Form <b>990</b>	
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Department of the Treasury

Internal Revenue Service

#### \*\* PUBLIC DISCLOSURE COPY \*\* **Return of Organization Exempt From Income Tax**

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

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



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

B       checked       C       Name of organization       D       Employer identification number                Addresse	AF	or the	2018 calendar year, or tax year beginning and	ending		
Interfact Tr       RESEARCH       ALLIANCE, INC.       68-0617198         Interfactor       Doing business as       63-0617198         Number and street (or P.O. box if mail is not delivered to street address)       63-0617198         Interfactor       C14 or town, state or province, country, and ZIP or foreign postal code       C40) 393-2968         Interfactor       C14 or town, state or province, country, and ZIP or foreign postal code       C40 or servecents       638, 282.         Interfactor       Number and street (or P.O. box if mail is not delivered to street address)       63       638, 282.         Interfactor       Number and street (or P.O. box if mail is not delivered to street address)       638, 282.         Interfactor       Texesempt status: X 501(c)(3)       501(c) (       Image: Street address)       Image: Street address of principal officer. MARYROSE         Interfactor       SAME AS C ABOVE       Fante add address of principal officer. MARYROSE       FRANKO, PHD         Interfactor       SAME AS C ABOVE       Form of address of principal officer. MARYROSE       FRANKO, PHD         Interfactor       SAME AS C ABOVE       Form of address of principal officer. MARYROSE       FORM officer. MARYROSE         Interfactor       Same address of principal officer. MARYROSE       FORM officer. MARYROSE       Form officer. MARYROSE         Interfactor       Same address o		heck if pplicable:	C Name of organization		D Employer identific	cation number
Image: Provide and street (or P.0. box if mail is not delivered to street address)       68-0617198         Image: Provide and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number         Image: Provide and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number         Image: Provide address of principal office: MARYROSE FRANKO, PHD       SAME AS C ABOVE       H(a) Is this a group return for subordinates?       Yes No         I Taxexempt status: [X Sol10(3) 501(0) / (Inset no.) 4947(a)(1) or 527       H(b) Are attacd attact included?       Yes No         Mebsite: Image: Normal delivered to street address of principal office: MARYROSE FRANKO, PHD       H(b) Are attacd attact included?       Yes No         J Website: Image: Normal delivered of principal office: MARYROSE FRANKO, PHD       H(b) Are attacd attact included?       Yes No         I Taxexempt status: [X Sol10(3) 501(0) / (Inset no.) 4947(a)(1) or 527       H(c) Group exemption number (Inset no.) 4947(a)(1) or 527       H(c) Group exemption number         1 Briefly describe the organization's mission or most significant activities: COMMITTED OMAXIMIZING THE       Image: Normal delivered of more than 28% of its net assets.         2 Check this box > _ If the organization discontinue dits operations or disposed of more than 28% of its net assets.       1         4 Number of individuals employed in calendar year 2018 (Part V, line 1b)       4       14         4 numbe		Address change	HEALTH RESEARCH ALLIANCE, INC.			
Image         Number and street (or P.0. box if mail is not delivered to street address)         Room/suite         E Telephone number         (240) 393 - 2968           Image         Carrier of the street address of principal officer. DARK NC 27709         (Address)         (Addres)         (Address) </td <td></td> <td>Name</td> <td></td> <td></td> <td>68-00</td> <td>617198</td>		Name			68-00	617198
City or town, state or province, country, and ZIP or foreign postal code RESEARCH TRIANGLE PARK, NC 27709       G Grossreepts 5 638, 282. RESEARCH TRIANGLE PARK, NC 27709         Image: Comparison of the second comparison or second comparison of the seco		Initial		Room/suite	E Telephone number	
City or town, state or province, country, and ZIP or foreign postal code       G. Geoscreepts 1       G38, 282.         Prement       RESEARCH TRIANGLE PARK, NC 27709       Ha) Is this a group return         SAME AS C ABOVE       F Name and address of principal officer: MARYROSE FRANKO, PHD       Hot State as the subcrittance?       Yes X       No         I trax-exempt status:       X 501(c)(3)       501(c)(-) < (insertinc.)		Final return/	65 T.W. ALEXANDER DRIVE #13605		(240	)393-2968
Imperformance       Name and address of principal officer. MARYROSE FRANKO, PHD       Hail is this a group return         I marevempt status:       X SOT(2)       SAME AS C ABOVE       H(b) Are all address of principal officer. MARYROSE FRANKO, PHD         I marevempt status:       X SOT(2)       Sot(2)       Sot       Yes       No         H(b) Are all address of principal officer.       MARYROSE FRANKO, PHD       H(b) Are all address of principal officer.       Yes       No         H(b) Are all address of principal officer.       MARYROSE FRANKO, PHD       H(b) Are all address of principal officer.       Yes       No         H(b) Are all address of principal officer.       MARYROSE       FRANKO, PHD       H(b) Are all address of principal of the set addrese address of principal of the set address of principal of the se		ated			<b>G</b> Gross receipts \$	638,282.
pending       SAME       AS       C       ABOVE         1       Taxexempt status:       X       Sol1(c)(3)       501(c)(1)       (insert no.)       4947(a)(1) or       527         Website:		return	RESEARCH IRIANGLE PARK, NC 27703		H(a) Is this a group re	
SARE AS C ABOVE         H(B) Are all subordinates included?) Yes No         I accentry status: X 3010(3) 501(c) ( ) ◄ (insert no.) 4947(a)(1) or 527         WWW. HEALTHRA.ORG         K Form of organization: X Corporatio       Tust       Association       Other       L year of formation: 2005 M State of legal denicile: NC         Part I       Summary         1       Briefly describe the organization's mission or most significant activities: COMMITTED TO MAXIMIZING THE         IMPACT OF BIOMEDICAL RESEARCH TO IMPROVE HUMAN HEALTH       2         2       Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part V, line 1a)       3       14         4       Number of individuals employed in calendar year 2018 (Part V, line 2a)       5       2         6       Total number of undividuals employed in calendar year 2018 (Part V, line 2a)       5       2         6       Total number of undividuals employed in calendar year 2018 (Part V, line 2a)       6       26         7       a total number of undividuals employed in calendar year 2018 (Part V, line 2a)       6       26         7       a total number of undividuals employed in calendar year 2018 (Part V, line 2a)       6       26		tion		HD	for subordinates	? Yes X No
J Website: ▶ WWW.HEALTHRA.ORG       H(c) Group exemption number ▶         K Form of organization: [X] Corporation Trust Association Other ▶       L year of formation: 2005 M State of legal domicile: NC         Part II       Summary       L year of formation: 2005 M State of legal domicile: NC         Part II       Summary       L year of formation: 2005 M State of legal domicile: NC         Part II       Summary       L year of formation: 2005 M State of legal domicile: NC         Part II       Summary       I Briefly describe the organization's mission or most significant activities: COMMITTED TO MAXIMIZING THE         III       III PACT OF BIOMEDICAL RESEARCH TO IMPROVE HUMAN HEALTH       3       14         2       Check this box ▶       If the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of individuals employed in calendar year 2018 (Part VI, line 1a)       4       14         4       State of ordal number of ondividuals employed in calendar year 2018 (Part VI, line 2a)       5       2         6       Total number of volunteers (estimate if necessary)       6       26       7b       0.         7       Total number of volunteers (estimate if necessary)       6       6       26       7b       0.       7b       0.       0.         9       Program service revenue (Part VIII,		· · ·	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
K Form of organization:       X Corporation       Trust       Association       Other ▶       L Year of formation:       2005       M State of legal domicile: NCC         Part       Summary         1       Briefly describe the organization's mission or most significant activities:       COMMITTED TO MAXIMIZING THE         1       Briefly describe the organization's mission or most significant activities:       COMMITTED TO MAXIMIZING THE         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3       14         4       Number of independent voting members of the governing body (Part VI, line 1a)       3       14         5       2       6       26       6         6       10       10       14       14         9       Number of independent voting members of the governing body (Part VI, line 2a)       6       26         6       Total number of volunteers (estimate if necessary)       6       26         7a       Total number of volunteers (estimate if necessary)       7b       0.         9       Program service revenue (Part VIII, column (A), line 38       7b       0.       0.         10       Investment income (Part VII				or 527	If "No," attach a	list. (see instructions)
Part I       Summary         1       Briefly describe the organization's mission or most significant activities: COMMITTED TO MAXIMIZING THE IMPACT OF BIOMEDICAL RESEARCH TO IMPROVE HUMAN HEALTH         2       Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voling members of the governing body (Part VI, line 1a)       3       14         4       Number of independent voting members of the governing body (Part VI, line 1b)       4       114         5       Total number of independent voting members of the governing body (Part VI, line 1b)       4       144         5       Total number of volunteers (setimate if necessary)       6       26         7       Total nurelated business revenue from Form 990-T, line 38       Prior Year       Current Year         8       Contributions and grants (Part VIII, line 1h)       9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       -6, 190.       18, 498.         9       Program service revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         10       Investment income (Part VIII, column (A), lines 1-3)       0.       0.       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 5-10)       320, 177.       322, 193.					· · · · · · · · · · · · · · · · · · ·	
9       Prior Year       Current Year         9       0       0         9       0       0         9       0       0         9       0       0         9       0       0         9       0       0         9       0       0         9       0       0         9       0       0         9       0       0         9       0       0         9       0       0         9       0       0         9       0       0         9       0       0         9       0       0         9       0       0         9       0       0         9       0       0         10       0       0         10       0       0         11       0       0         12       0       0         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0         10       Investment income (Part VIII, column (A), lines 5-60, 8       32, 9, 938.         13       Grants and similar amou				<b>L</b> Year	of formation: 2005 N	State of legal domicile: NC
IMPACT OF BIOMEDICAL RESEARCH TO IMPROVE HUMAN HEALTH         2 Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of voting members of the governing body (Part VI, line 1a)       3       14         4 Number of independent voting members of the governing body (Part VI, line 1b)       4       144         5 Total number of independent voting members of the governing body (Part VI, line 2a)       6       26         6 Total number of volunteers (estimate if necessary)       6       226         7 a Total unrelated business revenue from Porm Part VIII, column (C), line 12       7a       0.         b Net unrelated business taxable income from Form 990-T, line 38       Prior Year       Current Year         8 Contributions and grants (Part VIII, line 1h)       4884,912.       619,784.         9 Program service revenue (Part VIII, line 2)       0.       0.       0.         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       -6,190.       18,498.         11 Other revenue (Part VIII, column (A), lines 5,6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         12 Total evenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 5-10)       320,177.       322,193.       16         16 Professional fundraising expenses (Part IX, column (A), line 41       0.       0.       0.       0.	Pa					
5       Total number of individuals employed in calendar year 2018 (Part V, line 2a)       5       2         6       Total number of individuals employed in calendar year 2018 (Part V, line 2a)       6       26         7       Total number of volunteers (estimate if necessary)       7a       0.         7       Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         9       Net unrelated business taxable income from Form 990-T, line 38       Prior Year       Current Year         9       Program service revenue (Part VIII, line 2g)       0.       0.       0.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       -6, 190.       18, 4988.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       478, 722.       638, 282.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       320, 1777.       322, 193.         16       Total fund	ĕ					IG THE
5       Total number of individuals employed in calendar year 2018 (Part V, line 2a)       5       2         6       Total number of individuals employed in calendar year 2018 (Part V, line 2a)       6       26         7       Total number of volunteers (estimate if necessary)       7a       0.         7       Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         9       Net unrelated business taxable income from Form 990-T, line 38       Prior Year       Current Year         9       Program service revenue (Part VIII, line 2g)       0.       0.       0.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       -6, 190.       18, 4988.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       478, 722.       638, 282.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       320, 1777.       322, 193.         16       Total fund	anc					-4-
5       Total number of individuals employed in calendar year 2018 (Part V, line 2a)       5       2         6       Total number of individuals employed in calendar year 2018 (Part V, line 2a)       6       26         7       Total number of volunteers (estimate if necessary)       7a       0.         7       Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         9       Net unrelated business taxable income from Form 990-T, line 38       Prior Year       Current Year         9       Program service revenue (Part VIII, line 2g)       0.       0.       0.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       -6, 190.       18, 4988.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       478, 722.       638, 282.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       320, 1777.       322, 193.         16       Total fund	ern				I . I	
