# Form **990**

Department of the Treasury

Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2022

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

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

<u>A</u>	For the	2022 ca	endar year, or tax year beginning	10/1/2022	, and ei	nding	9/3	30/2023			
В	Check if a	applicable:	C Name of organization Lupus Found	ation of America, Inc.			Employe	er identification	number		
	Address	change	Doing business as								
$\equiv$		ŭ	Number and street (or P.O. box if mail is no	delivered to street address)	Room/suite	7	6-011272	24			
Ш	Name cha	ange	405 Main Street	•	300C		E Telephone number				
П	Initial retu	ırn	City or town	State	ZIP code						
$\sqsubseteq$	iiiiiai iett	4111	Houston	TX	77002	7	13-529-0	126			
Ш	Final return	/terminated		province/state/county	Foreign postal	codo					
$\Box$			Foreign country name Foreign	province/state/county	Foreign postar		Gross re	animto C		486,739	
Ш	Amended	return					Gloss re	ceipts \$		400,739	
	Application	on pending	F Name and address of principal officer:			H(a) Is this	a group return	for subordinates?	Yes	X No	
	• •	, ,	Anne Marie Blacketer 405 Main Stre	et STE 501 Houston T	X 77002			tes included?	Yes	=	
								•		- NO	
I	Tax-exer	mpt status:	X 501(c)(3) 501(c) (	(insert no.) 4947(a)(1)	or 527	If "No	o," attach a	list. See instruction	ons		
	Website	· WW	/W.Lupustexas.org			H(c) Grou	p exemption	number			
Ť											
K	Form of	organization	: X Corporation Trust Associ	ation Other	L Yea	r of formation	<sup>on:</sup> 1984	M State of	legal domicil	e: TX	
	Part I	Sui	mmary		•			·			
	1		escribe the organization's mission or	most significant activitie	s. Educ	ation and	d Medical	Research			
ø	'	Dilony a	ocombo the organization of micolon of	most significant douvido	o. <u>Luu</u>	ation and	ı iviodiodi	rtoocaron			
Ĕ											
Governance			<u></u>			Z.,					
Š	2	Check th	nis box if the organization dis	continued its operations	or disposed	of more t	than 25%	of its net as:	sets.		
ၓ	3	Number	of voting members of the governing	oodv (Part VI. line 1a) .				3		10	
	4		of independent voting members of th					4		10	
Activities &	5		mber of individuals employed in cale					5			
₹										4	
ŧ	6		mber of volunteers (estimate if neces					6		100	
ď	7a	Total un	related business revenue from Part \	'III, column (C), line 12 .	·			7a			
	b	Net unre	elated business taxable income from	Form 990-T, Part I, line 1	11			7b			
						F	Prior Year	•	Current Ye	ar	
•	8	Contribu	itions and grants (Part VIII, line 1h).		1		16	66,281		403,899	
ž	9	Drogram	n service revenue (Part VIII, line 2g) .					70,20		.00,000	
Revenue								4 407		00	
è	10		ent income (Part VIII, column (A), line					1,407		82	
_	11		venue (Part VIII, column (A), lines 5,					58,531		30,217	
	12	Total rev	enue—add lines 8 through 11 (must equ	ıal Part VIII, column (A), lir	ne 12)		22	26,219		434,198	
	13	Grants a	and similar amounts paid (Part IX, col	umn (A), lines 1–3)			2	25,685			
	14		paid to or for members (Part IX, colu								
(0	1							64,386		216,355	
Expenses	16a		onal fundraising fees (Part IX, column				- 10	74,000		210,000	
eu	104										
Š	b		ndraising expenses (Part IX, column (	D), line 25)	102,934						
Ш	17		kpenses (Part IX, column (A), lines 11				15	50,335		256,307	
	18	Total ex	penses. Add lines 13–17 (must equa	Part IX, column (A), line	25)		34	10,406		472,662	
	19	Revenue	e less expenses. Subtract line 18 fror	n line 12			-11	14,187		-38,464	
20						Beginnin	g of Currer		End of Yea		
Net Assets or	20	Total as	sets (Part X, line 16).......		İ			1,305		12,081	
Ass	21							24,324		33,564	
i i	21										
			ets or fund balances. Subtract line 21	from line 20			1	16,981		-21,483	
	art II		nature Block								
			y, I declare that I have examined this return, incl				-	-			
and	belief, it i	s true, corre	ct, and complete. Declaration of preparer (other	than officer) is based on all info	ormation of which	n preparer h	as any knov	vledge.			
e:											
Si		Signatu	ire of officer				Date				
He	re		Marie Blacketer		Evec	utive Dire					
		Aille			LXCC	utive Dire	COLOI				
		1	Type or print name and title	Duna and the t		15.			DTIL		
_		Prin	t/Type preparer's name	Preparer's signature		Date		Check if	PTIN		
Pa		Mic	hael D Sloan, CPA			3/12		self-employed	P014204	90	
Pr	eparer					' I				JU	
Us	e Only	/ Firm	's name Sloan, Cartagena and As	sociates, P.C.		F	irm's EIN	76-024507	б		
	•		's address 10515 Saddlehorn Trail,	Houston, TX 77064		P	hone no.	281-387-8°	186		
Ma	v the IE	2S discus	s this return with the preparer shown						X Yes	No	
ivia	y 1110 11	vo aisous	o ano rotarri wiai ale preparei siluwii	above: Oce manuchens					/     I C 3	INO	

**4e** Total program service expenses

Pa	rt III		nt of Program Serv Schedule O contain			this Part III			X
1	Briefly de		organization's mission:	· · · · · · · · · · · · · · · · · · ·	,				<u> </u>
	Education	n and Medic	al Research						
2		-	undertake any significa r 990-EZ? .  .  .  .				listed on	Yes	X No
			se new services on So						<u></u>
3			cease conducting, or r				gram		
			se changes on Sched					Yes	X No
4	Describe	the organiz	ation's program service	e accomplishments					
			01(c)(3) and 501(c)(4)			e amount of gr	ants and allocation	ns to others,	
	the total e	expenses, a	nd revenue, if any, for	each program servi	ce reported.				
4a			) (Expenses \$	194,372 includ	ling grants of \$		) (Revenue \$		)
	See Sche						· 		
					· · · · · · · · · · · · · · · · · · ·				
						*			
					<b>/</b>				
4b	(Code:		) (Expenses \$	26 068 includ	ling grants of \$		) (Revenue \$		1
710	See Sche		) (Expended $\psi$						/
					′ 				
				()					
4c	(Code:	offiliation de	) (Expenses \$	20,973 includ	ling grants of \$	ional Lunua	) (Revenue \$		)
	Foundation	on of Americ	d research: The Chap ca Inc to gain access to	o national programs	, services, and mat	terials for			
	distributio	on. This incl	udes support of local a	nd national Lupus re	esearch.				
			<b>V</b>						
4d	Other pro	ogram servic	ces (Describe on Sche	dule O.)					
	(Expense	-	•	ng grants of \$	) (	(Revenue \$		)	

241,413

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues.	4		
3	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		V
7	"Yes," complete Schedule D, Part I	6		Χ
7	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
Ū	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Χ	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Χ
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		v
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		Х
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X.</i>	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Χ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i> "Yes,"			
40	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
4-	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	_	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Χ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		Х
20a		20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ

Par	t 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? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete Schedule J	23	Χ	
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? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	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		Х
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
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? If "Yes," complete Schedule L, Part I	25a		Х
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	l		l .,
00	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
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%	0.0		
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	21		⊢^
20	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV.	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	<b> </b>		
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
27	organization? If "Yes," complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	Х	
Par		<u> 30</u>	^	<u> </u>
rai	Check if Schedule O contains a response or note to any line in this Part V			П
		<u> </u>	Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	,	162	NO
1a b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
C	reportable gaming (gambling) winnings to prize winners?	1c	Х	

