCH:

DUE TO RECENT ADVANCES IN THERAPIES, ROUGHLY 97 PERCENT OF LUPUS PATIENTS ARE ABLE TO LIVE AT LEAST 5 YEARS AFTER DIAGNOSIS. RESEARCH FOCUSED ON IMPROVING THE QUALITY OF LIFE FOR PEOPLE LIVING WITH LUPUS AND ADVANCING OUR UNDERSTANDING OF THE DISEASE REMAINS NECESSARY. OUR NATIONAL RESEARCH PROGRAM MIRRORS THAT OF THE NATIONAL INSTITUTES OF HEALTH (NIH) WHERE THE ACTION PLANS ARE FOCUSED ON ADDRESSING KEY AREAS RELATED TO LUPUS RESEARCH INCLUDING:

--LUPUS AS A SPECTRUM DISEASE.

4d Other program services (Describe on Schedule O.) (Expenses \$ 516,798. including grants of \$) (Revenue \$)

4e Total program service expenses 11,543,740.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 48	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 16; 1b Enter the number of voting members included... 16; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body... X; b Each committee with authority to act on behalf of the governing body... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes... X; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JULIE TUNE - (202) 349-1155
2121 K STREET, NW, 200, WASHINGTON, DC 20037

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVAN W. GIBSON PRESIDENT & CHIEF EXECUTIVE OFFICER	37.50 1.50			X				357,970.	0.	30,395.
(2) MARY T. CRIMMINGS INTERIM CEO AND VP, MARKETING & COMM	37.50 1.50			X				236,574.	0.	34,379.
(3) JEANINE SMITH VP, NETWORK DEVELOPMENT	37.50 1.50			X				209,569.	0.	29,547.
(4) PATRICK WILDMAN VP, ADVOCACY & GOVERNMENT	37.50 1.50				X			205,009.	0.	27,121.
(5) JULIE TUNE CHIEF FINANCIAL OFFICER	37.50 1.50			X				192,710.	0.	25,331.
(6) LEIGH ANN CARDENAS VP, INDIVIDUAL GIVING UNTIL 8/2/23	37.50 1.50				X			191,183.	0.	20,871.
(7) MICHAEL DONNELLY VICE PRESIDENT, COMMUNICATIONS	37.50 1.50					X		179,196.	0.	25,632.
(8) SUSAN J. GLOOR REGIONAL DIRECTOR, NE	37.50 1.50					X		171,553.	0.	29,886.
(9) MATT DEGOOYER SENIOR REGIONAL DIRECTOR, PNW	37.50 1.50					X		145,874.	0.	24,416.
(10) DESIREE WIENAND DIRECTOR, CORPORATE ENGAGEMENT	37.50 1.50					X		148,052.	0.	21,493.
(11) AMY YALDEN SENIOR REGIONAL DIRECTOR	37.50 1.50					X		159,953.	0.	5,919.
(12) ANDREW BROPHY CHAIR	5.00	X		X				0.	0.	0.
(13) JOSEPH A. ARNOLD, ESQ. VICE CHAIR	5.00	X		X				0.	0.	0.
(14) CHRISTINE SMITH TREASURER	1.00	X		X				0.	0.	0.
(15) BARBARA POLK SECRETARY	5.00	X		X				0.	0.	0.
(16) JANINE ALLEN DIRECTOR	1.00	X						0.	0.	0.
(17) JUDY BARLIN DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LYNN BLANDFORD DIRECTOR	1.00	X						0.	0.	0.
(19) LINDSAY CAFRITZ DIRECTOR	1.00	X						0.	0.	0.
(20) KAREN COSTENBADER, MD, MPH DIRECTOR	1.00	X						0.	0.	0.
(21) CONRAD GEHRMAN DIRECTOR	1.00	X						0.	0.	0.
(22) JANE HAWLEY DIRECTOR	1.00	X						0.	0.	0.
(23) CINDY MESSERLY DIRECTOR	1.00	X						0.	0.	0.
(24) PHONG NGUYEN DIRECTOR	1.00	X						0.	0.	0.
(25) TIM NOLAN DIRECTOR	1.00	X						0.	0.	0.
(26) CHERI PERRON DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								2,197,643.	0.	274,990.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,197,643.	0.	274,990.

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 11

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CORDIA RESOURCES, 8330 BOONE BLVD, SUITE 350, VIENNA, VA 22182	CONSULTING	204,735.
INTERACTIVE STRATEGIES, 1133 CONNECTICUT AVE NW, SUITE 600, WASHINGTON, DC 20036	WEBSITE/ONLINE RELATED SERVICES	201,310.
FAEGRE DRINKER BIDDLE & REATH LLP NW 1639. PO BOX 1450, MINNEAPOLIS, MN 55485	CONSULTING	181,000.
CRA INTERNATIONAL 1 SOUTH WACKER DRIVE, CHICAGO, IL 60606	CONSULTING	174,810.
NVG LLC, 1640 RHODE ISLAND AVE NW, SUITE 700, WASHINGTON, DC 20036	CONSULTING	111,666.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	89,700.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	600,000.				
	e Government grants (contributions)	1e	3,002,052.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12089048.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 34,171.				
	h Total. Add lines 1a-1f			15780800.			
Program Service Revenue	2 a <u>PROG. EVENTS/OTHER</u>	Business Code	900099	945,278.	945,278.		
	b <u>PUBLICATIONS</u>		900099	247,204.	32,204.	215,000.	
	c <u>MEMBERSHIP DUES</u>		900099	189,565.	189,565.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,382,047.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			44,531.		44,531.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			41,366.		41,366.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			17248744.	1,167,047.	215,000.	85,897.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	659,600.	659,600.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	10,000.	10,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	287,755.	287,755.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,275,980.	980,758.	231,319.	63,903.
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	5,025,565.	3,856,465.	315,483.	853,617.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	196,221.	165,778.	12,504.	17,939.
9 Other employee benefits	27,233.		7,122.	20,111.
10 Payroll taxes	853,868.	486,829.	205,085.	161,954.
11 Fees for services (nonemployees):				
a Management				
b Legal	52,453.	38,588.	10,615.	3,250.
c Accounting	81,978.		81,978.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	51,900.			51,900.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,029,662.	1,810,907.	188,722.	30,033.
12 Advertising and promotion	609,391.	606,272.		3,119.
13 Office expenses	223,150.	168,658.	23,836.	30,656.
14 Information technology	641,840.	328,593.	10,914.	302,333.
15 Royalties				
16 Occupancy	663,432.	516,772.	50,426.	96,234.
17 Travel	219,960.	190,832.	8,442.	20,686.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	972,055.	763,579.	49,547.	158,929.
20 Interest	477.	364.	39.	74.
21 Payments to affiliates	2,670.			2,670.
22 Depreciation, depletion, and amortization	96,208.	73,436.	7,831.	14,941.
23 Insurance	69,335.	53,197.	5,550.	10,588.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a POSTAGE & MAILHOUSE	701,508.	207,610.	145,896.	348,002.
b PRINTING & PUBLICATIONS	306,876.	250,227.	6,623.	50,026.
c BAD DEBT EXPENSE	62,371.	53,775.	5,640.	2,956.
d MEMBERSHIP DUES	44,463.	33,745.	10,713.	5.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	15,165,951.	11,543,740.	1,378,285.	2,243,926.
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"/> X if following SOP 98-2 (ASC 958-720)	2,102,988.	1,272,288.	140,717.	689,983.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,294,747.	1	5,991,670.
	2 Savings and temporary cash investments	2,969,929.	2	3,164,723.
	3 Pledges and grants receivable, net	1,357,526.	3	2,073,949.
	4 Accounts receivable, net	105,606.	4	97,460.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	248,349.	9	263,197.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,991,340.		
	b Less: accumulated depreciation	10b 1,423,152.	574,804.	10c 568,188.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	325,321.	12	315,480.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	953,151.	15	3,039,407.
16 Total assets. Add lines 1 through 15 (must equal line 33)	9,829,433.	16	15,514,074.	
Liabilities	17 Accounts payable and accrued expenses	1,084,499.	17	1,576,336.
	18 Grants payable	1,423,601.	18	1,573,956.
	19 Deferred revenue	308,941.	19	346,000.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	1,261,786.	25	4,026,794.
	26 Total liabilities. Add lines 17 through 25	4,078,827.	26	7,523,086.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,639,066.	27	5,372,934.
	28 Net assets with donor restrictions	2,111,540.	28	2,618,054.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	5,750,606.	32	7,990,988.
33 Total liabilities and net assets/fund balances	9,829,433.	33	15,514,074.	