5       Total number of individuals employed in calendar year 2018 (Part V, line 2a)       5       2         6       Total number of individuals employed in calendar year 2018 (Part V, line 2a)       6       26         7       Total number of volunteers (estimate if necessary)       7a       0.         7       Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         9       Net unrelated business taxable income from Form 990-T, line 38       Prior Year       Current Year         9       Program service revenue (Part VIII, line 2g)       0.       0.       0.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       -6, 190.       18, 4988.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       478, 722.       638, 282.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       320, 1777.       322, 193.         16       Total fund	g					
b         Net unrelated business taxable income from Form 990-T, line 38         17b         0.           8         Contributions and grants (Part VIII, line 1h)         Prior Year         Current Year           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         0.         0.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         0.         0.         0.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         0.         0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)         0.         0.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1.3)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         320, 177.         322, 193.           16a         Professional fundraising fees (Part IX, column (A), line 25)         39, 938.         0.         0.           17         Other expenses (Part IX, column (D), line 25)         39, 938.         17         0the expenses (Part IX, column (A), line 25)         554, 563.         549, 571.           19         Revenue less expenses. Subtract line 18 from line 12         -75, 841.         88, 711.         893, 847.	જ				·····	
b Net unrelated business taxable income from Form 990-T, line 38         [7b]         0.           8         Contributions and grants (Part VIII, line 1h)         Prior Year         Current Year           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         0.         0.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         0.         0.         0.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         0.         0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)         0.         0.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1.3)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         320, 177.         322, 193.           16a         Professional fundraising fees (Part IX, column (A), line 25)         39, 938.         0.         0.           17         Other expenses (Part IX, column (D), line 25)         39, 938.         17         Other expenses (Part IX, column (A), line 25)         554, 563.         549, 571.           19         Revenue less expenses. Subtract line 18 from line 12         -75, 841.         88, 711.         893, 847.         <	ties					
b         Net unrelated business taxable income from Form 990-T, line 38         17b         0.           8         Contributions and grants (Part VIII, line 1h)         Prior Year         Current Year           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         0.         0.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         0.         0.         0.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         0.         0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)         0.         0.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1.3)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         320, 177.         322, 193.           16a         Professional fundraising fees (Part IX, column (A), line 25)         39, 938.         0.         0.           17         Other expenses (Part IX, column (D), line 25)         39, 938.         17         0the expenses (Part IX, column (A), line 25)         554, 563.         549, 571.           19         Revenue less expenses. Subtract line 18 from line 12         -75, 841.         88, 711.         893, 847.	îti				·····	
B         Contributions and grants (Part VIII, line 1h)         Prior Year         Current Year           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         0.0.0.         0.0.0.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         -6, 190.18, 498.         0.0.0.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.0.0.         0.0.0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         0.0.0.0.         0.0.0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.0.0.0.0.         0.0.0.0.           14         Benefits paid to or for members (Part IX, column (A), lines 5-10)         320,1777.322,193.         0.0.0.0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         320,1777.322,193.         0.0.0.0.           16a         Professional fundraising expenses (Part IX, column (A), line 25)         39,938.         234,386.227,378.           17         Other expenses (Part IX, column (A), line 25)         39,938.         554,563.549,571.           19         Revenue less expenses. Subtract line 18 from line 12         -75,841.88,711.         88,711.           18         Total sesets (Part X, line 16)         893,847.2,246,1	A					
8       Contributions and grants (Part VIII, line 1h)       484,912.       619,784.         9       Program service revenue (Part VIII, column (A), lines 2g)       0.       0.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       -6,190.       18,498.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       478,722.       638,282.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       320,177.       322,193.         16a       Professional fundraising expenses (Part IX, column (D), line 25)       39,938.       234,386.       227,378.         17       Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       39,938.       -75,841.       88,711.         19       Revenue less expenses. Subtract line 18 from line 12       -75,841.       88,711.         19       Revenue less expenses. Subtract line 18 from line 12       -75,841.       893,847.       2,246,124.<						-
9       Program service revenue (Part VIII, column (A), line 3, 4, and 7d)       0.0.0.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       -6, 190.18, 498.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.0.0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       478, 722.638, 282.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.0.0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.0.0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       320, 177.322, 193.         16a       Professional fundraising expenses (Part IX, column (D), line 25)       39, 938.         17       Other expenses (Part IX, column (A), line 11e)       0.0.0.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       39, 938.         19       Revenue less expenses. Subtract line 18 from line 12       -75, 841.88, 711.         19       Revenue less expenses. Subtract line 18 from line 12       -75, 841.88, 711.         19       Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       893, 847.2, 2, 246, 124.         21       Total liabilities (Part X, line 26		<b>8</b> C	Contributions and grants (Part VIII, line 1h)			
11       Other revenue (Part Viii, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       478,722.       638,282.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       320,177.       322,193.         16a       Professional fundraising fees (Part IX, column (A), line 25)       39,938.       0.       0.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       234,386.       227,378.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       554,563.       549,571.         19       Revenue less expenses. Subtract line 18 from line 12       -75,841.       88,711.         20       Total assets (Part X, line 16)       893,847.       2,246,124.         21       Total liabilities (Part X, line 26)       60,089.       1,335,490.         22       Net assets or fund balances. Subtract line 21 from line 20       833,758.       910,634.	nue				· · ·	
11       Other revenue (Part Viii, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       478,722.       638,282.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       320,177.       322,193.         16a       Professional fundraising fees (Part IX, column (A), line 25)       39,938.       0.       0.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       234,386.       227,378.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       554,563.       549,571.         19       Revenue less expenses. Subtract line 18 from line 12       -75,841.       88,711.         20       Total assets (Part X, line 16)       893,847.       2,246,124.         21       Total liabilities (Part X, line 26)       60,089.       1,335,490.         22       Net assets or fund balances. Subtract line 21 from line 20       833,758.       910,634.	eve				-6,190.	18,498.
12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       478,722.       638,282.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       320,177.       322,193.         16a       Professional fundraising fees (Part IX, column (D), line 25)       39,938.       0.       0.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       39,938.       234,386.       227,378.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       554,563.       549,571.         19       Revenue less expenses. Subtract line 18 from line 12       -75,841.       88,711.         20       Total assets (Part X, line 16)       893,847.       2,246,124.         21       Total liabilities (Part X, line 26)       60,089.       1,335,490.         22       Net assets or fund balances. Subtract line 21 from line 20       833,758.       910,634.	ň				0.	
14Benefits paid to or for members (Part IX, column (A), line 4)0.0.15Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)320,177.322,193.16aProfessional fundraising fees (Part IX, column (A), line 11e)0.0.bTotal fundraising expenses (Part IX, column (D), line 25)39,938.0.17Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)234,386.227,378.18Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)554,563.549,571.19Revenue less expenses. Subtract line 18 from line 12-75,841.88,711.20Total assets (Part X, line 16)893,847.2,246,124.21Total liabilities (Part X, line 26)60,089.1,335,490.22Net assets or fund balances. Subtract line 21 from line 20833,758.910,634.					478,722.	638,282.
320,177.322,193.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         16a       Professional fundraising fees (Part IX, column (A), line 11e)         b       Total fundraising expenses (Part IX, column (D), line 25)         b       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19       Revenue less expenses. Subtract line 18 from line 12         20       Total assets (Part X, line 16)         21       Total liabilities (Part X, line 26)         22       Net assets or fund balances. Subtract line 21 from line 20		<b>13</b> G	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
16a Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.         b Total fundraising expenses (Part IX, column (D), line 25)       39,938.       234,386.       227,378.         17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       234,386.       227,378.         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       554,563.       549,571.         19 Revenue less expenses. Subtract line 18 from line 12       -75,841.       88,711.         20 Total assets (Part X, line 16)       893,847.       2,246,124.         21 Total liabilities (Part X, line 26)       60,089.       1,335,490.         22 Net assets or fund balances. Subtract line 21 from line 20       833,758.       910,634.		14 E	Benefits paid to or for members (Part IX, column (A), line 4)		-	
17       Other expenses (rart X, column (A), lines Tra Trd, Tri 246)       10 1 / 5000 121 / 50000 121 / 5000 121 / 5000 121 / 5000 121 / 5000 121 /	ŝ	<b>15</b> S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		320,177.	
17       Other expenses (rart X, column (A), lines Tra Trd, Tri 246)       10 1 / 5000 121 / 50000 121 / 5000 121 / 5000 121 / 5000 121 / 5000 121 /	nse	<b>16</b> a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
17       Other expenses (rart X, column (A), lines Trartd, Th/24e)       10 1 / 5000 1 22 / 5000 1 20 / 5000 1 22 / 5000 1 22 / 5000 1 20 / 5000 1 22 / 5000 1 20 / 5000 1 22 / 5000 1 20 / 5000 1 22 / 5000 1 20 / 5000 1 20 / 5000 1 22 / 5000 1 20 / 50000 1 20 / 5000 1 20 / 5000 1 20 / 5000 1 20 / 5000 1 2	e dy	b⊺	otal fundraising expenses (Part IX, column (D), line 25) 🕨 39,9	38.		
Beginning of Current Year         End of Year           20         Total assets (Part X, line 16)         893,847.         2,246,124.           21         Total liabilities (Part X, line 26)         60,089.         1,335,490.           22         Net assets or fund balances. Subtract line 21 from line 20         833,758.         910,634.	ш	<b>17</b> C	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			
Beginning of Current Year         End of Year           20         Total assets (Part X, line 16)         893,847.2,246,124.           21         Total liabilities (Part X, line 26)         60,089.1,335,490.           22         Net assets or fund balances. Subtract line 21 from line 20         833,758.910,634.		<b>18</b> T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
20       Total assets (Part X, line 16)       893,847.       2,246,124.         21       Total liabilities (Part X, line 26)       60,089.       1,335,490.         22       Net assets or fund balances. Subtract line 21 from line 20       833,758.       910,634.			evenue less expenses. Subtract line 18 from line 12			
22 Net assets or fund balances. Subtract line 21 from line 20	S OL			Be		
22 Net assets or fund balances. Subtract line 21 from line 20	sets	<b>20</b> T	otal assets (Part X, line 16)			
	it As		· · · · · · · · · · · · · · · · · · ·			
			let assets or fund balances. Subtract line 21 from line 20		833,758.	910,634.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign		Signature of officer			Date
Here		MARYROSE FRANKO, PHD,	EXECUTIVE DIRECTOR		
		Type or print name and title			
	Prin	t/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	J.	MICAH PATE			self-employed P00098085
Preparer		n's name 🕒 MPCOMPANY LLP			Firm's EIN ▶ 56-1945391
Use Only	Firm	n's address 🖕 615 OBERLIN ROAD	SUITE 200		
		RALEIGH, NC 2760	5		Phone no. 919-836-9200
May the I	RS di	scuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
832001 12-3	1-18	LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (2018)

