

Form	990
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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest infor			formation.	Inspection			
		2023 calendar year, or tax year b	eginning	and	d ending	-	
	heck if pplicable:	C Name of organization				D Employer identific	ation number
X	X Address HEALTH RESEARCH ALLIANCE, INC.						
	Name change	Doing business as	· · · ·			68-061719	8
	Initial return	Number and street (or P.0. bo	x if mail is not delivered to stree	t address)	Room/suite	E Telephone number	
	Final return/	3110 EDWARDS MI		,	300	512-934-3	164
	termin- ated	City or town, state or province	e, country, and ZIP or foreign	n postal code	•	G Gross receipts \$	583,743.
	Amende return		612			H(a) Is this a group ret	
	Applica- tion	F Name and address of principa	al officer: JENNA HICH	(S		for subordinates?	
	pending	SAME AS C ABOVE				H(b) Are all subordinates inc	
11	ax-exer	npt status: X 501(c)(3) 5	01(c) () (insert no	.) 4947(a)(1)) or 527	If "No," attach a li	ist. See instructions
٦ /	Vebsite	WWW.HEALTHRA.OF	.G			H(c) Group exemption	number
KF	orm of o	rganization: 🚺 Corporation	Trust Association	Other	L Year	of formation: 2005 M	State of legal domicile: NC
		Summary					
	1 B	riefly describe the organization's n	nission or most significant a	ctivities: COM	IITTED	TO MAXIMIZIN	G THE
Governance		MPACT OF BIOMEDIC					
nai	2 C	heck this box if the org	anization discontinued its op	perations or dispo	osed of more	than 25% of its net asse	ets.
Nel	3 N	umber of voting members of the g	overning body (Part VI, line	1a)		3	14
	4 N	umber of independent voting men	bers of the governing body				14
کە ي		otal number of individuals employe					3
Activities &		otal number of volunteers (estimat					50
cti		otal unrelated business revenue fr					0.
<		et unrelated business taxable inco					0.
						Prior Year	Current Year
đ	8 C	ontributions and grants (Part VIII,	line 1h)			656,370.	556,451.
nu	9 P	rogram service revenue (Part VIII,	line 2g)			0.	0.
Revenue	10 Ir	vestment income (Part VIII, colum	n (A), lines 3, 4, and 7d)			4,387.	27,292.
£	11 0	ther revenue (Part VIII, column (A)	, lines 5, 6d, 8c, 9c, 10c, and	d 11e)		0.	0.
	12 T	otal revenue - add lines 8 through	11 (must equal Part VIII, colu	umn (A), line 12)		660,757.	583,743.
	13 G	rants and similar amounts paid (P	art IX, column (A), lines 1-3)			0.	0.
	1 4 B	enefits paid to or for members (Pa	rt IX, column (A), line 4)			0.	0.
ŝ	15 S	alaries, other compensation, empl	oyee benefits (Part IX, colum	nn (A), lines 5-10)		386,741.	484,727.
nse	16a P	rofessional fundraising fees (Part I	X, column (A), line 11e)			0.	0.
Expenses	bТ	alaries, other compensation, empl rofessional fundraising fees (Part I otal fundraising expenses (Part IX,	column (D), line 25)	95,7	/14.		
ш	17 O	ther expenses (Part IX, column (A)	, lines 11a-11d, 11f-24e)			187,771.	224,019.
		otal expenses. Add lines 13-17 (m				574,512.	708,746.
		evenue less expenses. Subtract li	1e 18 from line 12			86,245.	-125,003.
Net Assets or Fund Balances					Be	ginning of Current Year	End of Year
sets	20 T	otal assets (Part X, line 16)				922,553.	819,243.
As	21 T	otal liabilities (Part X, line 26)				27,900.	37,718.
Let	22 N	et assets or fund balances. Subtra	act line 21 from line 20	<u></u>		894,653.	781,525.
	irt II	Signature Block					