2a Eller the number of employees reported on Form W-3, Transmittal of Wage and Tax		90 (2022) Lupus Foundation of America, Inc. 76-011	2724	P	age <b>5</b>
Statements, filed for the calendar year ending with or within the year covered by this return	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
b If al least one is reported on line 2a, did the organization file all required federal employment tax returns?.  20	2a				
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b If "Yes," his filed a Form 960-T for this year? "If "No" to line 3p, provide an explanation on Schedule O  4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry?  4c If "Yes," enter the name of the foreign country  5d Was the organization approach to a park account, securities account, or other financial accountry?  5d Was the organization that it was or is a party to a prohibited tax shelter transaction?  5d Did any taxable party holly the organization that it was or is a party to a prohibited tax shelter transaction?  5d Dies the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions in the was or is a party to a prohibited tax shelter transaction?  5d Dies the organization solicit any contributions in the second organization solicit any contributions are not tax deductible as charitable contributions?  5d Dies the organization solicit any contributions under section 170(c).  6d Did the organization notify the donor of the value of the goods or services provided?  6d Did the organization notify the donor of the value of the goods or services provided?  6d If "Yes," indicate the number of Forms \$282 filed during the year.  7d Did the organization sell, exchange, or otherwise dispose of tangible personal property fire which it was required to life Forms \$282?  7d If "Yes," indicate the number of Forms \$282 filed during the year.  7d Did the organization organizati					
b II "Yes," has it lied a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.  A tany time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account;?  If "Yes," enter the name of the foreign country See instructions for filing requirements for EniCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Sa Usa She organization as party to a prohibited tax shelter transaction at any time during the tax year?  Sa Usa She organization have annual gross receipts that are normally greater than \$100,000, and did fine organization solicit any contributions that were not tax deductible as charitable contributions?  Sa Usa II" "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  Text Yes," did the organization motify the donor of the value of the goods or services provided?  The state of the payor?  If "Yes," did the organization motify the donor of the value of the goods or services provided?  Did the organization, during the year, or otherwise dispose of tangible personal proherty for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year ("Yes," indicate the number of Forms 8282 filed during the year ("Yes," indicate the number of Forms 8282 filed during the year ("Yes," indicate the number of Forms 8282 filed during the year ("Yes," indicate the number of Forms 8282 filed during the year ("Yes," indicate the number of Forms 8282 filed during the year ("	b	· · · · · · · · · · · · · · · · · · ·		Χ	<u> </u>
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly?  4b If "Yes" enter the name of the foreign country (such as a bank account, securities account, or other financial account)?  5c enstructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts ("FAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" oil ine 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" did the organization have annual gross receipts that are normally greater than \$100,000, and did fine organization solicit any contributions that were not tax deductible as charitable contributions?  5c Does the organization solicit any contributions and express statement that such continuous or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If Yes, "did the organization receive a payment in excess of \$75 made partity as a contribution and partity for goods and services provided to the payor?  7d Vers." did the organization receive a payment in excess of \$75 made partity as a contribution and partity of goods and services provided to the payor?  7d If Yes," did the organization receive a organization receive a payment in excess of \$75 made partity as a contribution and partity of the organization received a contribution of qualified intellectual property, did the different contract?  7d If Yes," did the organization received a contribution of qualified intellectual property, did the different contract?  7d If the organization received a contribution of qualified intellectual property, did the different contract?  7d If the organization received a contribution of the contract of the payors of the received payors of t	3a				X
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4 If "Yes," enter the name of the foreign country  5 even instructions for filing requirements for FinCEN form 114. Report of foreign Bank and Financial Accounts (FBAR).  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Does the organization has annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation and express statement that such contributions of the organization include with every solicitation and express statement that such contributions or granization solicit any contributions that were not tax deductible as charitable contributions?  6 Does the eductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and parity for goods and services provided to the payor?  7 Organization receive a payment in excess of \$75 made partly as a contribution and parity for goods and services provided to the payor?  7 Organization receive a payment in excess of \$75 made partly as a contribution of any payment in excess of \$75 made partly as a contribution of under the payor?  7 Organization receive any sunds, directly or indirectly, to pay premiting on a personal payment in the variety of the organization. The payment in excess of \$75 made partly as a contribution of under the payor.  7 Did the organization develve any funds, directly or indirectly, to pay premiting on a personal benefit contract?  7 Payment in the organization receive any funds, directly or indirectly, to pay premiting on a personal benefit contract?  7 Did the organization receive a contribution of qualified intellectual property, dit he "ginganization file a form 1090."  8 Sponsoring organization make	b		3b		<u> </u>
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCSE From 114. Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCSE From 114. Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCSE From 114. Report of Foreign Bank and Financial Accounts (FBAR).  See instructions or provided to the organization file from 8886-17.  So If Yes to line Sa or Sb, did the organization file Form 8886-17.  So Does the organization share annual gross receipts that are normally greater than \$100,000, and digne organization solicit any contributions that were not tax deductible as charitable contributions?.  So If "Yes," did the organization include with every solicitation an express statement that supromitivitions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  If "Yes," did the organization notify the donor of the value of the goods or services provided?  To Yes," did the organization notify the donor of the value of the goods or services provided?  To Verse," did the organization notify the donor of the value of the goods or services provided?  To Verse," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplace, or other verbices, did the organization file Form 8999 as equired?  To Did the organization maintaining donor advised funds, bid a donor advised fund maintained by the sponsoring organization make any taxable gistributions for a donor advised fund maintained by the sponsoring organization make a distribution the donor donor advisor, or related person?  Did the sponsoring organization make any taxable gistributions for advisor funds.  Did the sponsoring organ	4a				
See instructions for filling requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization or party to a prohibited tax shelter transaction at any time during the tax year?  5		- · · · · · · · · · · · · · · · · · · ·	4a		X
Sa   X   Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   Sb   X   If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   Sc   If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   Sc   If "Yes" to line 5a or 5b, did the organization have annual gross receipts that are normally greater than \$100,000, and did file organization solicit any contributions that were not tax deductible as charitable contributions?   Sc   Sc   Sc   Sc   Sc   Sc   Sc   S	b				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  50 X  61 FYes's to line Sa or 58. did the organization file Form 8898-T?  62 Does the organization solicit any contributions that were not tax deductible as charitable contributions?  63 X  64 If Yes's (did the organization include with every solicitation an express statement that such combinuities or gifts were not tax deductible?  65 Organizations that may receive deductible contributions under section 170(c).  65 Did the organizations teacher a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  70 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  71 Yes, "did the organization notify the donor of the value of the goods or services provided?  72 Did the organization sell, exchange, or otherwise dispose of tangible personal proherty in which it was required to file Form 8292 field during the year.  72 Did the organization, during the year, pay premiums, directly or indirectly, to pay pfermions on a personal benefit contract?  73 Did the organization, during the year, pay premiums, directly or indirectly, to pay pfermions on a personal benefit contract?  74 Did the organization, during the year, pay premiums, directly or indirectly, to pay pfermions on a personal benefit contract?  75 Did the organization make a contribution of qualified intellectual property, did the organization file a Form 1098-C?  76 Sponsoring organization make and valued funds.  77 Did the organization make and valued funds.  88 Sponsoring organization make and valued funds.  99 Sponsoring organization make and valued funds.  90 Did the sponsoring organization make and valued funds.  90 Did the sponsoring organization make and valued funds.  91 Did the organization was provided to the property of t			-		V
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T7  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  Fire Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sele, exchange, or otherwise dispose of tangible personal protecty for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums, directly or indirectly organization received a contribution of qualified intellectual property, did the organization life organization indirectly ore	_				_
be considered the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  by If "Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  by If "Yes," did the organization notify the donor of the value of the goods or services provided?  c) Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d) If "Yes," indicate the number of Forms 8282 filed during the year.  D) Did the organization received a contribution of qualified intellectual profety, did the organization that organization during the year, pay premiums, directly or indirectly, to nay premiums on a personal benefit contract?  f) If the organization received a contribution of qualified intellectual profety, did the organization file Form 8899 as required?  f) If the organization received a contribution of cars, boats, ariphenes or otife veribles, did the organization that the profession and the profession of the profession organizations maintaining donor advised funds.  a) Did the sponsoring organizations maintaining donor advised funds,  a) Did the sponsoring organization make any taxasibel distribution to allow a contribution of cars, boats, ariphenes or otife veribles, did the organization that we excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a) Did the sponsoring organization make any taxasibel distribution to allow organization with the properties of the profession of the profession organization make any taxasibel distribution to allow organization with the profession					
organization solicit any contributions that were not tax deductible as charitable contributions?  b   ff*Yes,* "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor?  To b   ff*Yes,* "did the organization notify the donor of the value of the goods or services provided?  To did the organization sell, exchange, or otherwise dispose of tangible personal propartly for which it was required to file Form 8282?  If Yes,* "indicate the number of Forms 8282 filed during the year.  If the organization receive any funds, directly or indirectly, to pay premiums, or in a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization have excess business holdings at any time during the year?  Sponsoring organization make any taxable glistifutions under section 4966?  Sponsoring organization make any taxable glistifutions under section 4966?  3 bid the sponsoring organization make any taxable glistifutions under section 4966?  3 bid the sponsoring organization make any taxable glistifutions under section 4966?  3 bid the sponsoring organization make and taxable glistifutions under section 4966?  3 costion 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12.  Gross income from other sources (Do non ret amounts due or paid to other sources against amounts due or received from them.  Section 4947(a)(1) non-exempt			30		
by if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282 filed during the year.  7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization quiring the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds.  10 Did the sponsoring organizations maintaining donor advised funds.  10 Did the sponsoring organization make any taxable distribution ander section 4966?  10 Did the sponsoring organization make a distribution to advised funds.  10 Did the sponsoring organization make a distribution to advised funds.  110 Did be sponsoring organization make a distribution to advised funds and the sponsoring organization for sponsoring organization make a distribution to advised funds.  110 Did the organization form other sources (Do not net amounts due or paid to other sources against amounts due or received from them).  110 Did become from members or shareholders.  111 Did become from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).  112 Did the organization is forested to siste qualified health plans in more than one state?  112 Note: See the instructions for additional information the organiz	va		6a		х
gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  Tax x	b		- Ou		<u> </u>
Organizations that may receive deductible contributions under section 170(c).  In the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  Did the organization notify the donor of the value of the goods or services provided?  Did the organization on this the donor of the value of the goods or services provided?  To by the good of the good of the value of the goods or services provided?  To control of the good of the good of services provided?  To control of the good of the good of services provided?  To control of the good of the good of the good of services provided?  To control of the good of the good of the good of services provided?  To by the good of the	~		6b		ĺ
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7	7				
and services provided to the payor?.  b If "Yes," did the organization notify the donor of the value of the goods or services provided?.  b If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal proberty for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year.  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  76					
b If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  To X  d If "Yes," indicate the number of Forms 8282 filed during the year.  Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  76 X  To Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  77 X  To Did the organization received a contribution of qualified intellectual property, did the organization free a Form 1098-C?  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  To Hold the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  To Sponsoring organizations maintaining donor advised funds.  Sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a conor donor advisor, or related person?  Sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12.  Gross income from members or shareholdes.  Bection 501(c)(27) organizations. Enter:  Cross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  Section 501(c)(27) qualified nonprofit health insurance issuers.  Section 501(c)(27) qualified nonprofit health insurance issuers.  Section 501(c)(27) qualified nonprofit health insurance issuers.  If "Yes," enter the amount of teasewers the organization in required to maintain by the states in which the organization is exercives the organization is exercives the organization of secure or han			7a	Х	
required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Χ	
d If "Yes," indicate the number of Forms 8282 filed during the year.  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e X  7f Did the organization (utring the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f X  8 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1099-C?  7h  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make a distribution to a denor donor advisor, or related person?  9 bid the sponsoring organization make a distribution to a denor donor advisor, or related person?  9 bid the sponsoring organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12.  Initiation fees and capital contributions included on Part VIII, line 12.  In Gross income from members or shareholders.  In Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 501(c)(12) organizations trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a If "Yes," enter the amount of tax exempl interest received or accrued during the year.  12b If "Yes," enter the amount of tesepyes on hand.  13a Note: See the instructions for additional information the organization must report on Schedule O.  13a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  14b If "Yes," see the instructions and file Form 4720, Schedule N.  15 Is t	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
be Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76 X 77 July the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 77 X 79 July 16 He organization flee year and premiums, directly or indirectly, on a personal benefit contract? 79 July 16 He organization received a contribution of qualified intellectual property, die the organization file a Form 1098-C? 79 July 16 He organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flee a Form 1098-C? 7h			7c		Χ
f Did the organization, during the year, pay premiums, directly or indirectly on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file a Form 18989 as required?  7g	d				
If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12.  Initiation fees and capital contributions included on Part VIII, line 12.  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  Gross income from members or shareholders.  Gross income from there sources (Do not net amounts due or paid to other sources against amounts due or received from them.).  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a If "Yes," enter the amount of tax-exemp; interest received or accrued during the year  Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  Enter the amount of reserves on hand.  Is the organization subject to the section 4960 tax on payments? If "No," provide an explanation on Schedule O.  If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization and educational institution subject to the section 4968 excise tax on net investment income?  If "Yes	е				
If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  Bid the sponsoring organization make any taxable distributions under section 4966?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12.  Initiation fees and capital contributions included on Part VIII, line 12.  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  Gross income from members or shareholdes.  Gross income from members or shareholdes.  Gross income from other sources (Do no net amounts due or paid to other sources against amounts due or received from them.).  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  13b Section 501(c)(29) qualified nonprofit health insurance issuers.  13 Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization iscensed to issue qualified health plans in more than one state?  13b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  14a Did the organization receive any payment sfor indoor tanning services during the tax year?  15  X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  15  Is the organization and educational institution subject to the section 4968 excise tax on net investment inc	f				X
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12.  Bection 501(c)(12) organizations. Enter:  Gross income from ground on Form 990, Part VIII, line 12, for public use of club facilities.  Section 501(c)(12) organizations. Enter:  Gross income from members or shareholides.  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  Center the amount of reserves he organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  Center the amount of reserves he organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?  If yes, "has it flied a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  Itak by the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4	-				<u> </u>
sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12.  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  Gross income from members or shareholders.  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempl interest received or accrued during the year.  Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization's licensed to issue qualified health plans.  Enter the amount of reserves on hand.  Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  If "Yes," see the instructions and file Form 4720, Schedule N.  If "Yes," somplete Form 4720, Schedule N.  If "Yes," complete Form 4720, Schedule O.  If the trust of the form the payment of the trust, or any disqualified or other person engage in any activities			7h		
Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12.  Initiation fees and capital contributions included on Part VIII, line 12.  Initiation fees and capital contributions included on Part VIII, line 12.  Initiation fees and capital contributions included on Part VIII, line 12.  Initiation fees and capital contributions included on Part VIII, line 12.  Initiation fees and capital contributions included on Part VIII, line 12.  Initiation fees and capital contributions included on Part VIII, line 12.  Initiation fees and capital contributions included on Part VIII, line 12.  Initiation fees and capital contributions included on Part VIII, line 12.  Initiation fees and capital contributions included on Part VIII, line 12.  Initiation fees and capital contributions included on Part VIII, line 12.  Initiation fees and capital contributions included on Part VIII, line 12.  Initiation fees and capital contributions included on Part VIII, line 12.  Initiation fees and capital contributions included on Part VIII, line 12.  Initiation fees and capital contributions included on Part VIII, line 12.  Initiation fees and capital contributions included and part VIII, line 12.  Initiation fees and capital contributions included and part VIII, line 12.  Initiation fees and capital contributions and file Form 4720, Schedule N.  Initiation fees and capital distribution subject to the section 4968 excise tax on net investment income?  Initiation fees and capital contributions and file Form 4720, Schedule N.  Initiation fees and capital distributions subject to the section 4968 excise tax on net investment income?  Initiation fees and capital contributions and discribution subject to the section 4968 excise tax on net investment incom	8				
Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12.  Did Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  Did Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  Did Gross income from members or shareholdes.  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).  112a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  Did the organization is licensed to issue qualified health plans.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	۵	· · · · · · · · · · · · · · · · · · ·	P		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12.  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  10b  Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders.  11a  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a  If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  13 Section 501(c)(29) qualified nonprofif health insurance issuers.  13 Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  13b  13c  13c  13b  13c  13c  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  14a  15 Is the organization receive any payments for indoor tanning services during the tax year?  14a  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  16 If "Yes," see the instructions and file Form 4720, Schedule N.  18 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			9a		
Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12.  b Gross receipts, included on Form 990, Part VIII, line 12. for public use of club facilities.  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders.  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).  11a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  c Enter the amount of reserves on hand.  13b  13b  13b  13b  13c  14a  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  13c  13d  13d  13d  13d  13d  13d  13d					
a Initiation fees and capital contributions included on Part VIII, line 12					
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders.  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).  112a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  112a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  112b	_				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  13 If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  13a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  13b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  14a X  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  16 "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	11	Section 501(c)(12) organizations. Enter:			
against amounts due or received from them.). 11b  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a  If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state? 13a  Note: See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b  C Enter the amount of reserves on hand 13c  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b  If "Yes," has it filed a Form 720 to report these payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15  If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16  X  If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	а				
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  Enter the amount of reserves on hand.  Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
Is the organization licensed to issue qualified health plans in more than one state?  Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  Enter the amount of reserves on hand.  Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	_		12a		
a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  Enter the amount of reserves on hand.  Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities					
Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  c Enter the amount of reserves on hand.  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  16 "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			40-		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	а		13a		
the organization is licensed to issue qualified health plans	h				
c Enter the amount of reserves on hand	b				
Did the organization receive any payments for indoor tanning services during the tax year?	c				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			14a		X
Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	_				
excess parachute payment(s) during the year?					
If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			15		Х
Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities					
If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	16		16		Х
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	-				
	17				
	-	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
If "Yes," complete Form 6069.		·			