	990 (2018) HEALTH RESEARCH ALLIANCE, INC. 68-0617198 Page 2
Pa	III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE HEALTH RESEARCH ALLIANCE (HRA), A COLLABORATIVE MEMBER ORGANIZATION OF NONPROFIT RESEARCH FUNDERS, IS COMMITTED TO MAXIMIZING
	THE IMPACT OF BIOMEDICAL RESEARCH TO IMPROVE HUMAN HEALTH.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	f "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	f "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	Code:         ) (Expenses \$ 204,548.         including grants of \$) (Revenue \$)
Tu	PROGRAM SERVICE ACCOMPLISHMENT 1:
	SUPPORT INFRASTRUCTURE AND PRACTICES TO SHARE RESEARCH, DATA, AND
	ANALYSIS.
	IN 2018 HRA COLLECTED AND SHARED COMPREHENSIVE DATA AND ANALYSIS ABOUT
	NONPROFIT FUNDING FOR BIOMEDICAL RESEARCH AND TRAINING. WITH THE LAUNCH OF HRA REPORTER AND HRA OPEN, HRA WAS ABLE TO PROVIDE DATA-DRIVEN
	ANALYSIS ENABLING MEMBERS TO BETTER UNDERSTAND THE IMPACT OF THEIR
	GRANTMAKING PRACTICES.
4b	Code:) (Expenses \$174,775. including grants of \$) (Revenue \$)
	PROGRAM SERVICE ACCOMPLISHMENT 2:
	CONVENE MEMBERSHIP TO FOSTER COMMUNICATION AND COLLABORATION.
	HRA FOSTERED OPEN COMMUNICATION AND COLLABORATION AMONG AND BETWEEN
	FUNDERS AND THE BROADER RESEARCH COMMUNITY. THESE CHANNELS CAME ALIVE
	AT OUR MEMBERS MEETINGS AND STRENGTHENED THROUGH WEBINARS AND CANDID
	LISTSERV DISCUSSIONS. AND, THE CONNECTIONS WE DEVELOPED ALONGSIDE
	INSTITUTIONS LIKE THE NATIONAL LIBRARY OF MEDICINE, NATIONAL INSTITUTES
	OF HEALTH, AND COUNCIL ON GOVERNMENT RELATIONS ARE TESTAMENTS TO OUR
	EXPANDED ROLE IN THE BIOMEDICAL ECOSYSTEM.
	70 664
4c	Code:) (Expenses \$ 78,664. including grants of \$) (Revenue \$) PROGRAM SERVICE ACCOMPLISHMENT 3:
	ROGRAM BERVICE ACCOMPLISHMENT 5.
	GATHER AND DISSEMINATE KNOWLEDGE TO FOSTER INNOVATIVE GRANTMAKING AND
	ADDRESS CHALLENGES IN BIOMEDICAL RESEARCH.
	HRA PROVIDED LEADERSHIP, KNOWLEDGE, TOOLS, AND OPPORTUNITIES TO PROMOTE
	INNOVATIVE AND EFFECTIVE GRANTMAKING. FROM TIMELY PANEL DISCUSSIONS AT
	MEMBERS MEETINGS TO PRACTICAL WEBINAR PRESENTATIONS, WE WERE ABLE TO
	CONNECT MEMBERS TO THE INFORMATION, IDEAS, INDIVIDUALS AND
	ORGANIZATIONS PAVING THE PATH TO PROGRESS. HRA ALSO ADDRESSED ISSUES
	KEY TO ACCELERATING RESEARCH DISCOVERY AND ITS TRANSLATION. OUR WORKING
4.4	GROUPS DIVE DEEP INTO ISSUES THAT IMPACT OUR MEMBERS, AND DEVELOP Other program services (Describe in Schedule O.)
40	Differ program services (Describe in Schedule O.)  Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 457,987.
	Form 990 (2018

Form	990	(2018)	

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			x
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		
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,	44.	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	<u>11a</u>	~	
b		11b		x
с	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.10		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes, "			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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		X

Form 990 (2018)

Form	990	(2018)
	330	(2010)

			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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"			
	complete Schedule L, Part II	26		X X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
-	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
~ 1	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
20	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	0		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		20		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	558		<u> </u>
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

(gambling) winnings to prize winners?