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	17,248,744.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,165,951.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,082,793.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,750,606.
5	Net unrealized gains (losses) on investments	5	22,588.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	135,000.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,990,987.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2022)

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14173781.	10961768.	12393471.	15979553.	15780800.	69289373.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	14173781.	10961768.	12393471.	15979553.	15780800.	69289373.
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)						4806265.
6 Public support. Subtract line 5 from line 4.						64483108.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	14173781.	10961768.	12393471.	15979553.	15780800.	69289373.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	124,871.	48,732.	36,120.	71,866.	85,897.	367,486.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					215,000.	215,000.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						69871859.
12 Gross receipts from related activities, etc. (see instructions)					12	8,880,048.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	92.29 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	92.89 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

COPY

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

Multiple horizontal lines for providing supplemental information.

COPY

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

LUPUS FOUNDATION OF AMERICA, INC.

Employer identification number

43-1131436

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization LUPUS FOUNDATION OF AMERICA, INC.	Employer identification number 43-1131436
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>1,499,906.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>719,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>694,066.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>315,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LUPUS FOUNDATION OF AMERICA, INC.	Employer identification number 43-1131436
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>640,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>968,842.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LUPUS FOUNDATION OF AMERICA, INC.	Employer identification number 43-1131436
--	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

COPY

Name of organization LUPUS FOUNDATION OF AMERICA, INC.	Employer identification number 43-1131436
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization LUPUS FOUNDATION OF AMERICA, INC.	Employer identification number 43-1131436
--	---

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2022

COPY

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)	45,401.													
c Total lobbying expenditures (add lines 1a and 1b)	45,401.													
d Other exempt purpose expenditures	14,973,037.													
e Total exempt purpose expenditures (add lines 1c and 1d)	15,018,438.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	900,922.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	225,231.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	833,501.	883,533.	962,876.	900,922.	3,580,832.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,371,248.
c Total lobbying expenditures	47,306.	69,211.	53,293.	45,401.	215,211.
d Grassroots nontaxable amount	208,375.	220,883.	240,719.	225,231.	895,208.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,342,812.
f 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)).

	(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).

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

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 expenditures 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, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization LUPUS FOUNDATION OF AMERICA, INC. Employer identification number 43-1131436

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting requirements.

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	399,875.	458,100.	404,842.	379,279.	377,127.
b Contributions					
c Net investment earnings, gains, and losses	22,905.	-56,419.	56,936.	30,200.	4,745.
d Grants or scholarships					
e Other expenditures for facilities and programs		1,806.	3,678.	4,637.	2,593.
f Administrative expenses					
g End of year balance	422,780.	399,875.	458,100.	404,842.	379,279.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment 100%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,061,513.	585,193.	476,320.
d Equipment		396,857.	357,914.	38,943.
e Other		532,970.	480,045.	52,925.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				568,188.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM LAC	150,000.
(2) RIGHT OF USE ASSETS	2,889,407.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	3,039,407.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RIGHT OF USE LEASE LIABILITIES	4,026,794.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,026,794.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	17,973,121.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	22,588.
b	Donated services and use of facilities	2b	701,789.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	724,377.
3	Subtract line 2e from line 1	3	17,248,744.
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	17,248,744.

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

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

1	Total expenses and losses per audited financial statements	1	15,732,739.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	701,789.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	701,789.
3	Subtract line 2e from line 1	3	15,030,950.
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	
b	Other (Describe in Part XIII.)	4b	135,000.
c	Add lines 4a and 4b	4c	135,000.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	15,165,950.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE EARNINGS ON THE DONOR-RESTRICTED ENDOWMENT ARE FOR GENERAL OPERATIONS AND RESEARCH. THE FOUNDATION'S BOARD APPROVES THE SPENDING OF THE EARNINGS ON THE ENDOWMENT FUND ON AN ANNUAL BASIS WHEN IT APPROVES THE ANNUAL BUDGET.

PART X, LINE 2:

THE FOUNDATION PERFORMED AN EVALUATION OF UNCERTAINTY IN TAXES FOR THE YEARS ENDED SEPTEMBER 30, 2023 AND 2022, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

Part XIII Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANT EXPENSES 135,000.

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **LUPUS FOUNDATION OF AMERICA, INC.** Employer identification number **43-1131436**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANTMAKING		104,000.
EUROPE	0	0	GRANTMAKING		183,755.
3 a Subtotal	0	0			287,755.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			287,755.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	RESEARCH	45,000.	WIRE TRANSFER	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	RESEARCH	50,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	183,755.	WIRE TRANSFER	0.		

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

3 Enter total number of other organizations or entities **0**

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2022

COPY

Part V Supplemental Information

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

PART I, LINE 2:

ALL GRANT RECIPIENTS ARE REQUIRED TO SIGN THE FOUNDATION'S GRANT AWARD AGREEMENT AND MEET THE FOLLOWING CONDITIONS:

- **MEET ALL APPLICABLE AND RELEVANT GUIDELINES REGARDING THE USE OF ANIMAL AND HUMAN SUBJECTS.**

- **MEET ALL INSTITUTIONAL POLICIES AND LOCAL, STATE, AND FEDERAL REGULATIONS GOVERNING THE CONDUCT OF RESEARCH.**

- **SUBMIT INTERNAL REVIEW BOARD AND INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IF APPLICABLE) APPROVAL FROM THE GRANT RECIPIENT'S INSTITUTION.**

- **COMPLETE AND SUBMIT THE "PROPOSED BUDGET".**

- **ADHERE TO THE FOUNDATION'S POLICY ON INVENTIONS AND DISCOVERIES.**

- **NOTIFY THE FOUNDATION OF ANY PUBLICATION OR PROFESSIONAL PRESENTATION BASED ON FOUNDATION-FUNDED RESEARCH PROJECT AND PROVIDE THE FOUNDATION WITH ELECTRONIC COPIES OF ANY PUBLICATION OR PROFESSIONAL PRESENTATION MADE POSSIBLE, FACILITATED, EXPEDITED, OR SUPPORTED IN ANY WAY BY THE AWARD, EVEN IF DEVELOPED, INITIATED, OR FINALIZED AFTER THE AWARD PERIOD HAS EXPIRED, WITHIN 30 DAYS OF FINAL PRODUCTION.**

- **ACKNOWLEDGE THE FOUNDATION IN ANY AND ALL PUBLICATIONS OR PRESENTATIONS BASED, PARTIALLY OR WHOLLY, ON OR DEVELOPED UNDER THE AWARD MUST, UNLESS OTHERWISE REQUESTED BY THE FOUNDATION, WITH THE FOLLOWING STATEMENT:**

"THIS RESEARCH WAS SUPPORTED BY THE LUPUS FOUNDATION OF AMERICA, INC."

- **ALL FUNDS ARE USED EXCLUSIVELY TOWARD EXPENDITURES FOR THE SAID RESEARCH, AND NO AMOUNT OF THE RESEARCH GRANT FUNDS CAN BE USED TO FINANCE INDIRECT COSTS.**

- **KEEP COMPLETE AND ACCURATE RECORDS ON THE RECEIPT AND DISBURSEMENT OF ALL AWARD FUNDS, AND MAY NOT CO-MINGLE ANY FUNDS FROM OTHER SOURCES. MUST**

COPY

Part V Supplemental Information

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

RETAIN ALL SUCH RECORDS FOR A PERIOD OF AT LEAST TWO YEARS AFTER THE EXPIRATION DATE OF THE AGREEMENT AND THE FOUNDATION HAS THE RIGHT TO REVIEW SUCH RECORDS UPON REQUEST.

IN ADDITION, ALL GRANT RECIPIENTS ARE REQUIRED TO SUBMIT INTERIM AND FINAL REPORTS WITH A GRANT INSTALLMENT PAYMENT TIED TO REPORT SUBMISSION. THE FOUNDATION'S EDUCATION & RESEARCH TEAM REVIEWS THE INTERIM AND FINAL REPORTS TO CONFIRM THAT THE INVESTIGATOR ACHIEVED THE ORIGINAL STUDY OBJECTIVE.

- AGREE THAT EITHER PARTY MAY TERMINATE THE AGREEMENT FOR CONVENIENCE UPON THIRTY (30) DAYS PRIOR WRITTEN NOTICE TO THE OTHER PARTY. THE FOUNDATION RESERVES THE RIGHT TO TERMINATE THE AGREEMENT EFFECTIVE IMMEDIATELY, UPON WRITTEN NOTICE, IF THE GRANT RECIPIENT (I) IS UNABLE TO COMPLETE THE STUDY; (II) MATERIALLY ALTER THE STUDY; (III) USES THE AWARD GRANT FOR PROHIBITED EXPENSES OR; (IV) BREACHES OF THE AGREEMENT AND FAILS TO CURE SUCH BREACH WITHIN TEN (10) DAYS FOLLOWING RECIPIENT'S OR INSTITUTION'S RECEIPT OF WRITTEN NOTICE THEREOF.