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

Sign	Signature of officer			Date				
Here JENNA HICKS, ASSISTANT DIRECTOR								
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN			
Paid	SCOTT SEBBO	SCOTT SEBBO	08/13	/24 self-employed	P0144440	0		
Preparer	Firm's name MPCOMPANY LLP			Firm's EIN 56-	1945391			
Use Only	Firm's address 4600 MARRIOTT DRI	VE SUITE 300						
	RALEIGH, NC 27612 Phone no.919-836-9200							
May the I	ay the IRS discuss this return with the preparer shown above? See instructions							
LHA For	Paperwork Reduction Act Notice, see the separ	rate instructions. 332001 12-21-23			Form 990 ((2023)		

Form	1990 (2023) HEALTH RESEARCH ALLIANCE, INC.	68-061719	8 Page 2
Pa	rt III Statement of Program Service Accomplishments		9
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE HEALTH RESEARCH ALLIANCE (HRA), A COLLABORATIVE MEME	BER	
	ORGANIZATION OF NONPROFIT RESEARCH FUNDERS, IS COMMITTED		ZING
	THE IMPACT OF BIOMEDICAL RESEARCH TO IMPROVE HUMAN HEALT		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-		<u> </u>	Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	 ,	Yes X No
U	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expen	505
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
	revenue, if any, for each program service reported.	is, the total expense	s, anu
40	114 017		
4a	(Code:) (Expenses \$114,217. including grants of \$) (Reve CONVENE MEMBERSHIP TO FOSTER COMMUNICATION AND COLLABORA)
	HRA IS AN INCLUSIVE AND DIVERSE COMMUNITY THAT PROVIDES		D
	SHARING EFFECTIVE PRACTICES AND TOOLS, ALONG WITH A SAFE		
	LEARNING FROM FAILURES. LEARNING FROM EACH OTHER ULTIMAT		
	MEMBERS IMPROVE THEIR ORGANIZATIONS AND BUILD THEIR CAPA		
	CONVENES BOTH IN-PERSON (HYBRID) AND VIRTUAL MEMBERS MEE		
	INCLUDING REMOTE ATTENDEES IN OUR IN-PERSON (HYBRID) MEE		
	HOSTING COMPLETELY VIRTUAL MEETINGS, ENABLES PARTICIPATI		ERS
	WHO WOULDN'T NORMALLY HAVE THE OPPORTUNITY TO ATTEND IN-		THOS
	RESULTING IN AN INCREASE FROM ABOUT 100 ATTENDEES AT IN-		
	TO ZOOM MEETINGS WITH 200 MEMBERS ATTENDING SOME OF THE		
	HOST A MEMBERS MEETING TWICE A YEAR, AND THE AGENDAS ARE		Y A
4b	(Code:) (Expenses \$157, 477. including grants of \$) (Reve)
	SUPPORT INFRASTRUCTURE AND PRACTICES TO SHARE RESEARCH,	DATA, AND	
	ANALYSIS.		
	HRA'S CURRENT STRATEGIC PLAN SETS OUT 4 GOALS AND STRATE		
		NUE TO IMPL	
	AND USE TO EVALUATE PROGRESS TOWARD THE PLAN. MANY OF TH		
	RECOMMENDED INVOLVE SUPPORTING HRA'S INFRASTRUCTURE AND		
	SHARE RESEARCH, DATA, AND ANALYSIS. FOR EXAMPLE, HRA ANA		RAS
	PROPRIETARY DATABASE THAT PROVIDES DATA-DRIVEN ANALYSIS		TOPO
	MEMBERS TO BETTER UNDERSTAND THE IMPACT OF THEIR GRANTMA		ICES,
	AS WELL AS PERFORM LANDSCAPE ANALYSES TO UNDERSTAND THE		2.310
	BIOMEDICAL RESEARCH FUNDING LANDSCAPE. HRA HOSTS FREQUE		AND
	LEARN" SESSIONS TO HELP HRA MEMBERS UNDERSTAND THE VALUE		
4c	(Code:) (Expenses \$ 232,526. including grants of \$) (Reve)
	GATHER AND DISSEMINATE KNOWLEDGE TO FOSTER INNOVATIVE GE	CANTMAKING	AND
	ADDRESS CHALLENGES IN BIOMEDICAL RESEARCH.		
	GOAL 2 OF HRA'S STRATEGIC PLAN "DRIVE INSTITUTIONAL LEAF		
	INCREASE MEMBER ORGANIZATIONS' EFFECTIVENESS" SPECIFICAL		
	ACCOMPLISHMENT, THOUGH MANY OTHER PARTS OF THE PLAN CONT		
	HRA GATHERS AND DISSEMINATES KNOWLEDGE TO FOSTER INNOVAT		
	AND ADDRESS CHALLENGES IN BIOMEDICAL RESEARCH BY PROVID		HIP,
	KNOWLEDGE, TOOLS, AND OPPORTUNITIES TO COLLABORATE AND I		
	EFFECTIVE GRANTMAKING STRATEGIES. WE USE HRA'S LISTSERV		
	HRA MEMBERS TO SEEK GUIDANCE, ASK QUESTIONS, AND POSE CH		
	FELLOW MEMBERS OUTSIDE OF FORMAL GROUPS OR MEETINGS. HRA		NG
	COMMUNITIES" ALSO PROVIDE LEADERSHIP, KNOWLEDGE, TOOLS,	AND	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 504,220.		