Pert V         Statements Regarding Other IRS Filings and Tax Compliance (continued)         Yes         No           2a         Enter the number of employees reported on Form W3, Transmital of Wage and Tax Statements, Za         2a	Form	990 (2018) HEALTH RESEARCH ALLIANCE, INC. 68-0617	198	Р	age <b>5</b>
2a         Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.         2a         2           b         If all least one is reported on line 2a, did the organization file all required foderal employment tax returns?         2b         X           Note, if the sum of line 3a and 2a is greater than 250, you may be required to <i>e.gle</i> (see instructions)         3a         X           B         D of the organization have matuated business groups income of 31, 000 more during the year?         3b         X           B         TYes, "that if thed a form 930 Tor this year? (" <i>HWe' to line 3b, provide an explenation in Schedule</i> )         3a         X           B         At any time the name of the forgin contrity.         As any time the name of the forgin contrity.         3a         X           See instructions for filing requirements for FinCEN Form 11A, Report of Foreign Bank and Financial Accounts (FBAP).         5a         X           See the organization in party to explicitation and with the during the usy year?         5b         X           So bes the organization in hour wearning organization in the result of the group organization show annual groups receipts that are normally greater than \$100,000, and diff the organization show annual groups receipts that are normally greater than \$100,000, and diff the organization in the organization in the allow the group of the organization received a charachible are thindures?         7a         X           V Tyes, "idd the organization in the organization in ergre	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Interformed to the calandar year ending with or within the year covered by this return     Image: Calandar Calan				Yes	No
b       If a last one is reported on ine 2a, did the organization file all required fooral empayment tax returns?       ga       X         3a       Dd the organization have unrelated business gross income of \$1,000 or more during the syear?       ga       X         3b       D'res,' has a filed a form 990 Tor this year?       rise 3b, provide an explanation in Schedule O       ga       X         b       I'res,' has a filed a form 990 Tor this year?       rise 3b, provide an explanation or other fancial account?       ga       X         b       I'res,' has a filed a form 990 Tor this year?       rise 3b, provide an explanation or other fancial account?       ga       X         b       I'res,' hare the name of the organization the shelter transaction at any time during the calendary set.       ga       X         b       Bose instructions for time requirements for FinCEN Form 114, Report of Freign Bark and Financial Accounts (FBAR).       Ga       X         c       I'res,' to ine Sa or Sb, dif the organization the form 8886 T2       Ga       X       K         b       I'res,' to ine Sa or Sb, dif the organization approximation a expres astament that such contributions or gifts were not tax deductible for Fine 8886 T1       Ga       X         b       I'res,' idd the organization neity the domor of the value of the goods an envices provided T0 the pay?       Ta       X         b       I'res,' idd the organization neity the	2a				
Note. If the sum of lines 1a and 2s is greater than 250, you may be required to e-fig (see instructions)         Image: Section 2000           3a         Did the organization have unrelated business gross income of \$1,000 or more during the year?         3a         X           4a         At any time during the calendar year, did the organization have an interest in, or a signature or other stutherity over, a financial account in a foreign country.         3a         X           bit "Yea," enter the name of the foreign country.         5a         5a         X           bit Was, the organization a party to a prohibited tax shelter transaction at any time during the tax year?         5a         X           bit Oreanization file foreign country.         5a         X         5a         X           bit Oreanization file organization that two or is a party to a prohibited tax shelter transaction?         5a         X           bit Oreanization numal gross receipts that are normally greater than \$100,000, and did the organization solid as charitabulan and express statement that such contributions or gifts wave not tax deductable?         5a         X           bit Oreanization receive approximation neave dispose of tangible personal property for which it was required to the party?         7a         X           cit Tyes, "idid the organization on dispose dispose of tangible personal property for which it was required to the forein 8988 arequired to the party?         7a         X           cit Tyes, "idid the organization on disy		filed for the calendar year ending with or within the year covered by this return 2a 2			
3a Dd the organization have unrelated business gross income of \$1.000 or more during the yar?     3a     X       b If 'Ves', 'has if tilde 3 Ferm 990 for this yar? /f 'We' to line 3b, provide an explanation in Schedule O     3b     X       b If 'Ves', 'has if tilde 3 Ferm 990 for this yar? /f 'We' to line 3b, provide an explanation in Schedule O     3b     X       b If 'Ves', 'the if tilde 3 Ferm 990 for this yar? /f 'We' to line 3b, provide an explanation in Schedule O     3b     X       b If 'Ves', 'the if tilde 3 Ferm 990 for this yar? /f 'We' to line 3b, provide an explanation of the foreign country (ike the yar).     5a     X       b If 'Ves', 'the if tilde 3 Ferm 990 for this yar? /f 'We' to line 3b, provide an explanation in the tary set?     5a     X       b Od any taxable party notify the organization the form 980 for 100,000, and did the organization solicit any contributions have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible a contributions under section 170(c).     6a     X       b If 'Yes', 'idd the organization notify the done of the value of the gods or services provided?     7a     X       b If 'Yes', 'idd the organization notify the done of the value of the gods or services provided?     7a     X       b If 'Yes', 'idd the organization notify the done of the value of the gods or services provided?     7a     X       b If 'Yes', 'idd the organization notify the done of the value of the gods or services provided?     7a     X       b If 'Yes', 'idd the	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b       If "Yes", file if field a Form 900-T for this year?       If Yes", file if field a form 900-T for this year?       If year, file if field a count in a toreign ocurrby (buch as a bank acount, sourhies and only or a signature or other authority over, a financial account in a toreign ocurby (buch as a bank acount, sourhies account, or other financial account)?       If Yes," enter the name of the foreign ocurby (buch as a bank acount, sourhies account, or other financial account)?       If Yes," enter the name of the foreign ocurby:       If Yes," enter the name of the foreign country.       If Yes," enter the name of the foreign country.       If Yes," enter the name of the foreign country.       If Yes," enter the name of the foreign country.       If Yes," enter the name of the foreign country.       If Yes," enter the name of the foreign country.       If Yes," enter the name of the foreign country.       If Yes," enter the name of the foreign country.       If Yes," enter the name of the foreign country.       If Yes," enter the name of the organization the work policitation an express statement that such contributions or gifts were not tax doductible?       If Yes," enter the organization network policitation an express statement that such contributions or gifts were not tax doductible?       If Yes," enter the organization network policitation enter approach depices of targing be personal property for which it was required to the page?       If Zes," Tes," enter the organization network approach depices of targing be personal property for which it was required to the sources?       If Yes," enter the name of the work page of the work		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
49       At any time during the calendar year, all of the organization have an interest III, or a signature or other funancial account?       4a       X         bit "Yes," enter the name of the foreign country; b       Sae instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5b U any taxable party tothy the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         5b D oses the organization a party to a prohibited tax shelter transaction?       5a       X         6b D oses the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       5a       X         7 Organization seeks a payment in excess of \$5 made party as a contribution and party for goods and services provided?       7a       X         7 If Yes, "iddicate the number of Forms 8282? Elied during the year       7d       7d       X         7 If Yes, "iddicate the number of Forms 8282? Ideid during the year?       7a       7d       X         7 If the organization necelved a contribution of qualified intellecual property for which it was required?       7d       7d       X         7 If the organization necelved a contribution of casible excells during the year?       8a       8a       9a			3a		X
financial account in a foreign country (such as a bark account, securities account, or other financial account)?     4a     X       bit "Yes," restrict the name of the foreign country, I>     See instructions for film requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     See     X       5a Was the organization a party to a prohibited tax shelf ert transaction at any time during the tax year?     See     X       5b Did any taxable party notify the organization file Form 888-17.     See     X       6a Vest in e 5a or 5b, did the organization file Form 888-17.     See     See       7b Do any taxable party notify the organization file Form 8898-17.     See     See       7b T'ves," to the organization notes any party in a prohibition of any contributions or gifts were not tax deductible?     See     X       7b T'ves," did the organization notify the donor of the value of the goods or services provided?     To     Ta     X       7b Did the organization notify the donor of the value of the goods or services provided?     Ta     X       7c Tyes, '' did the organization notify the donor of the value of the goods and services provided?     Ta     X       7c Did the organization neceves any funds, directly or indirectly, to pay premiums on a personal benefit contract?     Ta     X       7c Tyes, '' did the organization neceves any funds, directly or indirectly, to pay premiums on a personal benefit contract?     Ta     X       7d Did the organization neceves any funds, directly o			3b		
b       If "Yes," enter the name of the foreign country.       →         See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),       5a       X         B       Was the organization a parts to a prohibited tax shelter transaction?       5b       X         CI If "Ves' to ine Sa'or 50, of the organization that it was or is a party to a prohibited tax shelter transaction?       5c       X         Sector 50, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for ling requirements for Fin/CEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     Sa     X       5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     Sa     X       5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     Sa     X       5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     Sa     Sa       5b Did any contributions that were not tax deductible as charitable contributions?     Sa     X       6a V     Y     Organization sell during apprent in excess of 35 made party as a contribution and party for goods and services provided to the paper?     7a     X       7b Did the organization notity during the odors of the value of the goods or services provided?     7a     X       7b Did the organization notic during the year     Zd     7a     X       7b Did the organization notify the donro of the value of the goods or services provided?     7a     X       7b Did the organization neceive apprentime were so of 35 made party as a contribution of enginetable contract?     7a     X       7c Did the organization neceive apprentime were apprentime		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       b     Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5a     X       c     Dide 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 charable contributions?     6a     X       b     If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and party for goods and services provided to the part?     7a     X       c     Did the organization notify the doors of the value of the goods or services provided?     7a     X       d     If 'Yes,' did the organization notify the doors of the value of the goods or services provided?     7a     X       d     If 'Yes,' indicate the number of Forms 8282 filed during the year     7d     7a     X       d     If 'Yes,' indicate the number of Forms 8282 filed during the year     7d     7a     X       d     If 'Yes,' indicate the number of Forms 8282 filed during the year     7d     7a     X       d     If 'Yes,' indicate the number of Forms 8282 filed during the year     7d     7a     X       d     If the organization receive a contribution of qualified intellectual property, dd the organization file Form 8998 are required?     7a </th <th>b</th> <th></th> <th></th> <th></th> <th></th>	b				
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       If "Yes" to line 6 ar ofb, did the organization file Form 8886-17       5c       5c         B       Dest the organization new annual gross exclipts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation an express statement that such contributions or gifts       6a       X         b       If "Yes," did the organization new apprent in excess of \$75 madp party as a contribution and party for goods and services provided to the payn?       7a       X         b       Did the organization receive apprent in excess of \$75 madp party as a contribution and party for goods and services provided to the payn?       7a       X         b       Did the organization receive apprent in excess of \$75 madp party as a contribution and party for goods and services provided to the payn?       7a       X         c       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7a       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         f       To the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         f       To the organization make any taxable distributions under sectio					37
c       If 'Yes' to line 5a or 5b, did the organization file Form 8886 f?       5c         Ge       Dees 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 chartable contributions?       6a       X         b       If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       7a       X         b       If 'Yes,' did the organization notify the door of the value of the goods or services provided?       7b       7c       X         c       Did the organization neceive a payment in eccess of \$75 made party as contributions and party for goods and services provided?       7c       X         c       Did the organization neceive any funds, directly or indirectly, on a personal benefit contract?       7c       X         d       If 'Yes,' indicate the number of Forms 8282 filed during the year       1d       7e       X         d       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7c       X         f       If the organization neceive a contribution of care, boats, anjenaes, or ther violes, dift due conganization file Form 8080 are equicat?       7a       X         f       If the organization maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining door advised fun					
Ga       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit ary contributions and the were not tax deductibles as charatable contributions?       Ga       X         bit "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible contributions under section 170(c).       Go       Go       Go       Go       Go       Go       Go       X       Go         bit "Yes," did the organization notify the donor of the value of the goods or services provided to the gavine" in excess of \$75 made party as a contribution and party for poots and services provided to the gavine" in the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       76       X         control the organization receive a contribution of qualified intellicular property, did the organization field contract?       77       X         f If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1899 as required?       71       X         f If the organization neceive a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1899 as required?       71       X         g If the organization maintaining donor advised funds.       10       10       10       10         g If the organization maintaining donor advised funds.       10       10       10       10       10       10       10					
any contributions that were not tax deductible as charitable contributions?     6a     X       b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6a     X       7 Organizations that may receive deductible contributions under section 170(c).     10 the organization celle apyment in excess of \$57 mad gap tif xs a contribution and partly for goots and services provided to the payor?     7a     X       b If 'Yes,' did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8282?     7a     X       c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7f     X       f If 'Yes,' indicate the number of Forms 2282 filed during the year     7a     X       f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?     7f     X       g If the organization receive a contribution of qualified intellectual property, did the organization file Form 8289 as required?     7a     X       9 Sponsoring organization make any taxable distributions under section 4966?     9a     9a     9a       9 Did the sponsoring organization make any taxable distributions under section 4966?     9a     9a       9 Did the sponsoring organization make a distribution to a doner, doner advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?     9a     9a       10			<u>5c</u>		
b       If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       66         Organizations that may receive deductible contributions under section 170(c).       10 the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?       7a       X         b       If 'Yes,' did the organization ontify the donor of the value of the goods or services provided?       7a       X         d       If 'Yes,' indicate the number of Forms 8282 filed during the year       Td       7c       X         d       If 'Yes,' indicate the number of Forms 8282 filed during the year       Td       7d       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f.       X         f       If the organization receive a ortifubution of cars, boats, airplanes, or other vehicles, did the organization file Form 8898 as required?       7h       X         h       If the organization make any taxable distributions under section 4966?       9a       9a       9a         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a<	6a				
were not tax deductible?     6b       7     Organization receive deductible contributions under section 170(c).     10       bit dre organization excess of 375 mate parity as a contribution and parity for goods and services provided to the payor?     7a     X       bit dre organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?     7c     X       d if "Yes," indicate the number of Forms 8282 filed during the year     7d     7c     X       f Did the organization receive any funds, directly or indirectly, on a personal benefit contract?     7r     X       g if the organization received a contribution of qualified intellectual property, did the organization file Form 8898 as required?     7n     X       g if the organization received a contribution of act, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?     7n     X       g bonsoring organizations maintaining donor advised funds.     Did at he sponsoring organization make any taxable distributions under section 49667     9a       g Did the sponsoring organization make any taxable distributions or elated person?     9b     9b       10 Section 501(c)(7) organizations. Enter:     10a     10a       a forse income from members or shareholders     11a     10a       11 Section 501(c)(2) organizations file adurt 10 in a cons advised fund in a cons advised form 101?     12a       12 Section 501(c)(2) organizations. Enter:     11a <t< th=""><th></th><th>· · · · · · · · · · · · · · · · · · ·</th><th><u>6a</u></th><th></th><th></th></t<>		· · · · · · · · · · · · · · · · · · ·	<u>6a</u>		
7       Organizations that may receive deductible contributions under section 170(c).       a) bid the organization receive a payment in excess of S7 made parity as a contribution and parity for goods and services provided to the payor?       7a       X         9       Did the organization notify the donor of the value of the goods or services provided?       7d       7d       X         10       the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         11       the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         12       bid the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7t       X         11       the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       X         2       Sponsoring organization make a distributions under section 4966?       9a       9a       9a         3       Did the sponsoring organization makes a distribution to a donor advised funds.       9a	b				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7d       7c       X         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282, indicate the number of Forms 8282 filed during the year       7d       7d       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       X         f Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7e       X         f If the organization received a contribution of caubilitied intellectual property, did the organization file Form 8899 as required?       7h       X         f If the organization received a contribution of carb, bats, inplanes, or other vehicles, did the organization file Form 1098-C?       8       8         g Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organizations. Enter:       8       9a	_		6b		
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tanjble personal property for which it was required       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         d       Did the organization, during the year, pay premiums, on a personal benefit contract?       7ft       X         f       Did the organization during the year, pay premiums, or other vehicles, did the organization file a Form 1098-C?       X         f       H the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       Xn         Sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b         10       the sponsoring organizations. Enter:       10a       10b       10b       11a         a       Gross income from other sources (Do not net amounts due or paid to other sources against       10b       11a       12a         11       Section 501(c)(7) organizations. Enter:       11a       12a <t< th=""><th></th><th></th><th>_</th><th></th><th>v</th></t<>			_		v
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         f       If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C?       7h       X         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       0b         10       Section 501(c)(7) organization make any taxable distributions under section 4966?       9a       9b       0b         11       Section 501(c)(12) organization. Enter:       10a       10a       11a       10a       11a       10a       11a       10a       11a       10a       11b       12a       12a       12a       12a       12a <td< th=""><th></th><th></th><th></th><th></th><th></th></td<>					
to file Form 8282?       7c       X         d II "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         g If the organization receive a contribution of qualified intellectual property, did the organization file Form 8099 as required?       7g       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7h       X         g Sponsoring organization maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9 Sponsoring organization make any taxable distribution sunder section 4966?       9a       9b       9b         10 d the sponsoring organizations. Enter:       10a       10b       10b       10b         11 Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b       10c         12 Section 501(c)(2) organizations. Enter:       10a       10b       10b       10c       10c         13 Section 501(c)(12) organizations. Enter:       11a       10b       10c			7b		
d if "Yes," indicate the number of Forms 8282 filed during the year       Td       Td         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       Th       X         f If the organization received a contribution of acrs, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       Th       X         8 Sponsoring organization make and the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         10 bid the sponsoring organization make a distribution to a donor, donor advised funds.       10a       10a       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a       10b       10b         11 Section 501(c)(12) organizations. Enter:       11a       11b       11b       12a         12 Section 501(c)(12) organizations. Enter:       11a       12b       12a       12a       12a         13 Section 501(c)(12) organizations. Enter:       11a       12a       12	С		_		v
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7f       X         n the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8 Sponsoring organizations maintaining donor advised funds.       0id the sponsoring organization make any taxable distributions under section 4966?       9a       9a         b Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10 Section 501(c)(7) organizations. Enter:       10a       10a       9b       9b         11 Section 501(c)(12) organizations. Enter:       11a       11b       12a       12a         12 Section 501(c)(12) organizations. Enter:       11b       12a       12a       14b       12a         13 Section 501(c)(2) organizations. Enter:       11b       12a       12a       12a       12a       12a       12a       12a       12a       14b       12a       12a       14b       12a       12a       12a       12a       1			/c		
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7t       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n       X         8       Sponsoring organizations maintaining donor advised funds.       Did a donor advised funds.       8a         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Did the sponsoring organizations. Enter:       10a       10a       10a         10       destination from members or shareholders       10a       10b       10a       10a         11       Section 501(c)(72) organizations. Enter:       10a       10a       10b       10a       10a         12       Gross income from members or shareholders       11a       10a       1			7.		v
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8 Sponsoring organization nave excess business holdings at any time during the year?       8         9 Sponsoring organization make excess business holdings at any time during the year?       8         9 Did the sponsoring organization make a distribution to a donor advised funds.       9a         10 Bit the sponsoring organization ake a distribution to a donor, donor advisor, or related person?       9a         10 Section 501(c)(7) organizations. Enter:       10a         11 Initiation fees and capital contributions. Enter:       10b         11 Section 501(c)(12) organizations. Enter:       10b         12 Section 501(c)(12) organizations. Enter:       11a         13 Gross income from members or shareholders       11a         14 Bit evergenization file sponsoring organization file roms them one state?       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       11b         13 a       13a         14 Di dive organization is locensed to issue qualified health plans in more than one state?       13a         14 Di dive organization is locensed to issue qualified health plans       13b         13 Di       1					
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       8       8         a       Did the sponsoring organizations maintaining donor advised funds.       9a       9a       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       9b       9b       9c         11       Section 501(c)(12) organizations. Enter:       10b       10b       11a       12a         a       Gross income from members or shareholders       11a       12a       12a         b       Gross income from members or shareholders       11a       12a       12a         12       Section 501(c)(2) qualified nonprofit health insurance issuers.       11b       12a       12a         13       Section 501(c)(2) qualified nonprofit health insurance issuers.       13a       13a       13a         14       Interset received or accrued during the year?       13a       13a       13a       13a         15       Is the organization licensed to issue qu					
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If "Yes," complete Form 4720, Schedule O.					
	16	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.		000	