- ACKNOWLEDGE THAT NEITHER THE FOUNDATION, THE INSTITUTION, NOR INVESTIGATOR SHALL BE LIABLE FOR ANY FAILURE TO PERFORM ANY OBLIGATIONS UNDER THE AGREEMENT IF SUCH FAILURE RESULTS FROM CAUSES BEYOND ITS REASONABLE CONTROL.

- ACKNOWLEDGE THAT THE AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE DISTRICT OF COLUMBIA, WITHOUT REGARD TO ITS CONFLICT OF LAW RULES.

- ACKNOWLEDGE THAT THE AGREEMENT MAY NOT BE ASSIGNED OR TRANSFERRED WITHOUT THE FOUNDATION'S PRIOR WRITTEN CONSENT.

PART I, LINE 3:

THE FOUNDATION REPORTED THE EXPENDITURES BASED ON THE ACCOUNTING METHOD

COPY

Part V Supplemental Information

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

USED IN ITS AUDITED FINANCIAL STATEMENTS (ACCRUAL BASIS).

Multiple horizontal lines for supplemental information.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				

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

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

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

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

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: DAVINCI DIRECT INC.

(I) ADDRESS OF FUNDRAISER:

3 VILLAGE GREEN N, SUITE 311, PLYMOUTH, MA 02360

COPY

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **LUPUS FOUNDATION OF AMERICA, INC.** Employer identification number **43-1131436**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LFA, GEORGIA CHAPTER 1850 LAKE PARK DRIVE, SUITE 101 SMYRNA, GA 30080	58-1231804	501(C)(3)	7,000.	0.			RESEARCH
LFA, GREATER OHIO CHAPTER, INC. 12930 CHIPPEWA ROAD, SUITE 4 BRECKSVILLE, OH 44141	34-1229407	501(C)(3)	7,000.	0.			RESEARCH
LFA, HEARTLAND CHAPTER 8050 WATSON ROAD, SUITE 169 ST. LOUIS, MO 63119	51-0192362	501(C)(3)	7,000.	0.			RESEARCH
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	45,000.	0.			RESEARCH
THE UNIVERSITY OF CHICAGO 6054 SOUTH DREXEL AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	45,000.	0.			RESEARCH
THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 485 BROADWAY, MAIL CODE 8838 - REDWOOD CITY, CA 94063	94-1156365	501(C)(3)	140,000.	0.			RESEARCH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **8.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2022

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RESEARCH AWARD	2	10,000.	0.		

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

PART I, LINE 2:

ALL GRANT RECIPIENTS ARE REQUIRED TO SIGN THE FOUNDATION'S GRANT AWARD

AGREEMENT AND MEET THE FOLLOWING CONDITIONS:

- MEET ALL APPLICABLE AND RELEVANT GUIDELINES REGARDING THE USE OF ANIMAL AND HUMAN SUBJECTS.

- MEET ALL INSTITUTIONAL POLICIES AND LOCAL, STATE, AND FEDERAL REGULATIONS GOVERNING THE CONDUCT OF RESEARCH.

- SUBMIT INTERNAL REVIEW BOARD AND INSTITUTIONAL ANIMAL CARE AND USE

COMMITTEE (IF APPLICABLE) APPROVAL FROM THE GRANT RECIPIENT'S INSTITUTION.

Part IV Supplemental Information

- COMPLETE AND SUBMIT THE "PROPOSED BUDGET".
 - ADHERE TO THE FOUNDATION'S POLICY ON INVENTIONS AND DISCOVERIES.
 - NOTIFY THE FOUNDATION OF ANY PUBLICATION OR PROFESSIONAL PRESENTATION BASED ON FOUNDATION-FUNDED RESEARCH PROJECT AND PROVIDE THE FOUNDATION WITH ELECTRONIC COPIES OF ANY PUBLICATION OR PROFESSIONAL PRESENTATION MADE POSSIBLE, FACILITATED, EXPEDITED, OR SUPPORTED IN ANY WAY BY THE AWARD, EVEN IF DEVELOPED, INITIATED, OR FINALIZED AFTER THE AWARD PERIOD HAS EXPIRED, WITHIN 30 DAYS OF FINAL PRODUCTION.
 - ACKNOWLEDGE THE FOUNDATION IN ANY AND ALL PUBLICATIONS OR PRESENTATIONS BASED, PARTIALLY OR WHOLLY, ON OR DEVELOPED UNDER THE AWARD MUST, UNLESS OTHERWISE REQUESTED BY THE FOUNDATION, WITH THE FOLLOWING STATEMENT: "THIS RESEARCH WAS SUPPORTED BY THE LUPUS FOUNDATION OF AMERICA, INC."
 - ALL FUNDS ARE USED EXCLUSIVELY TOWARD EXPENDITURES FOR THE SAID RESEARCH, AND NO AMOUNT OF THE RESEARCH GRANT FUNDS CAN BE USED TO FINANCE INDIRECT COSTS.
 - KEEP COMPLETE AND ACCURATE RECORDS ON THE RECEIPT AND DISBURSEMENT OF ALL AWARD FUNDS, AND MAY NOT CO-MINGLE ANY FUNDS FROM OTHER SOURCES. MUST RETAIN ALL SUCH RECORDS FOR A PERIOD OF AT LEAST TWO YEARS AFTER THE EXPIRATION DATE OF THE AGREEMENT AND THE FOUNDATION HAS THE RIGHT TO REVIEW SUCH RECORDS UPON REQUEST.
- IN ADDITION, ALL GRANT RECIPIENTS ARE REQUIRED TO SUBMIT INTERIM AND FINAL REPORTS WITH A GRANT INSTALLMENT PAYMENT TIED TO REPORT SUBMISSION. THE FOUNDATION'S EDUCATION & RESEARCH TEAM REVIEWS THE INTERIM AND FINAL REPORTS TO CONFIRM THAT THE INVESTIGATOR ACHIEVED THE ORIGINAL STUDY OBJECTIVE.
- AGREE THAT EITHER PARTY MAY TERMINATE THE AGREEMENT FOR CONVENIENCE UPON THIRTY (30) DAYS PRIOR WRITTEN NOTICE TO THE OTHER PARTY. THE FOUNDATION RESERVES THE RIGHT TO TERMINATE THE AGREEMENT EFFECTIVE IMMEDIATELY, UPON

Part IV Supplemental Information

WRITTEN NOTICE, IF THE GRANT RECIPIENT (I) IS UNABLE TO COMPLETE THE STUDY; (II) MATERIALLY ALTER THE STUDY; (III) USES THE AWARD GRANT FOR PROHIBITED EXPENSES OR; (IV) BREACHES OF THE AGREEMENT AND FAILS TO CURE SUCH BREACH WITHIN TEN (10) DAYS FOLLOWING RECIPIENT'S OR INSTITUTION'S RECEIPT OF WRITTEN NOTICE THEREOF.

- ACKNOWLEDGE THAT NEITHER THE FOUNDATION, THE INSTITUTION, NOR INVESTIGATOR SHALL BE LIABLE FOR ANY FAILURE TO PERFORM ANY OBLIGATIONS UNDER THE AGREEMENT IF SUCH FAILURE RESULTS FROM CAUSES BEYOND ITS REASONABLE CONTROL.

- ACKNOWLEDGE THAT THE AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE DISTRICT OF COLUMBIA, WITHOUT REGARD TO ITS CONFLICT OF LAW RULES.

- ACKNOWLEDGE THAT THE AGREEMENT MAY NOT BE ASSIGNED OR TRANSFERRED WITHOUT THE FOUNDATION'S PRIOR WRITTEN CONSENT.

Multiple horizontal lines for supplemental information.

COPY

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

LUPUS FOUNDATION OF AMERICA, INC.