Form	990	(2023)

 Form 990 (2023)
 HEALTH RESEARCH ALLIANCE, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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		X
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		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_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			
	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	X	
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		<u> </u>
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		<u> </u>
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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_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		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Part IV	Checklis	st of Required Sc	hedules _{(co}	ntinued)
Form 990 (RESEARC	

			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	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
	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			
	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	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 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		x	
28					
20	instructions for applicable filing thresholds, conditions, and exceptions):				
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>				
a		28a		x	
Ь	"Yes," complete Schedule L, Part IV	28b		X	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200			
U		28c		x	
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	200		X	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		- 23	
30		30		x	
24	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X	
31		31		- 22	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	32		x	
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 22	
33		0		x	
24	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	24		x	
05 -	Part V, line 1	34		X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a			
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5%			
~~	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?			v	
~=	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			v	
	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 on Schedule O for Part VI, lines 11b and 19?		37		
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х		
ra					
	Check if Schedule O contains a response or note to any line in this Part V				
-			Yes	No	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	-			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	990 (2023) HEALTH RESEARCH ALLIANCE, INC. 68-0617	198	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f				
g				
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8				
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	-		
u	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12-	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

Form	990	(2023)

HEALTH RESEARCH ALLIANCE, INC.

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Part VI	Governance, Management, and Disclosure. For each "Yes" resp	oonse to lines 2 through 7b below, and for a "No" response
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	
		77

_						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	<u>1a</u>	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 on Schedule 0.		1 4			
b	Enter the number of voting members included on 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	o with a	iny other			37
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			v
				3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6 70	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap			0		
7a				7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			<u>1a</u>		
b				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			10		
a	The governing body?	-	•	8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	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	/ befor	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," d	escribe			
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	<u> </u>
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 approva	i by ind	iepenaent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			15-	х	
	The organization's CEO, Executive Director, or top management official			15a 15b	- 23	x
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			130		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	th a			
104	taxable entity during the year?			16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			100		
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		•			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					•
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	T (section 501(c)(3)	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.		,	•••		
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	f interest policy, and	l finano	cial	
	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 boo	oks and	l records			

CHRISTINE	LAGANA	RIORDAN	- 512-	934 - 3164

3110	EDWARDS	MTT.T.	ROAD	300	RALEIGH	NC.	27612
5 5				,	TGTDDTOIL	/ 1 10	D / V Z D

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate) (
	Employees, and Independent Contractors	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

See the instructions for the order in which to list the persons above.