Form **990** (2018)

Form	990	(2018	١

#### HEALTH RESEARCH ALLIANCE, INC.

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d Disclosure	For each	"Yes" response	to lines 2 through	7b below, a	nd for a "No" res	ponse

Part VI Governance, Management, and to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 14			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
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, or 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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
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	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	Х	
	Other officers or key employees of the organization	15b	-	Х
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
	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		
Sec	tion C. Disclosure	1.0.0		
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990-T (Section 501(c)(3)s	onlv) a	availah	le
	for public inspection. Indicate how you made these available. Check all that apply.			-
	Own website       Another's website       X       Upon request       Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financi	al	
	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			
	ANNETTE HUETTER - 919-867-1678			
	65 T.W. ALEXANDER DRIVE #13605, RESEARCH TRIANGLE PARK, NC 2770	9		

Form 990 (2	018) HEALTH RESEARCH ALLIANCE, INC.	68-0617198	Page
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
	a this table for all paragons required to be listed. Depart companyation for the colondar year anding y	with an within the exception?	a tax yaa

Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)	(B) (C)			(D)	(E)	(F)			
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar I	nd a d I	irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC)		organization and related
	organizations below	ual tr	tional		vold	t con	_			organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) STEPHEN ROSE, PHD	1.00				-	1				
CHAIR		х		x				0.	0.	0.
(2) HEATHER SNYDER, PHD	1.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(3) ELIZABETH MYERS, PHD	1.00									
PAST-CHAIR		Х		Х				0.	0.	0.
(4) LYNNE GARNER, PHD	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) RUSTY KELLEY, PHD	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) MARION GREENUP	1.00									
DIRECTOR		Х						0.	0.	0.
(7) LOUIS J. DEGENNARO, PHD	1.00									-
DIRECTOR		Х						0.	0.	0.
(8) SHANNON GALLAGHER-COLOMBO	1.00									-
DIRECTOR	1 00	Х						0.	0.	0.
(9) LESLIE HEARN	1.00								•	0
DIRECTOR	1 00	X						0.	0.	0.
(10) JOHN KANKI, PHD	1.00								•	0
DIRECTOR	1 00	Х						0.	0.	0.
(11) KEVIN LEE, PHD	1.00								•	0
DIRECTOR	1 00	X						0.	0.	0.
(12) YUNG LIE, PHD	1.00								0	0
DIRECTOR	1 00	X						0.	0.	0.
(13) JILL O'DONNELL-TORMEY, PHD	1.00								0	0
DIRECTOR	1 00	Х						0.	0.	0.
(14) LOUISE PERKINS, PHD DIRECTOR	1.00	x						0.	0.	0
(15) MARYROSE FRANKO, PHD	40.00	<u> </u>						0.	0.	0.
EXECUTIVE DIRECTOR	40.00			x				171,396.	0.	31 100
EAECOIIVE DIRECTOR				<u> </u>				<u> </u>	0.	31,190.
		1								
		1								
	1	I		I				1	I	

Page 7

	<u>990 (2018) HEALTH RI</u>	ESEARCH	AI	ЪI	AN	ICE	1,	IN	IC.	68-061	7198	, P	Page <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	anc	d Hig	ghes	t Co	ompensated Employee	s (continued)			
	(A) Name and title	<b>(B)</b> Average hours per week	box	not cl , unles	Pos heck i ss per	more rson i	than o s both pr/trus	n an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related		<b>(F)</b> Estimati mount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations ion (W-2/1099-MISC)		npensa from th ganizat nd relat ganizat	ne tion ted
			-										
			-										
			-										
							-						
			-										
									171 200			1 1	0.0
с	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							171,396. 0. 171,396.	0 0 0	•	81,1 81,1	0.
2	Total number of individuals (including but n compensation from the organization							o re		000 of reportable			1
												Yes	No
3	Did the organization list any <b>former</b> officer,					•			•				x
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> for s For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from the	he organization	3	x	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	iccrue comper	nsati	on fr	om	any	unre	elate	ed organization or individ	dual for services	5		x
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co the organization. Report compensation for	•	•							•			
	(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	( Comp	<b>C)</b> ensatic	on
2	Total number of independent contractors (in \$100.000 of compensation from the organiz		ot lin	nitec	d to t	thos (		ted	above) who received mo	ore than			

				CH ALLIAN	ICE, INC.		68-0617	198 Page <b>9</b>
Pa	rt VII							
		Check if Schedule O cont	ains a response	or note to any line I	e in this Part VIII (A)	(B)	(C)	[]
					Total revenue	Related or exempt function revenue	Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	501,250.				
a, G Ame	с	Fundraising events						
Gift Jar	d	Related organizations						
imi,	е	5						
er S	f	All other contributions, gifts, gran		110 534				
-jë		similar amounts not included abor		118,534.				
ont nd (	g	Noncash contributions included in lines			619,784.			
<u>0</u> a	n	Total. Add lines 1a-1f		Business Code	019,704.			
Ð	2 a			Busiliess Coue				
Program Service Revenue	b							
Ser	c							
am eve	d							
bogr	е							
Pr	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		▶				
	3	Investment income (including			10 100			1.0.1.0.0
		other similar amounts)			18,498.			18,498.
	4	Income from investment of tax		Г				
	5	Royalties						
	•		(i) Real	(ii) Personal				
	6 a							
	c d	N						
		Gross amount from sales of	(i) Securities	(ii) Other				
	<i>,</i> u	assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
	d	Net gain or (loss)		►				
e	8 a	Gross income from fundraising	0					
enu		including \$						
Sev		contributions reported on line	-					
Other Revenue		Part IV, line 18						
đ								
		Net income or (loss) from func Gross income from gaming ac	-					
	5 d	Part IV, line 19						
	b	Less: direct expenses						
	c							
		Gross sales of inventory, less		F				
		and allowances						
	b	Less: cost of goods sold						
	с	Net income or (loss) from sale	s of inventory	►				
[		Miscellaneous Revenu	e	Business Code				
	11 a							
	b							
	С							
	d	All other revenue						
	e	Total. Add lines 11a-11d			638,282.	0.	0.	18,498.
	12	Total revenue. See instructions		🏲 🛛	000,404.	∣ ∪•∣	υ.	1 10,470.