Employer identification number

43-1131436

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STEVAN W. GIBSON PRESIDENT & CHIEF EXECUTIVE OFFICER	(i)	317,733.	40,000.	237.	21,350.	9,045.	388,365.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARY T. CRIMMINGS INTERIM CEO AND VP, MARKETING & COMM	(i)	236,436.	0.	138.	21,292.	13,087.	270,953.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEANINE SMITH VP, NETWORK DEVELOPMENT	(i)	209,311.	0.	258.	14,670.	14,877.	239,116.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PATRICK WILDMAN VP, ADVOCACY & GOVERNMENT	(i)	204,871.	0.	138.	14,351.	12,770.	232,130.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JULIE TUNE CHIEF FINANCIAL OFFICER	(i)	192,314.	0.	396.	9,635.	15,696.	218,041.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LEIGH ANN CARDENAS VP, INDIVIDUAL GIVING UNTIL 8/2/23	(i)	187,715.	0.	3,468.	9,393.	11,478.	212,054.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MICHAEL DONNELLY VICE PRESIDENT, COMMUNICATIONS	(i)	179,136.	0.	60.	12,544.	13,088.	204,828.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SUSAN J. GLOOR REGIONAL DIRECTOR, NE	(i)	171,295.	0.	258.	12,009.	17,877.	201,439.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MATT DEGOOYER SENIOR REGIONAL DIRECTOR, PNW	(i)	145,616.	0.	258.	7,294.	17,122.	170,290.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DESIREE WIENAND DIRECTOR, CORPORATE ENGAGEMENT	(i)	147,962.	0.	90.	7,403.	14,090.	169,545.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) AMY YALDEN SENIOR REGIONAL DIRECTOR	(i)	159,827.	0.	126.	0.	5,919.	165,872.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

THE PRESIDENT & CEO'S BONUS IS AWARDED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS BASED ON A PERFORMANCE EVALUATION. OTHER OFFICERS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES' BONUSES ARE AWARDED AT THE DISCRETION OF THE PRESIDENT & CEO.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **LUPUS FOUNDATION OF AMERICA, INC.** Employer identification number **43-1131436**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	24	17,432.	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	8	16,739.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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

SCHEDULE M, LINE 32B:

THE LUPUS FOUNDATION OF AMERICA (LFA) IS GRATEFUL TO OUR DONORS FOR DONATING CARS TO SUPPORT THE PROGRAMS OF LFA. LFA HAS ENGAGED A THIRD PARTY, CARS, TO SOLICIT, PROCESS AND SELL THE DONATED VEHICLES FOR LFA.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

LUPUS FOUNDATION OF AMERICA, INC.

Employer identification number

43-1131436

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

COMBINED FOLLOWERS ACROSS THE SIX MOST POPULAR SOCIAL CHANNELS.

IN ORDER TO LEVERAGE OUR EXTENSIVE REACH TO IMPROVE THE LIVES OF ALL
PEOPLE WITH LUPUS, WE CREATED AND EXECUTED MULTIPLE SOCIAL MEDIA
CAMPAIGNS AS PART OF OUR "SPOTLIGHT SERIES." THESE CAMPAIGNS CALL
ATTENTION TO THE UNIQUE IMPACT OF LUPUS AMONG DIFFERENT POPULATIONS AND
AUDIENCES, SHARING IMPORTANT RESOURCES AND RAISING AWARENESS OF HEALTH
DISPARITIES.

DURING LUPUS AWARENESS MONTH IN MAY THE FOUNDATION'S THEME WAS "MAKE
LUPUS VISIBLE." EACH WEEK THROUGHOUT THE MONTH WE HIGHLIGHTED A
DIFFERENT TOPIC OF THE OFTEN-INVISIBLE WAYS LUPUS IMPACTS EVERYDAY
LIFE. WE SHARED A USEFUL RESOURCE TIED TO THE TOPIC, SUPPORTING
EDUCATIONAL INFORMATION AND FACTS ABOUT LUPUS, AS WELL AS VIDEOS FROM
PEOPLE WITH LUPUS. OUR EFFORTS TO RAISE AWARENESS SPANNED SOCIAL MEDIA,
EMAIL AND MEDIA PLACEMENTS. WE SECURED SEVERAL LOCAL MEDIA PLACEMENTS
FOCUSED ON RAISING AWARENESS WITH INTERVIEWS HELD WITH FOUNDATION
AMBASSADORS, INCLUDING INTERVIEWS AT NBC12 RICHMOND, KOIN PORTLAND,
ABC7 DC AND NBC CT, AND WITH SEVERAL OTHER MEDIA OUTLETS.

THE FOUNDATION ALSO SPEARHEADED THE ANNUAL GLOBAL OBSERVANCE OF WORLD
LUPUS DAY ON MAY 10. WE DEVELOPED AND EXECUTED A WORLD-WIDE "MAKE LUPUS
VISIBLE" SOCIAL MEDIA CAMPAIGN TO SHARE LUPUS EDUCATION FACTS AND
STATISTICS, LEVERAGED THROUGH THE SHARING OF VARIOUS TOOLS, MESSAGES
AND IMAGES TO SUCCESSFULLY RAISE AWARENESS OF LUPUS AND ITS IMPACT ON A

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization LUPUS FOUNDATION OF AMERICA, INC.	Employer identification number 43-1131436
---	--

GLOBAL SCALE. IN PARTNERSHIP WITH THE WORLD LUPUS FEDERATION (WLF), THE FOUNDATION DEVELOPED AWARENESS AND ADVOCACY MESSAGES, TOOLS, MATERIALS, LUPUS FACT SHAREABLE IMAGES AND MORE -- ALL PART OF A DIGITAL LUPUS AWARENESS TOOLKIT HOSTED ON WORLDLUPUSDAY.ORG. WE EXECUTED A STRATEGIC COMMUNICATIONS EFFORT TO SHARE AND PROMOTE THE TOOLKIT TO ALL WLF MEMBERS AND SUPPORTERS BOTH LEADING UP TO AND ON WORLD LUPUS DAY AS PART OF A GLOBAL AND COLLABORATIVE SOCIAL MEDIA CAMPAIGN.

THROUGH OUR ADVOCACY EFFORTS IN 2023, WE SUPPORTED LUPUS RESEARCH AND EDUCATION BY:

--HOSTING OVER 200 LUPUS ADVOCATES FOR 179 MEETINGS ON CAPITOL HILL FOR THE FIRST IN-PERSON NATIONAL LUPUS ADVOCACY SUMMIT SINCE THE PANDEMIC, RESULTING IN POSITIVE ACTION ON POLICIES TO IMPROVE ACCESS TO CARE FOR PEOPLE WITH LUPUS. ADDITIONALLY HOSTING THE 2023 DIGITAL ADVOCACY SUMMIT, SENDING NEARLY 3,000 LUPUS ADVOCACY MESSAGES TO ADVOCATE FOR INCREASED RESEARCH FUNDING AND POLICIES TO IMPROVE THE LIVES OF ALL PEOPLE WITH LUPUS.

--ADVOCATING \$30 MILLION IN FUNDING FOR LUPUS-SPECIFIC RESEARCH AND EDUCATION PROGRAMS FOR FY24, WHICH IF ENACTED WOULD BE THE MOST FUNDING CONGRESS HAS EVER APPROVED FOR LUPUS-SPECIFIC PROGRAMS IN A SINGLE YEAR:

\$15 MILLION TO SUPPORT THE NATIONAL LUPUS PATIENT REGISTRY PROGRAM WITHIN THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION, WHICH IF ENACTED WOULD BRING TOTAL FUNDING FOR THE PROGRAM TO MORE THAN \$115 MILLION SINCE ITS CREATION IN 2003

COPY

Name of the organization LUPUS FOUNDATION OF AMERICA, INC.	Employer identification number 43-1131436
---	--

\$13 MILLION FOR THE LUPUS RESEARCH PROGRAM AT THE DEPARTMENT OF DEFENSE, WHICH WOULD BRING TOTAL FUNDING FOR THE PROGRAM TO NEARLY \$90 MILLION SINCE IT WAS FIRST FUNDED IN FISCAL YEAR 2017

\$3 MILLION FOR THE OFFICE OF MINORITY HEALTH AND THEIR NATIONAL LUPUS TRAINING, OUTREACH, AND CLINICAL TRIAL EDUCATION PROGRAM, A PROGRAM THAT IS IMPLEMENTING EDUCATION AND OUTREACH INITIATIVES TO IMPROVE CLINICAL TRIAL DIVERSITY

\$50.9 BILLION FOR THE NATIONAL INSTITUTES OF HEALTH, THE WORLD'S LARGEST PUBLIC FUNDER OF LUPUS RESEARCH

--LEADING A TRAINING OF THE LUPUS RESEARCH ACTION NETWORK, A GROUP OF PEOPLE WITH LUPUS WHO ARE TRAINED IN PEER-TO-PEER EDUCATION RELATED TO LUPUS CLINICAL TRIALS AND RESEARCH, WITH A SPECIFIC GOAL TO INCREASE MINORITY PARTICIPATION IN LUPUS RESEARCH AND CLINICAL TRIALS. THE TRAINING WAS CONDUCTED AS A KEY COMPONENT OF THE FOUNDATION'S IMPACT+ (INCREASING MINORITY PARTICIPATION AND AWARENESS IN CLINICAL TRIALS) GRANT WITH THE U.S DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) OFFICE OF MINORITY HEALTH (OMH).