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

Name and title	Average hours per		not cł					Reportable	Reportable	E a thur a traid
	· ·				Position (do not check more than one			rieportubie	neportable	Estimated
		box, unless person is both an officer and a director/trustee)		son i	s both	an	compensation	compensation	amount of	
	week			uau	recio	i/irus	lee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 NEO	and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	est cc loyee	ıer			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) MARYROSE FRANKO, PHD	40.00									
EXECUTIVE DIRECTOR				Х				237,757.	0.	30,939.
(2) JENNA HICKS	40.00									
ASSISTANT DIRECTOR				Х				88,409.	0.	4,785.
(3) ANNETTE HUETTER	40.00									
DIRECTOR OF OPERATIONS				Х				72,485.	0.	15,457.
(4) HEATHER SNYDER, PHD	1.00									
PAST CHAIR		Х		Х				0.	0.	0.
(5) SINDY ESCOBAR-ALVAREZ, PHD	1.00									
CHAIR		Х		Х				0.	0.	0.
(6) KARA COLEMAN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) SALVATORE LAROSA, PHD	1.00									
TREASURER		Х		Х				0.	0.	0.
(8) LARA BETHKE	1.00									
DIRECTOR		Х						0.	0.	0.
(9) STACY CLOUD	1.00									
DIRECTOR		Х						0.	0.	0.
(10) DIANE BOVENKAMP	1.00									
DIRECTOR		Х						0.	0.	0.
(11) AMY LASTER	1.00									
DIRECTOR		Х						0.	0.	0.
(12) KELLY ROSE	1.00									
DIRECTOR		Х						0.	0.	0.
(13) ANNE HULTGREN	1.00									
INTERIM TREASURER		Х		Х				0.	0.	0.
(14) KRISTEN MUELLER	1.00									
DIRECTOR		Х						0.	0.	0.
(15) KRISSA SMITH	1.00									
DIRECTOR		Х						0.	0.	0.
(16) HEATHER CALDERONE	1.00									
DIRECTOR		Х						0.	0.	0.
(17) GLEN DILLON	1.00									
DIRECTOR		Х						0.	0.	0.

Form 990		ESEARCH	AL	LI.	AN	CE	·,	IN	IC.	68-061	L7198	Page 8
Part VI	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)		
	(A)	(B)			(0				(D)	(E)		(F)
	Name and title	Average		F		ition	ı		Reportable	Reportable	Es	timated
	Name and the	hours per		not ch unles					compensation	compensation		nount of
		week		cer and					from	from related		other
		(list any	tor						the	organizations		pensation
		hours for	direct				_		organization	(W-2/1099-MISC		om the
		related	e or (tee			sated		(W-2/1099-MISC/	1099-NEC)		anization
		organizations	ruste	l trus		ee	npen		1099-NEC)	1000 NEO		d related
		below	ual t	tiona		ploy	vee vee	_	10001120)			nizations
		line)	ndividual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			l	
/10\		1.00	<u> </u>	=	ò	¥.	도 등	R				
	ENT DOLEZALEK	1.00										•
DIRECTOR	R		Х						0.).	0.
							-					
			ł									
1b Sub	ototal								398,651.	C). 51	1,181.
c Tota	al from continuation sheets to Part V	L Section A						•	0.	0).	0.
	al (add lines 1b and 1c)								398,651.			1,181.
											, • <u> </u>	.,
	al number of individuals (including but r	iot limited to the	ose	listed	a ab	ove) wn	o re	ceived more than \$100,	000 of reportable		1
con	pensation from the organization										r	
												Yes No
3 Did	the organization list any former officer	, director, truste	ee, k	ey e	mpl	oyee	e, or	hig	hest compensated emp	loyee on		
line	1a? If "Yes," complete Schedule J for s	uch individual									3	x
	any individual listed on line 1a, is the su											
	related organizations greater than \$15										4	х
	any person listed on line 1a receive or a											v
	dered to the organization? If "Yes." con	nplete Schedule	e J fo	or su	ch r	perso	on .				5	X
Section	B. Independent Contractors											
1 Con	nplete this table for your five highest co	mpensated ind	lepe	nden	t cc	ontra	actor	rs th	nat received more than \$	6100,000 of comper	nsation fro	m
the	organization. Report compensation for	the calendar ye	ear e	ndin	g w	ith o	or wi	<u>th</u> in	the organization's tax y	ear.		
	(A)							Τ	(B)		(C	;)
	Name and business	address	NC	ONE					Description of s	ervices	Comper	
					-				· · · ·			
								-+				
										I		
2 Tota	al number of independent contractors (i	ncluding but no	ot lin	nited	tot	thos	se lis	ted	above) who received m	ore than		