HEALTH RESEARCH ALLIANCE, Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	<b>(C)</b> Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		ĕxpenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		165 107	1 - 207	22.000
	trustees, and key employees	202,586.	165,107.	15,397.	22,082
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	84,460.	60 025	6 410	0 206
7	Other salaries and wages	04,400.	68,835.	6,419.	9,206
3	Pension plan accruals and contributions (include	10 0/1	9,976.	930.	1 225
~	section 401(k) and 403(b) employer contributions)	<u>12,241.</u> 4,334.	3,532.	329.	<u>1,335</u> 473
9	Other employee benefits	<u>4,334</u> . 18,572.	15,137.	1,411.	2,024
)	Payroll taxes	10,572.	15,157.	1,411.	2,024
1	Fees for services (non-employees):				
a	Management				
b		12,830.		12,830.	
		12,030.		12,030.	
d	, , , , , , , , , , , , , , , , , , ,				
e					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	53,830.	40,726.	11,670.	1,434
~	column (A) amount, list line 11g expenses on Sch O.)	55,050.	40,720.	11,070.	1,434
2	Advertising and promotion	12,998.	10,593.	988.	1,417
3	Office expenses Information technology	99,120.	98,443.	278.	399
4 =	E F	55,120.		270•	
5	Royalties				
6 7		4,228.	4,228.		
	Travel Payments of travel or entertainment expenses	4,220.	4,2201		
3					
`	for any federal, state, or local public officials	29,686.	29,686.		
) \	Conferences, conventions, and meetings	25,000.	27,000•		
) 1	Payments to affiliates				
1 2	Depreciation, depletion, and amortization	10,972.	8,942.	834.	1,196
2 3		2,202.	1,794.	168.	240
5 1	Insurance		±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100.	210
•	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DUES AND FEES	1,212.	988.	92.	132
a b	BANK FEES	300.		300.	
c					
d					
e e	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	549,571.	457,987.	51,646.	39,938
;	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fifthere if following SOP 98-2 (ASC 958-720)				

INC.

HEALTH	RESEARCH	ALLIANCE,	INC.