--PARTNERING WITH TOP NATIONAL PATIENT ORGANIZATIONS TO LEAD THE IMMUNOCOMPROMISED COLLABORATIVE. THE COLLABORATIVE ADVOCATES FOR STATE AND FEDERAL POLICIES THAT RECOGNIZE THE UNIQUE NEEDS OF PEOPLE LIVING WITH LUPUS DURING THE COVID-19 PANDEMIC, INCLUDING VACCINES, THERAPIES, REOPENING PROTOCOLS, ACCESS TO HEALTH CARE, AND OTHER PUBLIC HEALTH INITIATIVES AND GUIDELINES.

Name of the organization LUPUS FOUNDATION OF AMERICA, INC.	Employer identification number 43-1131436
---	--

--CONTINUING TO ELEVATE THE PATIENT VOICE IN DRUG DEVELOPMENT, PROVIDING THE LUPUS PATIENT PERSPECTIVE TO CONGRESS AND THE FDA, INCLUDING AS THE FDA CONTINUES TO DEVELOP ITS PATIENT FOCUSED DRUG DEVELOPMENT (PFDD) GUIDANCE SERIES, AND HELPING TO LEAD PFDD WORKS, A GROUP OF TOP PATIENT ORGANIZATIONS WORKING TOGETHER TO ELEVATE THE PATIENT PERSPECTIVE IN DRUG DEVELOPMENT AND TO INFORM REGULATORY DECISION-MAKING.

--LEADING THE MARKET ACCESS WORKING GROUP, COMPOSED OF PEOPLE WITH LUPUS AND KEY OPINION LEADERS WORKING TO INCREASE ACCESS AND REDUCE BARRIERS TO QUALITY CARE. AS PART OF THIS EFFORT, THE FOUNDATION ENGAGED IN FEDERAL AND STATE ADVOCACY INITIATIVES, INCLUDING TO ELIMINATE HEALTH PLAN STEP THERAPY POLICIES, CO-PAY ACCUMULATORS AND OTHER POLICIES THAT RESTRICT, DELAY AND DENY PEOPLE WITH LUPUS ACCESS TO THE CARE THEY NEED, WHEN THEY NEED IT.

--CONTINUING TO LEAD THE MAPRX COALITION, A GROUP OF MORE THAN 60 NATIONAL PATIENT ADVOCACY ORGANIZATIONS DEDICATED TO PROTECTING AND STRENGTHENING THE MEDICARE PART D PRESCRIPTION DRUG BENEFIT FOR 44 MILLION AMERICANS WITH DISABILITIES. IN 2023 THE COALITION HELD MULTIPLE CONGRESSIONAL BRIEFINGS TO EDUCATE LEADERS ON CAPITOL HILL ABOUT MEDICARE POLICY AND ENGAGED THE CENTERS FOR MEDICARE AND MEDICAID SERVICES AS IT BEGAN TO IMPLEMENT PROVISIONS OF THE INFLATION REDUCTION ACT, SPECIFICALLY PROVISIONS CHAMPIONED BY MAPRX, INCLUDING:

A \$2,000 OUT-OF-POCKET CAP TO LIMIT COSTS FOR THOSE ON MEDICARE PART D.

Name of the organization LUPUS FOUNDATION OF AMERICA, INC.	Employer identification number 43-1131436
---	--

A "SMOOTHING MECHANISM" THAT WILL ALLOW PART D BENEFICIARIES TO SPREAD HIGH-DRUG COSTS THROUGHOUT THE PLAN YEAR.

EXPANDED ELIGIBILITY FOR THE LOW-INCOME SUBSIDY IN PART D TO INCREASE AFFORDABILITY.

REMOVAL OF COST-SHARING FOR VACCINES IN MEDICARE PART D, A MAJOR PUBLIC HEALTH VICTORY.

--LEADING A NETWORK OF NEARLY 40,000 GRASSROOTS ADVOCATES FROM EVERY STATE AND 435 CONGRESSIONAL DISTRICTS WHO HELPED ADVANCE LUPUS-RELATED PUBLIC POLICY PRIORITIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
IN SUPPORTING THE FOUNDATION'S MISSION. WE HAVE OVER 200 TRAINED AMBASSADORS WHO PROVIDE COMMUNITY-BASED, PEER-TO-PEER EDUCATION AND SUPPORT.

THE FOUNDATION ALSO PROVIDES OVERSIGHT AND RESOURCES TO MORE THAN 45 NATIONAL SUPPORT GROUPS AND 71 TRAINED SUPPORT GROUP FACILITATORS WHO SERVE CONSTITUENTS NATIONWIDE. IN 2023, THE FOUNDATION EXPANDED ITS SUPPORT GROUPS TO SERVE MORE PEOPLE AFFECTED BY LUPUS. THESE GROUPS INCLUDE: MEN WHO ARE LIVING WITH LUPUS, A YOUTH GROUP FOR INDIVIDUALS UNDER AGE 25, A HISPANIC/LATINO SUPPORT GROUP WHICH OFFERS HELP IN ENGLISH AND SPANISH, AN ASIAN SUPPORT GROUP THAT PROVIDES HELP THROUGHOUT THE COUNTRY AS WELL AS INTERNATIONALLY, CAREGIVERS AND CARE PARTNERS FOR LUPUS PATIENTS, AND A GROUP FOR BLACK/AFRICAN AMERICAN WOMEN WHO ARE LIVING WITH LUPUS. WE OFFER BOTH IN-PERSON AND VIRTUAL

Name of the organization LUPUS FOUNDATION OF AMERICA, INC.	Employer identification number 43-1131436
---	--

SUPPORT GROUPS TO ENSURE GREATER ACCESS TO THIS VALUABLE RESOURCE FOR ALL PEOPLE LIVING WITH LUPUS.

THE FOUNDATION CONTINUES ITS LEADERSHIP ROLE OF THE WLF, A GLOBAL COALITION OF ROUGHLY 250 LUPUS PATIENT ADVOCACY GROUPS FROM 75 COUNTRIES. THE FEDERATION'S MISSION IS TO ADVANCE LUPUS AWARENESS AND ADVOCACY INITIATIVES THAT BRING GREATER ATTENTION AND RESOURCES TO THE FIGHT TO END LUPUS WORLDWIDE. IN 2023, THE WLF COMPLETED TWO BIG PROJECTS THAT WERE IDENTIFIED AS PRIORITIES BASED ON THE RESULTS OF ITS 2021 WLF NEEDS ASSESSMENT, AND THAT WOULD MEET AN IMMEDIATE NEED FOR SEVERAL WLF-MEMBER LUPUS ORGANIZATIONS. THE FIRST PROJECT WAS THE DEVELOPMENT AND COMPLETION OF A NEW CO-BRANDED "UNDERSTANDING LUPUS" FACT SHEET IN SPANISH THAT WE PROVIDED TO FOUR SPANISH-SPEAKING, PATIENT-ORIENTED ORGANIZATIONS LOCATED OUTSIDE THE U.S. THE SECOND PROJECT WAS THE SUCCESSFUL PRODUCTION OF A WEBINAR FOR WLF MEMBER ORGANIZATIONS ENTITLED "CREATING PEER-LED LUPUS SUPPORT GROUPS." MORE THAN 25 ATTENDEES FROM LUPUS ORGANIZATIONS AROUND THE WORLD PARTICIPATED.

THE FOUNDATION ALSO ENGAGED WITH VOLUNTEERS AND SUPPORTERS THROUGHOUT THE U.S. WE HELD 21 WALK TO END LUPUS NOW EVENTS ACROSS THE COUNTRY ALLOWING FOR IMPORTANT CONNECTION AND ENGAGEMENT AMONG WALK PARTICIPANTS, SPONSORS AND VOLUNTEERS, AS WELL AS THE OPPORTUNITY TO RAISE AWARENESS AND FUNDS VITAL TO IMPROVING THE QUALITY OF LIFE FOR ALL PEOPLE AFFECTED BY LUPUS. IN ADDITION, A VIRTUAL 'CELEBRATION' WAS HELD TO ALLOW FOR PARTICIPATION FROM ACROSS THE COUNTRY, INCLUDING THOSE NOT COMFORTABLE PARTICIPATING IN-PERSON, OR THOSE WITHOUT A WALK IN THEIR LOCAL COMMUNITY.