					AR	CH ALLIAN	NCE, INC.		68-0617	198 Page 9
Pa	rt VII	Statement of Re	evenu	е						
		Check if Schedule O	contair	ns a respo	nse	or note to any lin	e in this Part VIII			
							(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							Total revenue		business revenue	from tax under
										sections 512 - 514
s s	1 a	Federated campaigns		1a						
an: uni	b	Membership dues				556,451.				
<u> </u>	с	Fundraising events								
r A	- h	Related organizations								
, G	e	a								
Sir	f	All other contributions, gifts,								
Contributions, Gifts, Grants and Other Similar Amounts	•	similar amounts not included								
0tl Otl		Noncash contributions included in								
.u ou	9 5						556,451.			
0 0	n	Total. Add lines 1a-1f				Business Code	550,451.			
	-					Business Code				
ice	2 a									
er v	b									
am Ser evenue	С									
ran Sev	d									
Program Service Revenue	е									
Ā	f	All other program service								
	g									
	3	Investment income (inclue	ding di	vidends, ir	ntere	st, and				
		other similar amounts)					27,292.			27,292.
	4	Income from investment of	of tax-e	exempt bo	nd p	roceeds				
	5	Royalties	<u></u>							
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b		6b							
	с		6c							
		Net rental income or (loss	· · · ·							
		Gross amount from sales of		(i) Securit		(ii) Other				
	<i>,</i> , ,	assets other than inventory	7a	()						
	h	Less: cost or other basis	14							
ø	, D	and sales expenses	7b							
venue	_									
0		Gain or (loss)								
Other Re		Net gain or (loss)								
the	8 a	Gross income from fundraisi								
0		including \$								
		contributions reported on		-						
		Part IV, line 18								
		Less: direct expenses			8b					
		Net income or (loss) from								
	9 a	Gross income from gamin								
		Part IV, line 19			<u>9a</u>					
		Less: direct expenses								
	С	Net income or (loss) from	gamin	g activities	s					
	10 a	Gross sales of inventory,	less re	turns						
		and allowances								
	b	Less: cost of goods sold			10b					
	с	Net income or (loss) from	sales o	of inventor	у					
						Business Code				
Miscellaneous Revenue	11 a									
ane	b									
ella eve	с									
lisc Bt	d	All other revenue								
Σ	e	Total. Add lines 11a-11d								
	12						583,743.	0.	0.	27,292.

Form 990 (2023)

Da	Check if Schedule O contains a respons	(A)	(B)	(C)	<u>X</u> (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising 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,				
	trustees, and key employees	449,831.	312,588.	55,059.	82,184
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,047.	3,507.	618.	922
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,865.	1,296.	228.	341
9	Other employee benefits				
10	Payroll taxes	27,984.	19,446.	3,425.	5,113
11	Fees for services (nonemployees):				
а	Management				
b		8,524.		8,524.	
с	•	13,350.		13,350.	
d		-			
е					
f	Investment management fees				
g					
3	column (A), amount, list line 11g expenses on Sch O.)	71,063.	44,577.	24,198.	2,288
12	Advertising and promotion				•
13	Office expenses	5,579.	3,772.	815.	992
14	Information technology	82,380.	79,481.	1,163.	1,736
15	Royalties				-,
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
40	· · · · · · ·	31,422.	31,422.		
19 20	Conferences, conventions, and meetings	51,744.	51,7220		
20 21	Interest				
21	Payments to affiliates	9,045.	6,285.	1,107.	1,653
22	Depreciation, depletion, and amortization	2,656.	1,846.	325.	485
23	Insurance	2,050.	I,040.	J <u>J</u> J •	405
24	above. (List miscellaneous expenses not covered line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а					
b					
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	708,746.	504,220.	108,812.	95,714
26	Joint costs. Complete this line only if the organization	,			/
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2023)

Part IX Statement of Functional Expenses

HEALTH RESEARCH ALLIANCE,	INC
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68-0617198 Page 11