Part VI

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
·	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
	Did the organization become aware during the year of a significant diversion of the organization sassets?	6		X
6	· ·	-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-		~
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l		.,
_	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
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	9		Χ
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	code.	)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Χ	
b	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	12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c		Χ
13	Did the organization have a written whistleblower policy?	13		Χ
14	Did the organization have a written document retention and destruction policy?	14		Χ
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?			
а	The organization's CEO, Executive Director, or top management official.	15a		Χ
b	Other officers or key employees of the organization	15b		Χ
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Χ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	01(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	. ,		
	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	icy,		
	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			
	Anne Marie Blacketer 713-529-0126			
	405 Main Street, Suite 300C, Houston, TX 77002			

76-	011	2724	
10-	UI		

Page 7

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

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

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 r	nor any relate	ed organization	compensated ar	ny current officer	, director,	or trustee
--	---------------------------	--------------------	----------------	-----------------	----------------	--------------------	-------------	------------

Check this box if heither the organization nor any	y related organiz	alion	COII	npei	nsai	.eu ar	ıy c	urrent olucer, di	ector, or trustee	
				(0	C)					_
		Position								
(A)	(B)					than o		(D)	(E)	(F)
Name and title	Average hours				ireati	is both or/truste		Reportable compensation	Reportable compensation	Estimated amount of other
	per week				X	Q I		from the	from related	compensation
	(list any hours for	divid	Stit	Officer	ey e	ghe npla	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	related	Individual or director	ğ		풾	st co	Ť	1099-NEC)	1099-NEC)	related organizations
	organizations below	Individual trustee or director	Institutional trustee		Key employee	duc				
	dotted line)	stee	ust		CO.	ens				
			B		ŀ	Highest compensated employee				
(4) Anna Maria Diaglatan	40.00	X								
(1) Anne Marie Blacketer	40.00				\ \	V	· /	400 000		
President & CEO			Ľ		Х	Χ	Χ	100,038		
(2) Medha Airy	2.00	1								
Director	7	Х								
(3) Rick Blandford	2.00	1								
Director		Х								
(4) Dr. Biruh Workeneh	2.00									
Director		Χ								
(5) Jordan Williams	2.00									
Director		Χ								
(6) Jim A. McAlister, Jr	2.00									
Director		Х								
(7) Brock Hudson	2.00									
Director		Χ								
(8) Naana Danquah Jefferson	2.00									
Director		Х								
(9) David Wilson	2.00									
Director		Х								
(10) Marc Baca	2.00									_
Board Chair				Х						
(11) Lynn Blandford	2.00									
Treasurer		•		Х						
(12)				-						
\ <u>'-1</u>		•								
(13)										
V:71	<del> </del>	1								
(14)										
\ <u>'</u> =\		1								
	1	1	1	1	1		1	i	i	