COPY

Name of the organization LUPUS FOUNDATION OF AMERICA, INC.	Employer identification number 43-1131436
---	--

THE VIRTUAL 6 CHALLENGE, 6 DAYS TO COMPLETE 6 MILES, REPLACED THE FOUNDATION'S IN-PERSON ENDURANCE PROGRAM, TEAM MAKE YOUR MARK AND CONTINUES TO PROVIDE A UNIQUE OPPORTUNITY FOR PEOPLE ACROSS THE COUNTRY TO PARTICIPATE IN THE WAY THAT BEST MEETS THEIR NEEDS AND INTERESTS.

IN ADDITION, MORE THAN 173 CONTENT CREATORS JOINED US FOR GAME ON! TO END LUPUS, OUR THREE DAY LIVE STREAM EVENT WHERE STREAMERS FROM AROUND THE WORLD RAISE AWARENESS OF LUPUS AND FUNDS FOR LUPUS RESEARCH.

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

--DEVELOPMENT OF NEW TECHNOLOGIES TO CLOSE THE GAP IN OUR UNDERSTANDING OF DISEASE MECHANISMS.

--SUPPORTING THE DEVELOPMENT OF NOVEL TREATMENT PARADIGMS.

--WORKING IN TANDEM WITH PARTNERS TO SUPPORT LUPUS RESEARCH AND RESEARCH TRAINING.

THE FOUNDATION CONTINUES TO LEAD INITIATIVES TO OVERCOME BARRIERS THAT INHIBIT PROGRESS IN DEVELOPING AND APPROVING NEW, EFFECTIVE AND TOLERABLE TREATMENTS FOR PEOPLE WITH LUPUS, INCLUDING:

--LEADING THE ADDRESSING LUPUS PILLARS FOR HEALTH ADVANCEMENT (ALPHA) PROJECT, A GLOBAL MULTI-PHASE INITIATIVE TO IDENTIFY AND ADDRESS TOP URGENT AND UNMET ISSUES THAT WILL IMPROVE LUPUS OUTCOMES. IN 2023, THE PROJECT WORK EXPANDED PATIENT-PROVIDER COMMUNICATION EFFORTS TO ADDRESS BARRIERS TO ACCESSING HIGH-QUALITY CLINICAL CARE. THIS WORK WILL CONTINUE INTO 2024 WITH FORMATIVE EVALUATION EXERCISES PLANNED FOR THE

COPY

Name of the organization LUPUS FOUNDATION OF AMERICA, INC.	Employer identification number 43-1131436
---	--

PURPOSE OF UNRAVELING CHALLENGES TO PATIENT-PROVIDER ENGAGEMENT. THE ALPHA GLOBAL ADVISORY COUNCIL ALSO ADDRESSED CRITICAL ISSUES RELATED TO TIME TO DIAGNOSIS AND EXPLORED THE BENEFITS AND RISKS OF DEFINING LUPUS AS A SPECTRUM. THE DRUG DEVELOPMENT WORKING GROUP CONVENED A MEETING ON CLINICAL TRIAL OUTCOME MEASURES IN LUPUS THAT HIGHLIGHTED CHALLENGES IN ACCURATELY ACCOUNTING FOR LUPUS HETEROGENEITY ACROSS THE AGE CONTINUUM AND THE IMPORTANCE OF MEASURING OUTCOMES IMPORTANT TO PEOPLE LIVING WITH LUPUS. THIS WORK ON DISEASE DEFINITION AND DRUG DEVELOPMENT WAS PUBLISHED IN LUPUS SCIENCE & MEDICINE AS TWO SEPARATE PAPERS IN THE ALPHA SERIES IN EARLY 2023.

--SUPPORTING A MULTI-YEAR STUDY OF MESENCHYMAL STROMAL CELLS AS A POTENTIAL TREATMENT FOR LUPUS. THE MEDICAL UNIVERSITY OF SOUTH CAROLINA CONTINUES TO LEAD THE STUDY IN PARTNERSHIP WITH THE NATIONAL INSTITUTE FOR ALLERGY AND INFECTIOUS DISEASES. EIGHT OF THE NINE CLINICAL SITES CONTINUE TO ENROLL PARTICIPANTS, AND INVESTIGATORS EXPECT TO FINISH THE STUDY IN LATE 2025.

--RECRUITING MORE THAN 900 NEW PEOPLE WITH LUPUS AND CAREGIVERS TO PARTICIPATE IN RESEARCH ACCELERATED BY YOU (RAY), A LUPUS DATA PLATFORM FOR PEOPLE WITH LUPUS AND CAREGIVERS TO SHARE ANONYMIZED INFORMATION ABOUT THEIR LUPUS EXPERIENCE. WE ALSO WORKED TO INCREASE DIVERSE REPRESENTATION WITHIN RAY BY USING EVIDENCE-BASED APPROACHES TO INCREASE RECRUITMENT OF UNDERREPRESENTED POPULATIONS. THE RAY DATA PLATFORM WAS UPGRADED IN 2023 TO ENHANCE COMMUNICATION CAPABILITIES AND BUILD CAPACITY FOR FREQUENT NOTIFICATION ABOUT CLINICAL TRIAL PARTICIPATION OPPORTUNITIES. THIS WILL ALLOW US TO COLLECT DATA OVER THE LIFESPAN OF THE PARTICIPANT, WHICH WILL ENHANCE OUR CAPABILITIES TO

Name of the organization LUPUS FOUNDATION OF AMERICA, INC.	Employer identification number 43-1131436
---	--

ASSESS THE NATURAL HISTORY OF DISEASE AND ASCERTAIN ADDITIONAL INSIGHTS ABOUT THE EXPERIENCE OF LIVING WITH LUPUS. THE DATA PLATFORM SERVES AS A CONDUIT TO HELP RESEARCHERS ACCELERATE THE DEVELOPMENT OF NEW TREATMENTS AND IMPROVE DISEASE OUTCOMES USING PATIENT-FIRST AND PATIENT-CENTRIC APPROACHES.

--FUNDING GRADUATE AND UNDERGRADUATE STUDENT FELLOWSHIPS AND EARLY CAREER DEVELOPMENT GRANTS TO SUPPORT A NEW GENERATION OF LUPUS CLINICIAN-SCIENTISTS. THESE AWARDS ADDRESS A SEVERE LOSS OF CURRENT AND FUTURE LUPUS INVESTIGATORS DUE TO A DECLINE IN FEDERAL TRAINING SUPPORT. PARTNERING WITH LUPUS CANADA FOR A FOURTH YEAR TO MANAGE THEIR CATALYST GRANT, WHICH PROVIDES ONE-YEAR FUNDING TO CANADIAN RESEARCHERS AT ANY STAGE IN THEIR CAREERS. THROUGHOUT THE YEAR, WE AGGRESSIVELY PURSUED STRATEGIES TO INCREASE FEDERAL, STATE AND INDUSTRY SUPPORT FOR LUPUS RESEARCH. WE ALSO FACILITATED STRATEGIC COLLABORATIONS, LED GLOBAL ALLIANCES TO DRIVE CONSENSUS AND PROVIDED DIRECT FINANCIAL SUPPORT TO RESEARCHERS THROUGH THE FOUNDATION'S PEER-REVIEWED RESEARCH GRANT PROGRAMS. THESE EFFORTS LAY THE GROUNDWORK FOR LUPUS RESEARCH TO LEAD TO SIGNIFICANT TREATMENT BREAKTHROUGHS.

THE FOUNDATION ALSO EXPANDED AND LAUNCHED NEW STRATEGIC PARTNERSHIPS WITH ORGANIZATIONS THAT PLAY A CENTRAL ROLE IN ADVANCING LUPUS SCIENCE. PART OF THE FOUNDATION'S EFFORTS AND SUPPORT FOR THESE STRATEGIC PARTNERSHIPS INCLUDED:

--FUNDING THE NEXT TWO YEARS OF THE IMPACT (IMPROVE PREGNANCY IN APS WITH CERTOLIZUMAB THERAPY) PHASE II TRIAL OF A BIOLOGIC THERAPY TO PREVENT ADVERSE OUTCOMES IN HIGH-RISK PREGNANCIES AMONG PATIENTS WITH

COPY

Name of the organization LUPUS FOUNDATION OF AMERICA, INC.	Employer identification number 43-1131436
---	--

ANTIPHOSPHOLIPID SYNDROME, WITH OR WITHOUT SYSTEMIC LUPUS
ERYTHEMATOSUS.

--FUNDING FOR SYSTEMIC LUPUS ERYTHEMATOSUS COLLABORATING CLINICS
(SLICC), A GLOBAL BODY OF LUPUS EXPERTS, TO UPDATE THE SLICC DAMAGE
INDEX, THE ONLY FOOD AND DRUG ADMINISTRATION (FDA)-ACCEPTED OUTCOME
MEASURE FOR LUPUS CLINICAL TRIALS.