		Check if Schedule O contains a response or no	te to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			35,258.	1	27,395.
	2	Savings and temporary cash investments			845,259.	2	734,421.
	3	Pledges and grants receivable, net				3	22,500.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial con	tributor, or 35%			
		controlled entity or family member of any of the	se persons	s		5	
	6	Loans and other receivables from other disqual	ified perso	ns (as defined			
		under section 4958(f)(1)), and persons describe	d in sectio	n 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	— ··· · · · · · ·			20,912.	9	21,024.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	103,984.			
	b	Less: accumulated depreciation	10b	90,081.	21,124.	10c	13,903.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 33)		922,553.	16	819,243.
	17	Accounts payable and accrued expenses	21,650.	17	35,218.		
	18	Grants payable			18		
	19	Deferred revenue			6,250.	19	2,500.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of S	Schedule D		21	
ŝ	22	Loans and other payables to any current or for	ner officer,	director,			
litie		trustee, key employee, creator or founder, subs	tantial con	tributor, or 35%			
Liabilities		controlled entity or family member of any of the	se persons	; L		22	
	23	Secured mortgages and notes payable to unrel	ated third p	parties		23	
	24	Unsecured notes and loans payable to unrelate	d third par	ties		24	
	25	Other liabilities (including federal income tax, page 1)	ayables to	related third			
		parties, and other liabilities not included on line	s 17-24). C	omplete Part X			
		of Schedule D		·····		25	
	26	Total liabilities. Add lines 17 through 25			27,900.	26	37,718.
		Organizations that follow FASB ASC 958, ch	eck here	X			
ces		and complete lines 27, 28, 32, and 33.					
llan	27	Net assets without donor restrictions	737,760.	27	752,753.		
Ba	28	Net assets with donor restrictions	156,893.	28	28,772.		
pun		Organizations that do not follow FASB ASC 9	958, check	here			
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
;se:	30	Paid-in or capital surplus, or land, building, or e				30	
tAŝ	31	Retained earnings, endowment, accumulated in			004 (52	31	D 01 C 05
Ne	32	Total net assets or fund balances			894,653.	32	781,525.
	33	Total liabilities and net assets/fund balances			922,553.	33	819,243.

Form **990** (2023)

Form 990 (2023) Part X Balance Sheet

Form	990	(2023
1 01111	330	

	1990 (2023) HEALTH RESEARCH ALLIANCE, INC.	68-061	.7198	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	583	,74	<u>43.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	708		
3	Revenue less expenses. Subtract line 2 from line 1	3	-125		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	894		
5	Net unrealized gains (losses) on investments	5	11	,87	75.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	781	,52	25.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·····		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		<u> </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 on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2023)

SCHEDULE A	1
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Department of the Treasury Internal Revenue Service

/ F	0001
(Form	990)

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
2023
Open to Public Inspection

Name	ame of the organization Employer identification number								
				H ALLIANCE, I					8-0617198
Par	tl	Reason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	s.	
The o	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)			
1 [A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2 [A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3 [A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4 [A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
-		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (Complete Part II.)							
6 [A federal, state, or local gov	vernment or governm	ental unit described in	section 17	′0(b)(1)(A)	(v).		
7 [X	An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ie general p	oublic described in
г		section 170(b)(1)(A)(vi). (C							
8 [A community trust describe			-				
9 [An agricultural research org				-		-	-
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:							
10 [An organization that normal							
		activities related to its exem		•	. ,				•
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	rea by the org	anization a	Inter June 30, 1975.
44 [See section 509(a)(2). (Cor An organization organized a	-	volu to tost for public os	foty Soo	nantian E(O(a)(4)		
11 [12 [An organization organized a	•		•			rny out the	nurneses of one or
12 [more publicly supported or		•	•		-	•	• •
		lines 12a through 12d that	-						
а		Type I. A supporting orga	•••					-	aivina
		the supported organization	-	-	•	-			
		organization. You must c							
b		Type II. A supporting orga	-		ion with it:	s supporte	d organizatio	n(s), by hav	vina
		control or management of	-				•		-
		organization(s). You mus							
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,
		its supported organizatior	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 inte	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	uirement and	an attentiv	reness
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
е		Check this box if the orga	nization received a v	vritten determination from	m the IRS	that it is a	Type I, Type I	II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.			
		r the number of supported o	• • • • • • • • • • • • • • • • • • • •						
g		ide the following information) Name of supported	about the supporter (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monoton	(vi) Amount of other
	(I	organization		(described on lines 1-10	in your governi	ng document?	(v) Amount of support (see in	2	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No			
Total									

HEALTH RESEARCH ALLIANCE, INC.