(15) Nume and side  Average Poters Po	Pa	Section A. Officers, Directors, Tru	ıstees, Key Em	ploye	es,	and	iH b	ghes	t C	ompensated En	iployees (cont	inued)		
(15)  (16)  (17)  (18)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (24)  (25)  (24)  (25)  (20)  (21)  (20)  (20)  (20)  (20)  (20)  (20)  (20)  (20)  (20)  (20)  (20)  (20)  (20)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (27)  (28)  (29)  (20)														
Name and title    Average   Note   No		(A)	(B)	(do r	not ch			e than o	one	(D)	(E)		(F)	
Complete Number of Individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization from the org			Average	box,	unles	ss pe	rson	is both	n an	Reportable	Reportable	Estir	nated am	ount
Complete the compensation from the organization is target for such individual is the organization is target for such individual.   Complete Shedule J for such individual for services rendered for forgating for services rendered forgating forgating forgating for services rendered forgating forgating forgating forgat								1				со		ion
Complete the compensation from the organization is target for such individual is the organization is target for such individual.   Complete Shedule J for such individual for services rendered for forgating for services rendered forgating forgating forgating for services rendered forgating forgating forgating forgat				ndivi dir	nstitu	)fic	ey e	ighe	orm					
(15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (20) (20) (21) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29				dual	tion	"	mpl	st co	역					
(15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (20) (20) (21) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29				trus	al tr		oyee	) mp						
(15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (20) (20) (21) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29				tee	uste		U	ensa						
(17) (18) (19) (20) (21) (22) (23) (24) (25) (25) (25) (26) (26) (27) (28) (29) (29) (29) (29) (20) (21) (20) (21) (22) (23) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29					Œ			ated						
(17) (18) (19) (20) (21) (22) (23) (24) (25) (25) (25) (26) (26) (27) (28) (29) (29) (29) (29) (20) (21) (20) (21) (22) (23) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	(15)									4				
(17) (18) (19) (20) (21) (22) (23) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	1.57.													
(17) (18) (19) (20) (21) (22) (23) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	(16)													
(19) (20) (21) (22) (23) (24) (25)  1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and related organization is the sum of reportable compensation from the organization and related organization and related organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered by the organization? If "Yes," complete Schedule J for such person.  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)  Rel Complete Schedule J for such person.  Section B. Independent contractors  (A)  Description of services  Compensation  (C)  Compensation														
(19) (20) (21) (22) (23) (24) (25)  1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and related organization is the sum of reportable compensation from the organization and related organization and related organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered by the organization? If "Yes," complete Schedule J for such person.  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)  Rel Complete Schedule J for such person.  Section B. Independent contractors  (A)  Description of services  Compensation  (C)  Compensation	(17)													
(20) (21) (22) (23) (25) (25) (25) (25) (25) (25) (25) (26) (27) (27) (28) (28) (29) (29) (29) (29) (29) (29) (29) (29														
(21) (22) (23) (24) (25)  1b Subtotal	(18)													
(21) (22) (23) (24) (25)  1b Subtotal														
[21] [22] [23] [24] [25] [25] [25] [25] [25] [26] [27] [28] [28] [28] [28] [28] [28] [29] [29] [20] [20] [20] [20] [20] [20] [20] [20	(19)													
[21] [22] [23] [24] [25] [25] [25] [25] [25] [26] [27] [28] [28] [28] [28] [28] [28] [29] [29] [20] [20] [20] [20] [20] [20] [20] [20	(20)													
[22] [23] [24] [25] [25] [25] [25] [26] [27] [28] [28] [28] [28] [29] [29] [29] [20] [20] [20] [20] [20] [20] [20] [20	(20)													
[22] [23] [24] [25] [25] [25] [25] [26] [27] [28] [28] [28] [28] [29] [29] [29] [20] [20] [20] [20] [20] [20] [20] [20	(21)			1	4		1		_					
[23]  [24]  [25]  [25]  [26]  [27]  [28]  [28]  [28]  [29]  [29]  [20]  [21]  [22]  [23]  [24]  [25]  [26]  [27]  [28]  [28]  [28]  [29]  [20]	\4!/													
[23]  [24]  [25]  [25]  [26]  [27]  [28]  [28]  [28]  [29]  [29]  [20]  [21]  [22]  [23]  [24]  [25]  [26]  [27]  [28]  [28]  [28]  [29]  [20]	(22)							•						
(24)  (25)  1b Subtotal  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  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  1	.\													
(24)  (25)  1b Subtotal  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  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  1	(23)		4											
Subtotal   100,038     100,038				X										
Subtotal   100,038     100,038	(24)													
1b Subtotal c Total from continuation sheets to Part VII, Section A. d Total (add lines 1b and 1c)  100,038  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete, Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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)  (B)  (C)  Name and business address  2 Total number of independent contractors (including but not limited to those listed above) who received														
Total from continuation sheets to Part VII, Section A.  d Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  1  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  4 For any individual listed on line 1a is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  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)  (B)  (C)  (Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received	(25)													
Total from continuation sheets to Part VII, Section A.  d Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  1  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  4 For any individual listed on line 1a is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  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)  (B)  (C)  (Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received														
Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  Section B. Independent Contractors  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  Description of services  Total number of independent contractors (including but not limited to those listed above) who received					-		-			100,038				
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No										400,000				
reportable compensation from the organization    Yes   No											) 000 of			
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  4 For any individual listed on line 1a is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  5 X  Section B. Independent Contractors  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)  (B)  (C)  Compensation  Total number of independent contractors (including but not limited to those listed above) who received	2	· ·		sted a	abov	e) v	vno	recei	iveo	i more than \$100	),000 of			1
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  4 For any individual listed on line 1a is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  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)  (B)  (C)  Name and business address  Compensation  Total number of independent contractors (including but not limited to those listed above) who received		reportable compensation from the organization											Vos	No
employee on line 1a? If "Yes," complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  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)  (B)  (C)  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received	3	Did the organization list any <b>former</b> officer, dire	ector trustee ke	v em	nlov	ee	or h	niahes	st co	ompensated			163	NO
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												3	х	
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	1												, ,	
individual	7										h			
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person												4	х	
for services rendered to the organization? If "Yes," complete Schedule J for such person	5											-		
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)  (B)  (C)  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received	3		•			-			_			5		X
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)  (B)  (C)  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received	Sec		se, complete et	mode	170 0	101	out	ni poi	00,	,				
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  Compensation  Total number of independent contractors (including but not limited to those listed above) who received			nsated independ	dent o	cont	ract	ors	that r	ece	eived more than	\$100.000 of			
Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received												s tax ye	ear.	
Total number of independent contractors (including but not limited to those listed above) who received		(A)								(B)		(0	;)	
· · · · · · · · · · · · · · · · · · ·		Name and business add	ress							Description of ser	vices	Compe	nsation	
· · · · · · · · · · · · · · · · · · ·														
· · · · · · · · · · · · · · · · · · ·									_					
· · · · · · · · · · · · · · · · · · ·									_					
· · · · · · · · · · · · · · · · · · ·									_					
· · · · · · · · · · · · · · · · · · ·		Total number of independent senting the Profile	ding but set live!	od 4	. +l	ا ۵۵ ا	ict-	ام ام	\\\_\\	who received				
	2	· · · · · · · · · · · · · · · · · · ·	-	.eu 10	เก0	se I	iste	u abc	ve)	who received				

Part VIII Statement of Revenue

		Check if Schedule O contains a response or note t	to any line in this	Part VIII			
			То	(A) tal revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Gifts, Grants ilar Amounts	1a b c d	Federated campaigns				_	
Contributions, Gifts, Grants and Other Similar Amounts	f g h	All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a–1f	403,899	403,899		3	
Program Service Revenue	2a b c d e f		siness Code	Ċ			
Other Revenue	3 4 5 6a b c d 7a b c d 8a b c d 10a b	Investment income (including dividends, interest, and other similar amounts)	i) Personal  (ii) Other  82,758 52,541	30,217			
Miscellaneous Revenue	11a b c	Net income or (loss) from sales of inventory	siness Code				
Ξ	e	<b>Total.</b> Add lines 11a–11d					
	12	Total revenue. See instructions		434,198			

#### Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete o	olumn (A)	١.
--	-----------	----

Check if Schedule O contains a response or note to any line in this Part IX						
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses	
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign					
4	individuals. See Part IV, lines 15 and 16			131		
5	Compensation of current officers, directors, trustees, and key employees					
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and					
7 8	persons described in section 4958(c)(3)(B) Other salaries and wages	198,472	97,277	41,043	60,152	
9	section 401(k) and 403(b) employer contributions) Other employee benefits	1,621	1,621			
10 11	Payroll taxes	16,262	8,089	3,139	5,034	
a b	Management					
c d	Accounting	13,010		13,010		
e f	Professional fundraising services. See Part IV, line 17					
g	Other. (If line 11g amount exceeds 10% of line 25, column					
	(A), amount, list line 11g expenses on Schedule O.)	8,215		7,200	1,015	
12	Advertising and promotion	9,989	397	9,135	457	
13	Office expenses	28,182	9,103	15,939	3,140	
14	Information technology	11,678	4,454	6,150	1,074	
15	Royalties	22.700	30,339	1 605	1 605	
16 17	Occupancy	33,709 2,269	50,339 656	1,685	1,685 1,613	
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2,209	030		1,013	
19	Conferences, conventions, and meetings	16,905	1,685	9,158	6,062	
20	Interest	307	·	307	·	
21	Payments to affiliates					
22	Depreciation, depletion, and amortization					
23 24	Insurance	2,147		2,147		
	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.)	22.272	00.070			
a	LFA National Dues	20,973	20,973	40.000	40.000	
b	Contract Services	42,346	9,669	19,338	13,339	
C C	Fundraising Create and Scholarships	9,519	92	64	9,363	
d e	Grants and Scholarships All other expenses Program Expense	26,068 30,990	26,068 30,990			
25	Total functional expenses. Add lines 1 through 24e	472,662	241,413	128,315	102,934	
26	Joint costs. Complete this line only if the	412,002	241,413	120,010	102,334	
20	organization reported in column (B) joint costs					
	from a combined educational campaign and					
	fundraising solicitation. Check here					
	following SOP 98-2 (ASC 958-720)					

76-0112724

Form 990 (2022)