Part X	Balance Sneet					
	Check if Schedule O contains a response or note	to any li	ne in this Part X			
				(A)		(B)
				Beginning of year		End of year
1			L	16,344.	1	36,206
2	Savings and temporary cash investments			793,236.	2	2,084,539
3	Pledges and grants receivable, net			31,000.	3	30,500
4	Accounts receivable, net				4	
5	Loans and other receivables from current and for	mer offic	ers, directors,			
	trustees, key employees, and highest compensat	ed emplo	oyees. Complete			
	Part II of Schedule L				5	
6	Loans and other receivables from other disqualified	ed perso	ns (as defined under			
	section 4958(f)(1)), persons described in section 4	4958(c)(3	)(B), and contributing			
	employers and sponsoring organizations of section					
,	employees' beneficiary organizations (see instr).		-		6	
2 7 0 0	Notes and loans receivable, net				7	
2 8	Inventories for sale or use				8	
9				9,724.	9	27,553
	a Land, buildings, and equipment: cost or other			•		
	basis. Complete Part VI of Schedule D	10a	80,658.			
	b Less: accumulated depreciation	10b	13,332.	43,543.	10c	67,326
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line 1				12	
13	Investments - program-related. See Part IV, line 1				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equa			893,847.	16	2,246,124
17	Accounts payable and accrued expenses			57,589.	17	35,51
18	Grants payable				18	,
19	Deferred revenue			2,500.	19	
20	Tax-exempt bond liabilities			_,	20	
21	Escrow or custodial account liability. Complete P				21	
200	Loans and other payables to current and former of					
~~~	key employees, highest compensated employees					
22					22	
00	Complete Part II of Schedule L					
23	Secured mortgages and notes payable to unrelat		·····		23	
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities (including federal income tax, pay					
	parties, and other liabilities not included on lines			0.	05	1 200 080
26	Schedule D			60,089.	25 26	<u>1,299,980</u> 1,335,490
20	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958),		oro N X and	00,005.	20	1,333,43
	complete lines 27 through 29, and lines 33 and					
07				784,023.	27	816,340
27	Unrestricted net assets			49,735.	27	94,294
28	Temporarily restricted net assets	ŦJ,/JJ•		J=,2J		
29	Permanently restricted net assets		29			
	Organizations that do not follow SFAS 117 (AS	iC 950), i				
	and complete lines 30 through 34.				00	
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or equ				31	
27 28 29 30 31 32 33	Retained earnings, endowment, accumulated inc			022 750	32	010 63
100	Total net assets or fund balances			833,758.	33	910,634
34	Total liabilities and net assets/fund balances			893,847.	34	2,246,124

Form **990** (2018)

# Form 990 (2018) Part X Balance Sheet

	1990 (2018) HEALTH RESEARCH ALLIANCE, INC.	68-061	7198	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	638		
2	Total expenses (must equal Part IX, column (A), line 25)	2	549		
3	Revenue less expenses. Subtract line 2 from line 1	3			11.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	833		
5	Net unrealized gains (losses) on investments	5	- 5	,83	35.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	- 6	,00	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			_	
	column (B))	10	910	,63	34.
Ра	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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 in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_	<u>X</u>
	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 Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			37
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

SCHEDULE A
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-	EZ)
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#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name	lame of the organization Employer identification number								
		HEAL	TH RESEARCH	H ALLIANCE, I	INC.			6	8-0617198
Par	tl	Reason for Public (	Charity Status 🖟	All organizations must co	omplete thi	is part.) Se	e instructions	i.	
The o	rgani	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only o	one box.)			
1 [		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).		
2 [		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
з [		A hospital or a cooperative					i).		
4 [		A medical research organiz						(iii). Enter	the hospital's name,
		city, and state:							
5 [		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6 [		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7 [	Х	An organization that norma	lly receives a substar	ntial part of its support fi	rom a gove	rnmental	unit or from th	e general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)		-				
8 [		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Par	t II.)				
9 [		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	nction with a	land-grant	college
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:				-		-	
10 [		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	oort from c	ontributio	ns, membersł	nip fees, an	d gross receipts from
		activities related to its exem	npt functions - subjec	t to certain exceptions,	and (2) no	more thar	1 33 1/3% of it	s support f	from gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11 [		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	)9(a)(4).		
12 [		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). (	Check the box in
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	olete lines	12e, 12f, and	12g.	
а		<b>Type I.</b> A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting
		organization. You must o	complete Part IV, Se	ctions A and B.					
b		] Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		] Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	nd functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d		] Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	bution rec	uirement and	an attentiv	/eness
		requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type	I, Type III	
		functionally integrated, or	Type III non-functior	nally integrated supporting	ng organiz	ation.			
f	Ente	r the number of supported o	organizations						
g		ride the following information			(iv) Is the orga	nization listed			
	(1	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	2	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see if	istructions)	support (see instructions)
Total									

### Schedule A (Form 990 or 990-EZ) 2018 HEALTH RESEARCH ALLIANCE, INC. 68-0617 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

68-0617198 Page 2

(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	<b>(e)</b> 2018	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	410,532.	498,125.	646,031.	484,912.	619,784.	2659384.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	410,532.	498,125.	646,031.	484,912.	619,784.	2659384.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						215,625.
6	Public support. Subtract line 5 from line 4.						2443759.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
	Amounts from line 4	410,532.	498,125.	646,031.	484,912.	619,784.	2659384.
	Gross income from interest,	,			,		
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,570.	3,967.	8,749.	12,084.	18,498.	46,868.
٩	Net income from unrelated business		.,	• • • • • • • •	,		
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	<b>Total support.</b> Add lines 7 through 10						2706252.
	Gross receipts from related activities,		(no)			12	2700252.
	First five years. If the Form 990 is for	•	,	l fourth or fifth to			
13	organization, check this box and stor				-		
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2018 (I			olumn (f))		14	90.30 %
	Public support percentage from 2017			<i>()</i>		15	90.84 %
	33 1/3% support test - 2018. If the c						
104	stop here. The organization qualifies	-					
h	33 1/3% support test - 2017. If the c		•			or more, check thi	
U.							
17-	and stop here. The organization qual 10% -facts-and-circumstances test					14  is  10%	
17a							
	and if the organization meets the "fac			-		-	
	meets the "facts-and-circumstances"	-				7	
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th						·
	organization meets the "facts-and-circ		•	-			
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	na see instructions	

Schedule A (Form 990 or 990-EZ) 2018

#### Schedule A (Form 990 or 990-EZ) 2018 HEALTH RESEARCH ALLIANCE, INC. 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.)

Se	ction A. Public Support	<u></u>					
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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 per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
Ċ	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support					•	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	• Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		first second 41			E01(c)(0)	
14	First five years. If the Form 990 is for	•			-		
Se	check this box and stop here ction C. Computation of Publi	c Support Per					
	Public support percentage for 2018 (I	• •	•	column (f))		15	%
16	Public support percentage from 2017		•			16	% %
	ction D. Computation of Inves						/0
	Investment income percentage for 20			ne 13. column (f))		17	%
18	Investment income percentage from					18	%
	a 33 1/3% support tests - 2018. If the					· · ·	
	more than 33 1/3%, check this box ar						
k	o 33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

#### Schedule A (Form 990 or 990-EZ) 2018 HEALTH RESEARCH ALLIANCE, INC.

#### 68-0617198 Page 4

1

2

3a

3b

3c

4a

Yes

No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 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.
- 2 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in 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 in 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 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.)

## Schedule A (Form 990 or 990-EZ) 2018 HEALTH RESEARCH ALLIANCE, INC. Part IV Supporting Organizations (continued)

			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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions,		
2	Activities Test. Answer (a) and (b) 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 in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	<b>0</b> L		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
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? Dravide details is <b>Part VI</b>	20		
h	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
u	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	้วม		

Schedule A (Form 990 or 990-EZ) 2018

Sche	edule A (Form 990 or 990-EZ) 2018 HEALTH RESEARCH ALLIANCE	, IN	IC.	68-0617198 Page 6			
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. All			
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
с	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	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 1-1/2% of line 3 (for greater amount,						
	see instructions)	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by .035	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions)	6					

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

7

instructions).

#### Schedule A (Form 990 or 990-EZ) 2018 HEALTH RESEARCH ALLIANCE, INC.

Section D - Distributions         1       Amounts paid to supported organizations to accomplish exempt purposes         2       Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity         3       Administrative expenses paid to accomplish exempt purposes of supported organization         4       Amounts paid to acquire exempt-use assets         5       Qualified set-aside amounts (prior IRS approval required)         6       Other distributions (describe in Part VI). See instructions.         7       Total annual distributions. Add lines 1 through 6.	ons	Current Year
<ul> <li>2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</li> <li>3 Administrative expenses paid to accomplish exempt purposes of supported organization</li> <li>4 Amounts paid to acquire exempt-use assets</li> <li>5 Qualified set-aside amounts (prior IRS approval required)</li> <li>6 Other distributions (describe in Part VI). See instructions.</li> </ul>	ons	
organizations, in excess of income from activity         3       Administrative expenses paid to accomplish exempt purposes of supported organization         4       Amounts paid to acquire exempt-use assets         5       Qualified set-aside amounts (prior IRS approval required)         6       Other distributions (describe in Part VI). See instructions.	ons	
<ul> <li>3 Administrative expenses paid to accomplish exempt purposes of supported organization</li> <li>4 Amounts paid to acquire exempt-use assets</li> <li>5 Qualified set-aside amounts (prior IRS approval required)</li> <li>6 Other distributions (describe in <b>Part VI</b>). See instructions.</li> </ul>	ons	
<ul> <li>4 Amounts paid to acquire exempt-use assets</li> <li>5 Qualified set-aside amounts (prior IRS approval required)</li> <li>6 Other distributions (describe in Part VI). See instructions.</li> </ul>	ons	
<ul> <li>5 Qualified set-aside amounts (prior IRS approval required)</li> <li>6 Other distributions (describe in <b>Part VI</b>). See instructions.</li> </ul>		
6 Other distributions (describe in <b>Part VI</b> ). See instructions.		
7 Total annual distributions. Add lines 1 through 6.		
8 Distributions to attentive supported organizations to which the organization is responsiv	ve	
(provide details in <b>Part VI</b> ). See instructions.		
9 Distributable amount for 2018 from Section C, line 6		
10 Line 8 amount divided by line 9 amount		
(i)	(ii)	(iii)
Section E - Distribution Allocations (see instructions) Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6		
2 Underdistributions, if any, for years prior to 2018 (reason-		
able cause required- explain in <b>Part VI</b> ). See instructions.		
3 Excess distributions carryover, if any, to 2018		
a From 2013		
<b>b</b> From 2014		
c From 2015		
d From 2016		
e From 2017		
f Total of lines 3a through e		
g Applied to underdistributions of prior years	-	
h Applied to 2018 distributable amount		
i Carryover from 2013 not applied (see instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2018 from Section D,		
line 7: \$		
a Applied to underdistributions of prior years		
b Applied to 2018 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h		
and 4b from line 1. For result greater than zero, explain in		
Part VI. See instructions.		
7 Excess distributions carryover to 2019. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2014		
b Excess from 2015		
c Excess from 2016		
d Excess from 2017		
e Excess from 2018		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	A (Form 990 or 990-EZ) 2018 HEALTH RESEARCH ALLIANCE, INC. 68-0617	198 F	Page 8
Part VI		e 12; Section C	

### Schedule A

### Identification of Excess Contributions Included on Part II, Line 5

68-0617198

#### 2018

	** Do Not File **	
***	Not Open to Public Inspection	***

Contributor's Name	Total Contributions	Excess Contributions
BURROUGHS WELLCOME FUND	97,500.	43,375.
DORIS DUKE CHARITABLE FOUNDATION	92,500.	38,375.
HELMSLEY CHARITABLE TRUST	125,000.	70,875.
SIMONS FOUNDATION	105,000.	50,875.
W.M. KECK FOUNDATION	66,250.	12,125.
Fotal Excess Contributions to Schedule A, Part II, Line 5		215,625.

#### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue <u>Service</u>

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY \*\*

### Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

Н	EALTH RESEARCH ALLIANCE, INC.	68-0617198					
Organization type (check	Organization type (check one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> 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						

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

501(c)(3) taxable private foundation

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**

X 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

HEALTH RESEARCH ALLIANCE, INC.

Name of organization

Employer identification number

68-0617198

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		\$ <u>25,000.</u>	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
2		\$ <u>25,000.</u>	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		\$ <u>12,500.</u>	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
4		\$ <u>37,500.</u>	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
5		\$ <u>25,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

68-0617198

HEALTH RESEARCH ALLIANCE, INC.

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$18,750.	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
8		\$ <u>37,500.</u>	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
9		\$ <u>25,000.</u>	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
		\$ <u>25,000.</u>	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
		\$ <u>27,500.</u>	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Employer identification number

68-0617198

HEALTH RESEARCH ALLIANCE, INC.

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

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	ii if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(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
		   \$	

Name of or	ganization		Employer identification number
HEALTH	H RESEARCH ALLIANCE, ING	2.	68-0617198
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	ions to organizations described in s ) through (e) and the following line e	esection 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 o	or less for the year. (Enter this info. once.) 🕨 \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F		(e) Transfer of g	gift