--PARTICIPATING IN LUPUS ABC, A PUBLIC-PRIVATE PARTNERSHIP LED BY THE
LUPUS RESEARCH ALLIANCE IN COLLABORATION WITH THE FOOD AND DRUG
ADMINISTRATION TO IMPROVE LUPUS CLINICAL TRIAL OUTCOME MEASURES.

--PARTNERING IN THE TREATMENT RESPONSE MEASURE FOR SLE (TRM-SLE)
PROJECT WHERE WE WORK TO PRIORITIZE THE PATIENT VOICE ON THE STEERING
AND ADVISORY COMMITTEES FOR THE PROJECT.
THROUGH OUR DIRECT FUNDING SUPPORT AND VARIOUS FOUNDATION INITIATIVES,
WE INVESTED CLOSE TO \$1 MILLION TO FUND PEER-REVIEWED RESEARCH GRANTS,
AWARDS TO INVESTIGATORS, RESEARCH PARTNERSHIPS AND COLLABORATIVE
PROJECTS.

AS PART OF OUR RESEARCH FUNDING EFFORTS, THE FOUNDATION ALSO WORKED
WITH CONGRESS TO SECURE MORE THAN \$22 MILLION IN PUBLIC FUNDING FOR
LUPUS RESEARCH AND EDUCATION PROGRAMS IN FY23 AND ARE WORKING TO SECURE
AN ADDITIONAL \$30 MILLION IN FY24. THE FOUNDATION ALSO HELPED SECURE A
\$2.5 BILLION INCREASE IN FUNDING FOR THE NIH IN FY23 AND HAVE ADVOCATED
FOR NEARLY \$60 BILLION IN FY24 FUNDING FOR THE NIH, WHICH IS THE
WORLD'S LARGEST PUBLIC FUNDER OF LUPUS RESEARCH.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COPY

Name of the organization LUPUS FOUNDATION OF AMERICA, INC.	Employer identification number 43-1131436
---	--

PATIENT EDUCATION AND SUPPORT:

THE FOUNDATION REMAINS A LEADER IN LUPUS EDUCATION, AND ONCE AGAIN PROVIDED EDUCATION, SUPPORT, AND OTHER ASSISTANCE TO INDIVIDUALS WITH LUPUS, THEIR FAMILIES AND CAREGIVERS.

OUR EDUCATIONAL WEBSITE, THE NATIONAL RESOURCE CENTER ON LUPUS (NRCL), REMAINS THE MOST COMPREHENSIVE LUPUS EDUCATION SITE AVAILABLE. THE NRCL SERVES AS THE FIRST STOP FOR PEOPLE SEARCHING FOR BASIC INFORMATION ON LUPUS AND LOCAL RESOURCES. WE CONTINUED TO CREATE HEALTH EDUCATION RESOURCES IN A VARIETY OF FORMATS AND LANGUAGES COVERING TOPICS IMPORTANT TO PEOPLE WITH LUPUS. WE PUBLISHED MORE THAN 55 HEALTH EDUCATION RESOURCES ON THE NRCL IN ENGLISH AND SPANISH IN THE PAST YEAR. THE NRCL HAD MORE THAN 6 MILLION PAGEVIEWS IN 2023.

WE PRODUCED EIGHT NEW EPISODES OF OUR PATIENT EDUCATION PODCAST, THE EXPERT SERIES, FEATURING LUPUS EXPERTS OFFERING INFORMATION AND INSIGHTS INTO ESSENTIAL TOPICS. THE PODCASTS ARE AVAILABLE THROUGH LUPUS.ORG, YOUTUBE, ITUNES, AND SPOTIFY. TOPICS FOR 2023 INCLUDED LUPUS REMISSION, BONE HEALTH, AND THE VISIBLE AND INVISIBLE SYMPTOMS OF LUPUS. THERE WERE MORE THAN 12,000 PLAYS ACROSS THE 2023 EPISODES.

OUR 12-WEEK LUPUS SELF-MANAGEMENT EMAIL SERIES, TAKE CHARGE, CONTINUED TO GROW, GAINING 2,203 SUBSCRIBERS IN 2023. THE EMAIL SERIES, WHICH IS AIMED AT PROVIDING PEOPLE WITH LUPUS WITH THE KNOWLEDGE THEY NEED TO BETTER MANAGE THEIR HEALTH, HAS AN UNSUBSCRIBE RATE OF UNDER 2% ACROSS ALL THE EMAILS. IN SEPTEMBER, 2023, WE LAUNCHED TOME CONTROL, A CULTURALLY AND LINGUISTICALLY APPROPRIATE SPANISH VERSION OF TAKE

Name of the organization LUPUS FOUNDATION OF AMERICA, INC.	Employer identification number 43-1131436
---	--

CHARGE.

LUPUS AND YOU: ANSWERS, ADVOCACY, ACTION (LUPUS & YOU) CONTINUED TO BE OFFERED VIRTUALLY IN 2023. IN 2023, OUR NATIONAL LUPUS & YOU QUARTERLY SERIES REACHED 4,580 PEOPLE, PROVIDING PEOPLE WITH LUPUS OPPORTUNITIES TO PARTICIPATE IN THIS INFORMATIVE AND HELPFUL PROGRAM NO MATTER WHERE THEY LIVE. WE WERE ALSO ABLE TO OFFER OUR FIRST EVER NATIONAL LUPUS & YOU EVENT IN SPANISH.

OUR ONLINE LUPUS SELF-MANAGEMENT PROGRAM CALLED STRATEGIES TO EMBRACE LIVING WITH LUPUS FEARLESSLY (SELF) ALSO CONTINUED TO GROW. SELF IS A FREE, ONLINE, EVIDENCE-BASED, SELF-MANAGEMENT PROGRAM DESIGNED TO HELP PEOPLE WITH LUPUS BUILD AND ENHANCE SKILLS IN FOUR PILLARS OF LUPUS SELF-MANAGEMENT: MANAGING SYMPTOMS, MANAGING STRESS, MANAGING MEDICATIONS AND WORKING WITH THEIR HEALTHCARE TEAM. IN 2023, SELF GAINED 1,185 PARTICIPANTS. IN SEPTEMBER, 2023, WE LAUNCHED THE SELF COMPANION APP TO MAKE THE PROGRAM MORE ACCESSIBLE TO USERS.

IN ADDITION, OUR TEAM OF HEALTH EDUCATION SPECIALISTS RESPONDED TO 2,264 INQUIRIES RECEIVED VIA TELEPHONE, EMAIL, AND HANDWRITTEN LETTERS IN ENGLISH AND SPANISH AND GUIDED PEOPLE TO THE APPROPRIATE INFORMATION TO MANAGE THEIR LUPUS. THE HEALTH EDUCATION SPECIALIST'S LUPUS INFORMATION PACKET, A DIGITAL DOCUMENT AVAILABLE IN ENGLISH AND SPANISH, WAS DOWNLOADED 4,937 TIMES OVER THE COURSE OF THE YEAR. EXPENSES \$ 301,809. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PROFESSIONAL RELATIONS AND EDUCATION:

Name of the organization LUPUS FOUNDATION OF AMERICA, INC.	Employer identification number 43-1131436
---	--

OUR PROFESSIONAL EDUCATION PROGRAMS ARE DESIGNED TO DEVELOP AND INCREASE KNOWLEDGE, SKILLS AND PROFESSIONAL PERFORMANCE OF ALL HEALTHCARE PROVIDERS WHO TREAT PEOPLE WITH LUPUS. WITHIN THESE PROGRAMS, WE WORK TO TRANSLATE RESEARCH FINDINGS INTO PUBLIC HEALTH RECOMMENDATIONS FOR PHYSICIANS, OTHER HEALTHCARE PROFESSIONALS, AND THEIR RESPECTIVE ORGANIZATIONS.

IN 2023, WE CONTINUED TO FOCUS ON EXPANDING PARTNERSHIPS WITH ORGANIZATIONS THAT SERVE MEDICAL AND OTHER HEALTHCARE PROFESSIONALS.