Part X Balance Sheet

		Check if Schedule O contains a response or	note to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing		33,106	1	4,182
	2	Savings and temporary cash investments			2	.,
	3	Pledges and grants receivable, net		5,000	3	4,700
	4	Accounts receivable, net		0,000	4	1,700
	5	Loans and other receivables from any current o				
	•	trustee, key employee, creator or founder, subs				
		controlled entity or family member of any of these			5	
	6	Loans and other receivables from other disqualifi	-			
	ľ	under section 4958(f)(1)), and persons described	· ·		6	
S	7	Notes and loans receivable, net			7	
Assets		Inventories for sale or use			8	
As	8			3,199		2 100
	9	Prepaid expenses and deferred charges		3,199	9	3,199
	10a	Land, buildings, and equipment: cost or				
	١.	other basis. Complete Part VI of Schedule D	10a 21,841		4.0	
	b	•	<b>10b</b> 21,841		10c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line	,		12	
	13	Investments—program-related. See Part IV, line			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 33)	41,305	16	12,081
	17	Accounts payable and accrued expenses		19,475	17	24,832
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
es	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subs				
abi		controlled entity or family member of any of the	se persons		22	
Ĩ	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities (including federal income tax, pa	· · · · · · · · · · · · · · · · · · ·			
		parties, and other liabilities not included on lines				
		Part X of Schedule D		4,849	25	8,732
	26	Total liabilities. Add lines 17 through 25		24,324		33,564
Ø		Organizations that follow FASB ASC 958, che				33,001
Š		and complete lines 27, 28, 32, and 33.	eck liefe [X]			
<u>a</u>	27	Net assets without donor restrictions		11 001	27	24 402
Ва	27			11,981		-21,483
Þ	28	Net assets with donor restrictions		5,000	28	
בָּ		Organizations that do not follow FASB ASC	958, cneck nere			
Net Assets or Fund Balances		and complete lines 29 through 33.				
ts (	29	Capital stock or trust principal, or current funds			29	
sel	30	Paid-in or capital surplus, or land, building, or e			30	
As	31	Retained earnings, endowment, accumulated in			31	
<u>et</u>	32	Total net assets or fund balances		16,981		-21,483
Z	33	Total liabilities and net assets/fund balances .		41,305	33	12,081

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)		434	1,198
2	Total expenses (must equal Part IX, column (A), line 25)		472	2,662
3	Revenue less expenses. Subtract line 2 from line 1		-38	3,464
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	16,98		
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))		-21	1,483
Part			ĺ	_
	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: Cash X Accrual 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?	 2a		Х
	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:			
	Separate basis Doth consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	 2b	Х	
	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:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	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?	 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
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?	 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	 3b		

Form **990** (2022)

### SCHEDULE A (Form 990)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

990 or Form 990-EZ.

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

Employer identification number Name of the organization Lupus Foundation of America, Inc. 76-0112724 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. h Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III е functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . . . . . f Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total** 

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	355,140	324,169	113,557	166,281	486,657	1,445,804
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 5	Total. Add lines 1 through 3	355,140	324,169	113,557	166,281	486,657	1,445,804
6	Public support. Subtract line 5 from line 4						1,445,804
	tion B. Total Support				7		., ,
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	355,140	324,169	113,557	166,281	486,657	1,445,804
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,560	3,841	2,116	1,407	82	11,006
9	Net income from unrelated business activities, whether or not the business is regularly carried on	*		,	,		,
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	<b>(</b>					
11	Total support. Add lines 7 through 10						1,456,810
12 13	Gross receipts from related activities, etc. (so First 5 years. If the Form 990 is for the organization, check this box and stop here	anization's first, sec		or fifth tax year as a			
Sec	tion C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2022 (line 6, c Public support percentage from 2021 Sched	ule A, Part II, line 1	4			14	99.24%
ıod	<b>33 1/3% support test—2022.</b> If the organiz and <b>stop here.</b> The organization qualifies as						X
b	33 1/3% support test—2021. If the organiz box and stop here. The organization qualified	ation did not check	a box on line 13 o	r 16a, and line 15 i	s 33 1/3% or more	e, check this	
17a	10%-facts-and-circumstances test—2022 10% or more, and if the organization meets to Part VI how the organization meets the facts organization.	the facts-and-circur -and-circumstance	nstances test, che s test. The organiz	ck this box and <b>sto</b> ation qualifies as a	<b>op here</b> . Explain in publicly supported	d	
b	10%-facts-and-circumstances test—2021 15 is 10% or more, and if the organization m in Part VI how the organization meets the factorganization	eets the facts-and- cts-and-circumstan	circumstances tes ces test. The orga	t, check this box ar nization qualifies as	nd <b>stop here</b> . Expl s a publicly suppor	ain ted	
18	<b>Private foundation.</b> If the organization did rinstructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		

## 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.)

Sec	tion A. Public Support	<b>_</b>		· 1	,		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ĭ	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3			<u> </u>			
	received from disqualified persons						
b	Amounts included on lines 2 and 3				7)		
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	<b>Public support</b> (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(2)		(-)	(2)	(2)	( /
10a	Gross income from interest, dividends,	•					
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less	4					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business	X					
	activities not included on line 10b, whether						
12	or not the business is regularly carried on .  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 orga						
	organization, check this box and stop here						
Sec	ction C. Computation of Public Su	pport Percenta	age			r	
15	Public support percentage for 2022 (line 8, c	• •	•	. ,,		15	
	Public support percentage from 2021 Sched					16	
	ction D. Computation of Investmer			-l (f)		47	
17 10	Investment income percentage for 2022 (line					17 18	
18 19a	Investment income percentage from 2021 S 33 1/3% support tests—2022. If the organi						
·Ju	not more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2021. If the organi	-			-		· <u></u>
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b. check this box a	nd see instructions	3	

#### **Supporting Organizations** Part IV

(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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- Did the organization have any supported organization that does not have an IRS determination of status, under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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?
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
30		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
3		
9a		
9b		
9с		
10a		
10b		

Page **5** 

Part I	Supporting Organizations (continued)		•	ugo 🗨
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
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? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			l
	on or type in supporting or games across		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Cooti	supported organizations played in this regard.	3		ļ
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uction	<b>S</b> ).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instruci	ions).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		l

1 Check here if the organization satisfied the Integral Part Test as a qualifying			in Part VI) See
instructions. All other Type III non-functionally integrated supporting organ			•
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		4	
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)
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>b</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 <b>Part VI</b> ):			
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,	Ť		
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	Ť		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally instructions.)	/ inte	egrated Type III supporting	organization (see

Part \	Type III Non-Functionally Integrated 509(a)(3)	) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe		1	
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required—p	provide details in <b>Part V</b> i		
6	Other distributions (describe in <b>Part VI</b> ). See instructions.		6_	
7	<b>Total annual distributions.</b> Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is respor		
	(provide details in <b>Part VI</b> ). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	•
10	Line 8 amount divided by line 9 amount	<u> </u>	10	0.000
s	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—explain in Part VI). 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	<b>Total</b> of lines 3a through 3e	X .		
g	Applied to underdistributions of prior years			
<u> </u>	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
<u> </u>	Applied to 2022 distributable amount			
<u>c</u>	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, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain			
	in Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7.  Excess from 2018			
a				
<u>b</u>	Excess from 2019			
q				
d	Excess from 2021			
е	EXUCSS IIUIII ZUZZ			

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 B (Form 990)

### **Schedule of Contributors**

OMB No. 1545-0047

2022

**Employer identification number** 

Department of the Treasury

Name of the organization

Attach to Form 990 or Form 990-PF.

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

Lupus Foundation of America, Inc. 76-0112724 Organization type (check one): Filers of: Section: X 501(c)( ) (enter number) organization Form 990 or 990-EZ 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 

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
76-0112724

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	GSK National Program  250 Ridge Road  Dayton NJ 08810-1502  Foreign State or Province:  Foreign Country:	\$206,050	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	Aurinia Pharaceuticals 77 Upper Rock Circle Suite 700 Rockville MD 20850 Foreign State or Province: Foreign Country:	\$ 17,051	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	Marc Baca  4408 Verone St  Bellaire TX 77401  Foreign State or Province: Foreign Country:	\$5,832	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	Naana Danquah  1315 Ellis Grove Lane Rosenberg TX 77471 Foreign State or Province: Foreign Country:	\$ <u>5,372</u>	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	Christine Smith  2216 Pelham Dr  Houston TX 77019  Foreign State or Province: Foreign Country:	\$ <u>5,651</u>	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	Lynn and Rick Blandford  4805 Holly St  Bellaire TX 77401  Foreign State or Province: Foreign Country:	\$ <u>13,680</u>	Person X Payroll		

Name of organization
Lupus Foundation of America, Inc.