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F		(e) Transfer of g	gift
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of g	gift
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of g	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
		[	

Department of the Treasury

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.



Interna	Revenue Service Go to www.irs.gov/Form	990 for instructions and the latest information	on.	Inspection		
Nam	e of the organization		Employer identification num			
	HEALTH RESEARCH A	LLIANCE, INC.		8-0617198		
Pa			Accounts.	Complete if the		
	organization answered "Yes" on Form 990, Part IV,					
		(a) Donor advised funds	(b) Funds an	d other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	-				
	are the organization's property, subject to the organization'			Yes No		
6	Did the organization inform all grantees, donors, and donor					
	for charitable purposes and not for the benefit of the donor		•			
Pa	impermissible private benefit?		<u></u>	Yes No		
			IV, line 7.			
1	Purpose(s) of conservation easements held by the organiza					
	Preservation of land for public use (e.g., recreation or					
	Protection of natural habitat	Preservation of a certifie	a historic struct	ure		
•	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qua	almed conservation contribution in the form of a				
-	day of the tax year.			at the End of the Tax Year		
a L						
b		tructure included in (a)				
ر ام	Number of conservation easements on a certified historic s		20			
d	Number of conservation easements included in (c) acquired		2d			
3	listed in the National Register Number of conservation easements modified, transferred, r			a tho tax		
3	year	eleased, extinguished, or terminated by the org	janization duning	y the tax		
4	Number of states where property subject to conservation e	asement is located				
5	Does the organization have a written policy regarding the p					
J	violations, and enforcement of the conservation easements			Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting					
•				o dannig the your		
7	Amount of expenses incurred in monitoring, inspecting, ha	ndling of violations, and enforcing conservation	easements dur	ing the year		
-	► \$			ing the year		
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 170(h)(4	.)(B)(i)			
	and section 170(h)(4)(B)(ii)?			Yes No		
9	In Part XIII, describe how the organization reports conserva					
	include, if applicable, the text of the footnote to the organiz	ation's financial statements that describes the	organization's a	accounting for		
	conservation easements.		-	-		
Pa	t III Organizations Maintaining Collections	of Art, Historical Treasures, or Othe	r Similar As	sets.		
	Complete if the organization answered "Yes" on For	m 990, Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS 116 (A	ASC 958), not to report in its revenue statement	and balance sh	neet works of art,		
	historical treasures, or other similar assets held for public e	xhibition, education, or research in furtherance	of public servic	e, provide, in Part XIII,		
	the text of the footnote to its financial statements that desc	cribes these items.				
b	If the organization elected, as permitted under SFAS 116 (A	ASC 958), to report in its revenue statement and	d balance sheet	works of art, historical		
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of public	service, provide	e the following amounts		
	relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$			
2	If the organization received or held works of art, historical to	reasures, or other similar assets for financial ga	in, provide			
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1		▶ \$			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18

\$

Sche		RESEARCH A						68-06			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Histori	cal Tre	easures, o	r Othe	r Simila	r Assets	s (contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check an	y of the	following that	t are a si	gnificant ι	use of its c	ollection	items	
	(check all that apply):										
а	Public exhibition	d	l 🗌 Loa	n or exc	change progra	ams					
b	Scholarly research	е	e 🗌 Oth	er							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how they t	urther th	he organizatio	on's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the or	ganizatio	on answered '	"Yes" or	n Form 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Pa			-							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for con	tribution	s or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII							_			
									Amoun	t	
с	Beginning balance						1c				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance						. <b>1</b> f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for esci	ow or cu	ustodial acco	unt liabi	lity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization an	swered "Ye	s" on Fo					1		
		(a) Current year	(b) Prior	year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
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		e (line 1g, co	olumn (a	l)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment										
	The percentages on lines 2a, 2b, and 2c show										
За	Are there endowment funds not in the posse	ssion of the organiza	ation that an	e held ai	nd administer	red for th	ne organiz	ation	ſ		••
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
		Alexandria di secondaria di							3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment fund	S.							
1 41	Complete if the organization answere		) Dort IV/ lin	0 1 1 0 5	Soo Earm 000	Dort V	lino 10				
	Description of property		ŕ			, , , ,		ad	(d) Boo		
	Description of property	(a) Cost or o basis (investr		. ,	t or other (other)		ccumulat		( <b>a)</b> 600	k valu	е
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			8	80,658.		13,3	32.	6	7,3	26.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X. column (</u>	3) <u>, line 1</u>	0c.)	<u></u>			6	7,3	26.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 HEALTH RESE	ARCH ALLIAN	ICE, INC.	68	-0617198 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, (b) Book value			d-of-year market value
				-or-year market value
(1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►				
Part VIII Investments - Program Related.		L		
Complete if the organization answered "Yes"	on Form 990, Part IV.	line 11c. See Form 990, I	Part X, line 13.	
(a) Description of investment	(b) Book value			d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►				
Part IX Other Assets.				
Complete if the organization answered "Yes"		line 11d. See Form 990, I	Part X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	·			
Complete if the organization answered "Yes"	on Form 990, Part IV,		990, Part X, line 25	
I. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
	ABORATIVE			
(3) AGENCY FUND		1,299,980.		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				

1,299,980. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2018 HEALTH RESEARCH ALLIANCE,	INC.		68-06	517198	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	nents With F	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	632	,447.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-5,835.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	-5	<u>,835.</u>
3	Subtract line 2e from line 1			3	638	,282.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	638	,282.
Pa	t XII Reconciliation of Expenses per Audited Financial State		Expenses per F	Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	2a.				
1	Total expenses and losses per audited financial statements			1	555	<u>,571.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a		-		
b	Prior year adjustments	2b		-		
С	Other losses	2c	6,000.	-		
d	Other (Describe in Part XIII.)				_	
е	Add lines 2a through 2d			2e	6	,000.
3	Subtract line 2e from line 1			3	549	,571.
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.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	549	,571.
Pa	t XIII Supplemental Information.					

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

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	2018		,
	-	Compensated Employees		ZU	10	)
Denar	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization			identificatio		mber
De		HEALTH RESEARCH ALLIANCE, INC.	68-0	0617198	8	
Pa	rt I Question	s Regarding Compensation				
	<b>O</b> I <b>I I I</b>				Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	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)						
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
D.				1b		
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
-	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if ar	ny, of the following the filing organization used to establish the compensation of the organiza	tion's			
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation	committee Written employment contract				
	Independent of	ompensation consultant X Compensation survey or study				
	X Form 990 of o	ther organizations X Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а		e payment or change-of-control payment?				X
b		ceive payment from, a supplemental nonqualified retirement plan?				X
с		ceive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	<b>0</b> 1 <b>5</b> 044					
F		)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
а	contingent on the r			5a		x
		ation?				X
U		r 5b, describe in Part III.		50		
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
Ŭ	contingent on the n					
а	-			6a		x
		ation?				X
		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;			
		ies 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
				8		X
9		d the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?	<u></u>	9		
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n <b>990</b> )	) 2018

Schedule J (Form 990) 2018

68-0617198

Page 2

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation				(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i) <sup>-</sup> (D)	reported as deferred on prior Form 990
(1) MARYROSE FRANKO, PHD	(i)	171,396.	0.	0.	25,757.	5,433.	202,586.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

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

Schedule J (Form 990) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

INC.



68-0617198

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

HEALTH RESEARCH ALLIANCE,

TO ACHIEVE ITS MISSION, HRA:

FOSTERS OPEN COMMUNICATION AND COLLABORATION AMONG AND BETWEEN

FUNDERS AND THE BROADER RESEARCH COMMUNITY

COLLECTS AND SHARES COMPREHENSIVE DATA AND ANALYSIS ABOUT NONPROFIT

FUNDING FOR BIOMEDICAL RESEARCH AND TRAINING

PROVIDES LEADERSHIP, KNOWLEDGE, TOOLS, AND OPPORTUNITIES TO PROMOTE

INNOVATIVE AND EFFECTIVE GRANTMAKING

ADDRESSES ISSUES THAT ARE KEY TO ACCELERATING RESEARCH DISCOVERY AND

ITS TRANSLATION

CORE VALUES:

WE ENABLE EACH ORGANIZATION AND THE RESEARCH COMMUNITY IMPACT:

COLLECTIVELY TO ENHANCE THE EFFECTIVENESS OF BIOMEDICAL RESEARCH.

COLLABORATE: WE OPENLY SHARE INFORMATION, EXPERIENCE AND KNOWLEDGE,

AND WORK TOGETHER TO ACHIEVE OUR SHARED GOALS.

INNOVATE: WE FOSTER NOVEL APPROACHES TO ADDRESS CHALLENGES IN

BIOMEDICAL RESEARCH

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

RECOMMENDATIONS, IDENTIFY RESOURCES, OR FACILITATE DISCUSSION ABOUT

WHAT'S NEXT.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE HAS BROAD AUTHORITY DELEGATED BY THE BOARD UNDER

HRA BYLAWS. THE EXECUTIVE COMMITTEE IS COMPOSED OF ALL OFFICERS (CHAIR

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization HEALTH RESEARCH ALLIANCE, INC.	Employer identification number 68-0617198
VICE CHAIR, SECRETARY, TREASURER, PAST CHAIR) PLUS THE EXE	CUTIVE DIRECTOR
AND ONE AT-LARGE MEMBER FROM THE BOARD. HRA BYLAWS GIVE T	HE EXECUTIVE
COMMITTEE "GENERAL SUPERVISION OF THE AFFAIRS OF THE CORPO	RATION BETWEEN
MEETINGS OF THE BOARDAND SHALL ACT WITH THE AUTHORITY O	F THE BOARD OF
DIRECTORS IN THE MANAGEMENT OF THE CORPORATION." THE EXEC	UTIVE COMMITTEE
HAS NO AUTHORITY IN THE FOLLOWING MATTERS:	
(A) THE AUTHORIZATION OF DISTRIBUTIONS	
(B) THE DISSOLUTION OR MERGER OF THE ORGANIZATION OR THE S	ALE OF
ORGANIZATION'S ASSETS	
(C) ELECTION OR REMOVAL OF DIRECTORS OR FILING OF VACANCIE	S ON THE BOARD
(D) HIRING/TERMINATION OF EXECUTIVE DIRECTOR	
(E) CHANGES IN ARTICLES/BYLAWS	
FORM 990, PART VI, SECTION A, LINE 6:	
THE ORGANIZATION DOES HAVE ORGANIZATIONAL MEMBERS THAT PAY	YEARLY DUES.
ALTHOUGH ONLY REPRESENTATIVES FROM MEMBER ORGANIZATIONS AR	E ELIGIBLE TO
PARTICIPATE IN HRA'S GOVERNING BODY, BEYOND THAT MEMBERS D	O NOT HAVE THE
RIGHT TO PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE OR T	O RECEIVE
DISTRIBUTIONS OF INCOME OR ASSETS FROM THE ORGANIZATION.	THEREFORE, THE
ORGANIZATION DOES NOT HAVE MEMBERS ACCORDING TO THE DEFINI	TION OF "MEMBER"
IN THE FORM 990 INSTRUCTIONS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
HRA POLICY G-3 (POLICY REGARDING BOARD OF DIRECTORS' REVIE	W OF THE HEALTH
RESEARCH ALLIANCE'S IRS FORM 990) SPECIFIES THAT THE FINAN	CE COMMITTEE
REVIEW THE HEALTH RESEARCH ALLIANCE'S IRS FORM 990 OR FORM	990EZ AND
PRESENT A RECOMMENDATION TO THE FULL BOARD OF DIRECTORS FO	R APPROVAL. THIS
RECOMMENDATION AND AN ELECTRONIC COPY OF THE IRS FORM 990	OR FORM 990EZ

 RECOMMENDATION AND AN ELECTRONIC COPY OF THE IRS FORM 990 OR FORM 990EZ

 832212 10-10-18

 Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization HEALTH RESEARCH ALLIANCE, INC.	Employer identification number 68-0617198
WILL BE PROVIDED TO EACH DIRECTOR APPROXIMATELY THREE WEEK	S PRIOR TO THE
DATE THE RETURN WILL BE FILED. DIRECTORS WILL BE GIVEN FI	VE DAYS TO REVIEW
THE FORM AND TO ASK QUESTIONS. AFTER THE REVIEW PERIOD, A	ND INCORPORATION
OF COMMENTS, ALL DIRECTORS MUST VOTE ON ACCEPTANCE OF THE	FORM AS
PRESENTED. VOTING BY EMAIL OR BY CONFERENCE CALL IS ACCEP	TABLE.

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

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD-DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT. TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC REVIEWS SHALL BE CONDUCTED. IN ADDITION, IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

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

THE EXECUTIVE COMMITTEE OF THE HRA BOARD OF DIRECTORS SERVES AS THE COMPENSATION COMMITTEE FOR THE PURPOSE OF ESTABLISHING THE COMPENSATION OF THE EXECUTIVE DIRECTOR. CHANGES IN THE SALARY OF THE EXECUTIVE DIRECTOR ARE DETERMINED AT A MEETING OF THE COMPENSATION COMMITTEE BASED ON THE RESULTS OF THE PERFORMANCE APPRAISAL, CHANGES IN THE SCOPE OF THE ROLE AND DUTIES OF THE EXECUTIVE DIRECTOR, CHANGES IN THE COMPLEXITY OF THE

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization HEALTH RESEARCH ALLIANCE, INC.	Employer identification number 68-0617198
ENVIRONMENT IN WHICH THE ORGANIZATION OPERATES, AND AVAILA	BLE RESOURCES.
THE EXECUTIVE COMMITTEE USES MARKET DATA FROM SIMILAR ORGA	NIZATIONS TO
PERFORM PERIODIC MARKET REASSESSMENTS OF THE COMPENSATION	LEVEL FOR THE
EXECUTIVE DIRECTOR POSITION EVERY THREE YEARS, OR MORE OFT	EN IF NEEDED.
FORM 990, PART VI, SECTION C, LINE 19:	
ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND F	INANCIAL
STATEMENTS ARE AVAILABLE UPON WRITTEN REQUEST AT THE OFFIC	E OF THE
ORGANIZATION.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS ON UNCOLLECTABLE PLEDGE	-6,000.

(Rev. January 2019)

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

Department of the Treasury Internal Revenue Service

►	File a	separate	application	for each	return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

				Enter filer's identifying number			
Type or	e or Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) or		
print	HEALTH RESEARCH ALLIANCE, I	68-0617198 Social security number (SSN)					
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions.						
instructions.	City, town or post office, state, and ZIP code. For a for RESEARCH TRIANGLE PARK, NC	oreign addi 2770					
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)				
Applicati	on	Return	Application		Return		
ls For		Code	ls For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	)-BL	02	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990	)-PF	04	Form 5227			10	
Form 990	)-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	)-T (trust other than above)	06	Form 8870			12	
	ANNETTE HUETTEF		5 T.W. ALEXANDER DR	IVE #	13605 -		
<ul> <li>If the c</li> <li>If this</li> <li>box  <ul> <li>If this</li> </ul> </li> <li>1 I re the the p</li> </ul>	quest an automatic 6-month extension of time until organization named above. The extension is for the orga X calendar year 2018 or	Group Exe and atta NOVEM anization's , an	mption Number (GEN) I ch a list with the names and EINs of MBER 15, 2019 , to file return for: d ending	f this is fo all memb	r the whole gro ers the extension opt organizatio	ion is for.	
any	nis application is for Forms 990-BL, 990-PF, 990-T, 4720, v nonrefundable credits. See instructions.			<u>3a</u>	\$	0.	
b If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			•	
est	imated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa	-				•	
usi	ng EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3c	\$	0.	
Caution: instructio	If you are going to make an electronic funds withdrawal ns.	(direct det	bit) with this Form 8868, see Form 84	153-EO an	d Form 8879-E	EO for payment	
LHA F	or Privacy Act and Paperwork Reduction Act Notice, MAIL TO: DEPARTMENT INTERNAL R OGDEN, UT	OF I REVENU	'HE TREASURY JE SERVICE CENTER		Form <b>88</b>	<b>68</b> (Rev. 1-2019)	