IN PARTICULAR, THE FOUNDATION PARTNERED WITH THE RHEUMATOLOGY NURSES SOCIETY AND THE HHS/OMH TO DEVELOP AN EDUCATIONAL PROGRAM FOR NURSES CALLED LUPUS CONVERSATIONS: LET'S TALK ABOUT LUPUS, CLINICAL TRIALS, AND RACE. THE GOAL OF THE PROGRAM IS TO ADDRESS RACIAL AND ETHNIC DISPARITIES IN LUPUS CLINICAL TRIAL PARTICIPATION. CLINICAL TRIALS WITH A DIVERSE ARRAY OF PARTICIPANTS ARE ESSENTIAL FOR THE DEVELOPMENT OF NEW AND EFFECTIVE LUPUS THERAPIES, BUT RACIAL AND ETHNIC MINORITY POPULATIONS HAVE BEEN AND CONTINUE TO BE UNDERREPRESENTED IN LUPUS CLINICAL TRIALS. THE EVIDENCE-BASED EDUCATIONAL PROGRAM INCLUDES A FREE CERTIFICATION FOR NURSE EDUCATORS ACCREDITED SESSION AND ROLE-PLAY VIDEO DISCUSSING THE BARRIERS AND FACILITATORS TO CLINICAL TRIAL PARTICIPATION AMONG BLACK/AFRICAN AMERICANS. THE COURSE IS DESIGNED TO MEET THE EDUCATIONAL NEEDS OF RHEUMATOLOGY NURSES, NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS. OVER 100 NURSES PARTICIPATED IN THE TRAINING.

THIS YEAR WE SAW A RECORD NUMBER OF MANUSCRIPTS SUBMITTED TO THE FOUNDATION'S PEER-REVIEWED, OPEN-ACCESS JOURNAL, LUPUS SCIENCE & MEDICINE (LS&M), WHICH PUBLISHES DATA AND ANALYSIS FROM IMPORTANT AND



Name of the organization LUPUS FOUNDATION OF AMERICA, INC.	Employer identification number 43-1131436
---	--

PIVOTAL STUDIES OF ALL ASPECTS OF LUPUS AND RELATED DISEASES. THE CURRENT IMPACT FACTOR FOR LS&M IS NOW 3.9, WHICH IS THE HIGHEST FOR ANY LUPUS-SPECIFIC JOURNAL AND RANKS IT AMONG THE MOST PROMINENT JOURNALS IN RHEUMATOLOGY. IN 2023, WE ALSO RELAUNCHED LS&M'S PODCAST, PRODUCING 8 EPISODES WITH A TOTAL OF 3,817 PLAYS. THE IMPACT FACTOR ALONG WITH THE PODCAST WILL RAISE THE VISIBILITY OF THE JOURNAL AND INCREASE MANUSCRIPT SUBMISSION.

THROUGH A PARTNERSHIP WITH ASTRAZENECA, WE CONTINUED OUR NATIONAL OUTREACH AND EDUCATION EFFORTS TO INCREASE LUPUS AWARENESS AND ACCESS TO FOUNDATION RESOURCES AND TOOLS AMONG COMMUNITY HEALTH WORKERS (CHWS). WHILE LOCAL EFFORTS FOCUSED ON IN-PERSON TRAINING AND CONNECTIONS WITH CHWS, A NATIONAL CHW LUPUS EDUCATION HUB WAS CREATED ON THE NRCL. THE CHW HUB FEATURES ON-DEMAND LEARNING MODULES TO INCREASE CHW'S KNOWLEDGE ABOUT LUPUS INCLUDING THE SIGNS AND SYMPTOMS, TREATMENTS, RESOURCES AND SUPPORT AVAILABLE TO THOSE LIVING WITH LUPUS. AS FRONTLINE PUBLIC HEALTH PROFESSIONALS WITH SHARED LIFE EXPERIENCE, TRUST, COMPASSION, AND CULTURAL AND VALUE ALIGNMENT WITH THE COMMUNITIES WHERE THEY LIVE AND SERVE, CHWS PLAY A VITAL ROLE IN THE HEALTH OF THE COMMUNITY. THE TRAINING CONTENT CAN BE USED BY CHWS TO EDUCATE AND SUPPORT PEOPLE WITH LUPUS IN THEIR COMMUNITIES. THE HUB FEATURES FIVE KEY TOPICS: UNDERSTANDING LUPUS, DIAGNOSING LUPUS, TREATING LUPUS, MANAGING LUPUS, AND FOUNDATION RESOURCES. TO DATE, OVER 2000 CHWS HAVE BEEN ENGAGED THROUGH IN-PERSON AND VIRTUAL LUPUS TRAINING OPPORTUNITIES.

EXPENSES \$ 214,989. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 7A:

COPY

Name of the organization

LUPUS FOUNDATION OF AMERICA, INC.

Employer identification number

43-1131436

THE CHAPTERS HAVE THE AUTHORITY TO ELECT THE MEMBERS OF THE NATIONAL COUNCIL REPRESENTATIVES OF THE BOARD OF THE DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

THE CHAPTERS HAVE THE AUTHORITY TO VOTE ON ANY PROPOSED CHANGES BY THE BOARD OF THE DIRECTORS TO THE FOUNDATION'S BYLAWS.

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

THE FOUNDATION HIRES AN INDEPENDENT ACCOUNTING FIRM TO PREPARE THE FORM 990. A COPY OF THE FINAL DRAFT OF THE FORM 990 IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE VIA A TELEPHONE CONFERENCE. ONCE APPROVED BY THE FINANCE COMMITTEE, A COMPLETE COPY OF THE FORM 990 IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF DIRECTORS BEFORE FILING THE FORM WITH THE INTERNAL REVENUE SERVICE.

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

AT THE FOUNDATION'S BOARD MEETING IN THE FALL, THE CONFLICT OF INTEREST STATEMENT AND QUESTIONNAIRE ARE COMPLETED AND SIGNED BY EACH OFFICER, DIRECTOR, COMMITTEE MEMBER AND KEY EMPLOYEE. ALL CONFLICT OF INTEREST STATEMENTS AND QUESTIONNAIRES ARE REVIEWED BY THE PRESIDENT & CEO AND CHIEF FINANCIAL OFFICER WHO NOTE ANY ACTUAL OR POTENTIAL CONFLICTS. WHEN THERE IS A DOUBT AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER SHALL BE RESOLVED BY A VOTE OF THE BOARD OF DIRECTORS (OR ITS COMMITTEE), EXCLUDING THE PERSON CONCERNING WHOSE SITUATION THE DOUBT HAS ARISEN. THERE HAVE BEEN NO CONFLICTS NOTED DURING THE YEAR.

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

THE EXECUTIVE COMMITTEE OF THE BOARD (EC) CONDUCTS AN ANNUAL PERFORMANCE

Name of the organization LUPUS FOUNDATION OF AMERICA, INC.	Employer identification number 43-1131436
---	--

EVALUATION OF THE PRESIDENT & CEO AND RECOMMENDS SALARY LEVEL CHANGES TO THE BOARD OF DIRECTORS FOR APPROVAL. THE RECOMMENDED CHANGES ARE BASED ON THE MOST CURRENTLY AVAILABLE COMPARABILITY DATA FROM THE MANAGEMENT COMPENSATION SURVEY STUDY PUBLISHED JOINTLY BY THE NATIONAL HEALTH COUNCIL AND THE NATIONAL HUMAN SERVICES ASSEMBLY. ONCE APPROVED, ONE OF THE MEMBERS OF THE EC, GENERALLY THE CHAIRMAN OR THE TREASURER, NOTIFIES THE CHIEF FINANCIAL OFFICER OF THE NEW APPROVED COMPENSATION ARRANGEMENT FOR THE PRESIDENT & CEO. ALL OTHER KEY EMPLOYEES' ANNUAL PERFORMANCE EVALUATIONS ARE CONDUCTED BY THE PRESIDENT & CEO AND THEIR APPROVED ANNUAL SALARY INCREASES ARE DOCUMENTED ON THEIR ANNUAL PERFORMANCE EVALUATION FORM.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM
NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19:
THE FOUNDATION MAKES ITS FINANCIAL STATEMENTS, FEDERAL FORM 990, AND ANNUAL REPORT AVAILABLE TO THE PUBLIC UPON REQUEST AND BY POSTING THEM ON ITS WEBSITE. ALL OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

FULFILLMENT SERVICES:

PROGRAM SERVICE EXPENSES	108,756.
MANAGEMENT AND GENERAL EXPENSES	28,189.
FUNDRAISING EXPENSES	17,079.
TOTAL EXPENSES	154,024.

CONSULTING:

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **LUPUS FOUNDATION OF AMERICA, INC.** Employer identification number **43-1131436**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
LUPUS AMERICA COMMUNITIES - 90-0870868 2121 K STREET, NW, SUITE 200 WASHINGTON, DC 20037	SUPPORTING ORGANIZATION	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12C, III-FI	N/A		X

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

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

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

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

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

Part VII Supplemental Information

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

Multiple horizontal lines for providing supplemental information.