Employer identification number
76-0112724

Part I	<b>Contributors</b> (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	Prolato Clinical Research Center  8990 Kirby Dr Suite 240  Houston TX 77054  Foreign State or Province: Foreign Country:	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
88	Mike Kiefer  1910 Latex Dr  Houston TX 77018  Foreign State or Province: Foreign Country:	\$ 10,220	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	Lupus Foundation of America  2121 K Street Suite 200  Washington DC 20037  Foreign State or Province: Foreign Country:	\$ 27,164	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10	Hamman Foundation  3336 Richmond Ave Suite 310  Houston TX 77098  Foreign State or Province: Foreign Country:	\$20,000	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11	Anne Marie and Kevin Blacketer  562 Court of Lions St  Houston TX 77069  Foreign State or Province: Foreign Country:	\$10,774	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12	Pro-Weld Industrial  2616 South Loop W Suite 650  Houston TX 77054  Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll  Noncash (Complete Part II for noncash contributions.)		

Name of organization
Lupus Foundation of America, Inc.

Employer identification number
76-0112724

Part II	Noncash Property (see instructions). Use duplicate co	pies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ <sub></sub>	

Name of org	anization ndation of America, Inc.				Employer identification number
Part III	Exclusively religious, charitable, etc., co (10) that total more than \$1,000 for the y the following line entry. For organizations of contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	ear from any o completing Part r. (Enter this inf	one contributor. Comp till, enter the total of ex formation once. See ins	lete colu clusively	imns (a) through (e) and religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift		) Use of gift	(d	) Description of how gift is held
	Transferee's name, address, and a		ransfer of gift  Relations	ship of t	ransferor to transferee
	For. Prov. Country				
(a) No. from Part I	(b) Purpose of gift	(с	) Use of gift	(d	) Description of how gift is held
	Transferee's name, address, and 2	ZIP + 4	ransfer of gift  Relations	ship of t	ransferor to transferee
	For. Prov. Country	• • •			
(a) No. from Part I	(b) Purpose of gift	(с	) Use of gift	(d	) Description of how gift is held
	Transferee's name, address, and a		ransfer of gift Relations	ship of t	ransferor to transferee
	For. Prov. Country				
(a) No. from Part I	(b) Purpose of gift	(с	) Use of gift	(d	) Description of how gift is held
			ransfer of gift		
	Transferee's name, address, and a	ZIP + 4 	Relations	ship of t	ransferor to transferee
	For. Prov. Country				

# SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

## **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

Open to Public Inspection

Employer identification number

Lupus Foundation of America, Inc. Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds 1 Total number at end of year . . . . . . . 2 Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) . . . . 3 Aggregate value at end of year . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . . . c Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after July 25, 2006, and not Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: **b** Assets included in Form 990, Part X.

Part	Organizations Maintaining Collect	ctions of Art,	Histor	rical Treasures, or	<u>Other Similar Asse</u>	ts (conti	nued)	
3	Using the organization's acquisition, accession	on, and other red	cords, c	check any of the follow	ng that make significar	nt use of i	ts	
	collection items (check all that apply):			ı				
а	Public exhibition	•	d	Loan or exchange pr	ogram			
b	Scholarly research	•	e	Other				
С								
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			'	<u> </u>				
. are	Complete if the organization answe 990, Part X, line 21.		Form 9	990, Part IV, line 9, c	or reported an amou	nt on Fo	rm	
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?				ther assets not		es	No
b	If "Yes," explain the arrangement in Part XIII	and complete th	e follov	wing table:			1	
						Amount		
С	Beginning balance				1c			
d	Additions during the year				1d			
e f	Distributions during the year				1e   1f			
2a	Did the organization include an amount on Fo	orm 990, Part X,	line 21	1, for escrow or custodi	al account liability?	Y	es X	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the	ne expla	anation has been provi	ded on Part XIII...			
Part	V Endowment Funds.		<b>\</b>					
	Complete if the organization answe	red "Yes" on F	Form 9	90, Part IV, line 10.				
		Current year	(b) Pric		back (d) Three years back	ck <b>(e)</b> Fo	our years	back
1a	Beginning of year balance	,	V					
b	Contributions							
С	Net investment earnings, gains,			•				
	and losses		1					
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	ent year end bal	lance (I	line 1g, column (a)) hel	d as:			
а	Board designated or quasi-endowment	<u>%</u>	-					
b	Permanent endowment	%						
С	Term endowment %							
	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posses	ssion of the orga	anizatio	n that are held and adı	ministered for the			
	organization by:						Yes	No
	(i) Unrelated organizations					3a(i)		
	( )					3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization					3b		
4	Describe in Part XIII the intended uses of the		endown	nent funds.				
Part	VI Land, Buildings, and Equipment. Complete if the organization answer		orm 9	990, Part IV, line 11a	a. See Form 990, Pa	rt X, line	10.	
	Description of property	(a) Cost or other (investment)		(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) B	ook valu	e 
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment			21,841	21,841			
е	Other							

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .

Part VII	Investments—Other Securities.  Complete if the organization answered	"Yes" on Form 990	Part IV line 11h 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	n:
(1) Einancia	al derivatives		Cost of end-of-year market	Value
	held equity interests			
1.1 1				
		-		
			_	
(D)				
(E)		-	4 5 1	
<b>(C</b> )		-		
(G)				
(H)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.) .			
Part VIII				
	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	
(1)				
(2)				
(3)				
(4)		<b>\</b> .		
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (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) Descri	ription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				_
(7)				
(8)				
(9) Tatal (0a)		Um - 45 \		
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)	<u> </u>	
Part X	Other Liabilities.	\/	Dart IV III. 44 445 Can Farm	000 D4 V
	Complete if the organization answered	Yes on Form 990,	Part IV, line The or Th. See Forn	n 990, Part X,
	line 25.			(h) Daalassalasa
1.		otion of liability		(b) Book value
` '	al income taxes			2 720
(2) Accrue (3) Other				3,732 5,000
(4)	LIAMINUES			5,000
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) I	line 25.)		8,732
	or uncertain tax positions. In Part XIII, provide the te			
•	n's liability for uncertain tax positions under FASB A		•	

Par	· · · · · · · · · · · · · · · · · · ·		
4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1 1	406 720
1	Total revenue, gains, and other support per audited financial statements	1	486,739
2			
a	Net unrealized gains (losses) on investments	-	
b			
C	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)	1 .	00.750
e	Add lines <b>2a</b> through <b>2d</b>	2e	82,758
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	403,981
4			
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b c	Add lines <b>4a</b> and <b>4b</b>		30,217
_	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	4c 5	
5 Por			434,198
Fall	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.	
1	Total expenses and losses per audited financial statements	1	525,203
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	,
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	52,541
3	Subtract line 2e from line 1	3	472,662
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		,
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)	5	472,662
Dort			,
Fall	Supplemental Information.		
	Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	rt V. line 4	l: Part X. line
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa		; Part X, line
Provi 2; Pa	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informatic.		I; Part X, line
Provi 2; Pa	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa		I; Part X, line
Provi 2; Pa Part )	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informa XI Line 2d Gross fundraising income which reduces income due to the net frndraising		I; Part X, line
Provi 2; Pa Part )	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informatic.		l; Part X, line
Provi 2; Pa Part 2 incom	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informa XI Line 2d Gross fundraising income which reduces income due to the net frndraising		I; Part X, line
Proving 2; Part 2 incompart 2	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the second state of the second		l; Part X, line
Proving 2; Part 2 incompart 2	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information XI Line 2d Gross fundraising income which reduces income due to the net frndraising me being reported on 990 Part I Line 11		l; Part X, line
Proving 2; Part 2 income Part 2	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the second of the		I; Part X, line
Proving 2; Part 2 income Part 2	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the second state of the second		I; Part X, line
Proving 2; Part 2 income Part 2	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the second of the		I; Part X, line
Proving 2; Part 2 income Part 2	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the second of the		l; Part X, line
Proving 2; Part 2 income Part 2	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the second of the		l; Part X, line
Proving 2; Part 2 income Part 2	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the second of the		I; Part X, line
Proving 2; Part 2 income Part 2	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the second of the		I; Part X, line
Proving 2; Part 2 income Part 2	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the second of the		I; Part X, line
Proving 2; Part 2 income Part 2	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the second of the		I; Part X, line
Proving 2; Part 2 income Part 2	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the second of the		I; Part X, line
Proving 2; Part 2 income Part 2	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the second of the		I; Part X, line
Proving 2; Part 2 income Part 2	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the second of the		I; Part X, line
Proving 2; Part 2 income Part 2	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the second of the		I; Part X, line
Proving 2; Part 2 income Part 2	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the second of the		I; Part X, line
Proving 2; Part 2 income Part 2	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the second of the		I; Part X, line

Schedule D (Fo		Lupus Foundation of America, Inc.	76-0112724	Page <b>5</b>
Part XIII	Supplem	ental Information (continued)		
			<u> </u>	
			$\bigcirc$	
			<u> </u>	
		*. •		
		. (/)		
		<b>*</b>		

### SCHEDULE G (Form 990)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

76-0112724 Lupus Foundation of America, Inc. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to b be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of contributions? (or retained by) (ii) Activity or entity (fundraiser) fundraiser listed in organization col. (i) Yes No 1 3 10 Total . List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2022 Lupus Foundation of America, Inc. 76-0112724 Page **2** Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II 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 Lupus Walk NONE (add col. (a) through col. (c)) (event type) (total number) (event type) Revenue Gross receipts . . . . 82,758 82,758 Less: Contributions . . . Gross income (line 1 minus line 2) . . . . <u>. . . . . . .</u> 82,758 82,758 Cash prizes . . . . . . Noncash prizes . . . . . Direct Expenses Rent/facility costs . . . . Food and beverages . . . Entertainment . . . . . 52,541 Other direct expenses . . 52,541 Direct expense summary. Add lines 4 through 9 in column (d). 52,541) 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. Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo Gross revenue. Direct Expenses Cash prizes . . . . . . 2 Noncash prizes . . . . Rent/facility costs . . . Other direct expenses . Yes Yes Volunteer labor . . . Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . . . . . . . . . . . . Enter the state(s) in which the organization conducts gaming activities: 

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:		

Schedule G (Form 990) 2022

Sched	ule G (Form 990) 2022 Lupus Foundation of America, Inc.	76-0112724 Page <b>3</b>
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:	
а	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 at records:	nd
	Name	
	Address	<b></b>
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 \$	
С	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:	
а	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 \$	- (:::\ 1 (- \)
Part		
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	ม แบบเบเลนบน.
	Oce manucions.	
	▼	

### **SCHEDULE J** (Form 990)

**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.

2022

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Lupus Foundation of America, Inc.

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

Employer identification number 76-0112724

Par	Questions Regarding Compensation			
•			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
_				
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?	2		
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.			
	Compensation committee  Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X 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			
а	organization or a related organization:  Receive a severance payment or change-of-control payment?	4a		
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	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?	5a		X
b	Any related organization?	5b		Х
	ii res on line da oi sis, 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 b	The organization?	6a 6b		X
b	If "Yes" on line 6a or 6b, describe in Part III.	UD		^
	•			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	_		
8	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
U	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

76-0112724

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

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.

			and/or 1099-MISC and/or 10		, , , , , , , , , , , , , , , , , , , ,	,		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	( <b>D</b> ) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Anne Marie Blacketer	(i)							
1 President & CEO	(ii)							
	(i)							
2	(ii)							
	(i)							
3	(ii)	}						
	(i)							
4	(ii)							
-	(i)			. •				
5	(ii)	l						
- 3	(i)							
6		}						
_ 6	(ii)							
-	(i)							
_ 7	(ii)							
_	(i)	ļ		4				
_ 8	(ii)							
	(i)	ļ						
9	(ii)							
	(i)							
10	(ii)							
	(i)							
	(ii)							
	(i)	1						
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)	}		·				
		•						

76-0112724

Schedule J (Form 990) 2022

### **SCHEDULE 0** (Form 990)

## 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. Inspection

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

76-0112724

Lupus Foundation of America, Inc.	76-0112724
Form 990, Part III, Line 4a: Mission: The Lupus Foundation of America Inc. is the Nation's	
leading non-profit voluntary health organization dedicated to Lupus. Our mission is to improve	
the diagnosis and treatment of Lupus, support individuals and families affected by the	
disease, increase awareness of Lupus amoung health professionals and the public, and the	
causes and cure. Community outreach and public awareness: The goal of the program is to	
increase knowledge about Lupus amoung the professional and lay public. The program has four	<b>)</b>
main components including: (1) Distribution of nationally approved education materials at	
various community health and workplace events: (2) Distribution of a quarterly newsletter and	
the nationally circulated LFA magazine, Lupus Now: (3) Faciliation of educational seminars,	
workshops and lecture professionals on topics pertaining to Lupus: and (4) Reaching the public	
through various media outlets including PAS's. On average, the organization provides	
educational services to more than 600 chapter members and more than 3,700 Lupus patients. The	e
organization handles approximatelly 650 information and referral calls on an annual basis and	
distributes approximatelly 13,000 broschures and fact sheets annually. The organization	
utilizes and estimated 100 volunteers annyally for this program.	
Form 990, Part III, Line 4b: Direct patient services: The goal of the direct services program	
is to provide support and advocacy to those living with Lupus. The chapter provides the	
following services: (1) Financial assistance for laboratory testing, medications specific to	
Lupus treatment and emergency medical assistance: (2) Physician referral service with Board	
Certified Rheumatologists and dermatologists for Lupus patients seeking physicians: (3) a	
listing of other helpful agencies and community resources is also available: and (4) Teen	
activity group in support of teens living with ALupus and several adult support groups for	
Lupus patients to share experiences, network and learn coping strategies. The organization	
services on average between 200 and 250 Lupus patients annually through our direct patient	
services program.	

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization	Employer identification number
Lupus Foundation of America, Inc.	76-0112724
Discussional Discussion accoming	
Blandford - Director - married	
Form 990, Part VI, Section B, Line 11a: The Board reviews the 990 prior to filing.	
	<del>-</del>

Lupus Foundation of America, Inc. 76-0112724

# **Summary of Unadjusted Basis of Qualified Property (4562)**

9/30/2023

### **Summary of Qualified Property by Activity**

		Unadjusted
	Activity	Cost or Basis
1	990	. 21,841

**Detail of Qualified Property** 

		Date In	Recovery	Years in	Total Cost	Business/Time	Unadjusted	
	Activity	Asset Description	Service	Period	Service	or Basis	Use Percent	Cost or Basis
2	990	Equipment	10/1/2019	7.0	4	21,841	100.00%	21,841

Lupus Foundation of America, Inc. 76-0112724

# Part XIII (Sch D (990)) - Supplemental Information

	Part	Line Number	Explanation
1	ΧI	2d	Gross fundraising income which reduces income due to the net frndraising income being reported on 990 Part I Line 11
2	ΧI	4b	Net fundraising income reported on 990 Part I line 11
3	XII	2d	Fundraising expense which reduces expenses due to the fundraising expense netted out against income and reported on 990 Part I Line 11
			·