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

fails to qualify under the tests listed below, please complete Part III.)

<u>Sec</u>									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	512,065.	625,413.	503,349.	656,370.	556,451.	2853648.		
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								
	Total. Add lines 1 through 3	512,065.	625,413.	503,349.	656,370.	556,451.	2853648.		
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)						53,262.		
6	Public support. Subtract line 5 from line 4.						2800386.		
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Amounts from line 4	512,065.	625,413.	503,349.	656,370.	556,451.	2853648.		
	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	31,028.	15,698.	8,891.	4,387.	27,292.	87,296.		
9	Net income from unrelated business	-	-	-	-	-			
	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.)								
11	Total support. Add lines 7 through 10						2940944.		
12	Gross receipts from related activities,					12	20100110		
	First 5 years. If the Form 990 is for th		,	iourth or fifth tax y					
13	organization, check this box and stop	-							
Sec	ction C. Computation of Publi	c Support Per	centage						
	Public support percentage for 2023 (I			column (f))		14	95.22 %		
15	Public support percentage from 2022		-			15	93.25 %		
104	16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X								
L	stop here. The organization qualifies as a publicly supported organization X b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
U.		-							
17-	and stop here. The organization qualifies as a publicly supported organization								
17a	7a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts-and-circumstances te	-		• • • •	-				
b	10% -facts-and-circumstances test	-					10% or		
	more, and if the organization meets th								
	organization meets the facts-and-circu		•		• •				
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	·		

Schedule A (Form 990) 2023

Schedule A	(Form	990	2023
		000	

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.)

Sec	lion A. Fublic Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 (Gifts, grants, contributions, and						
1	membership fees received. (Do not						
i	include any "unusual grants.")						
1 1 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-						
i	iness under section 513						
	Tax revenues levied for the organ- ization's benefit and either paid to						
(or expended on its behalf						
1	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
:	3 received from disqualified persons	L					
f	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		ł		•	•	
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a (Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
						+	<u> </u>
11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	L					
	First 5 years. If the Form 990 is for the	•					ization,
	check this box and stop here tion C. Computation of Publi	c Support Per					
	Public support percentage for 2023 (I			olump (f))		15	04
		, (),	,	()/			%
	Public support percentage from 2022 tion D. Computation of Inves					16	%
				10 1 (0)			
	Investment income percentage for 20					17	%
	Investment income percentage from						%
	33 1/3% support tests - 2023. If the						ne 17 is not
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	-	-				
I	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organizat	ion
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19a	a, or 19b, check th	his box and see ins	structions	

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete

Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

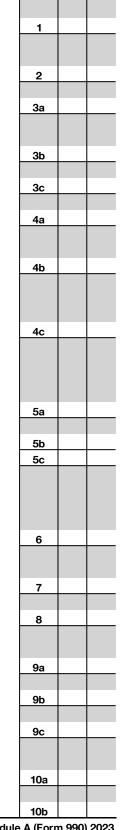
Section A. All Supporting Organizations

- 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 lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990) 2023

Yes

No



Schedule A (Form 990) 2023 HEALTH RESEARCH ALLIANCE, INC.

2

Pa	rt 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 on lines 11b and			
	11c below, the governing body of a supported organization?	la		
b	A family member of a person described on line 11a above? 11	lb		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	1c		
Sec	tion B. Type I Supporting Organizations			
		1	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in 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 officers, directors, or trustees were allocated among the			

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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 s	supporting orga	anization.
Section C. Typ	be II Supporti	ng Organiz	ations

			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		1

Section D. A	II Type III Su	pporting Or	ganizations

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

Section 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).
•		(000 110 1 00 1010)

- **a** The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	The organization supported a get	overnmental entity. Describe in	Part VI how you supported a	governmental entity (see instruction <u>s).</u>
-----	----------------------------------	---------------------------------	-----------------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

Yes No

1	Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu			Part VI). See instructions.
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		
	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2023

 Schedule A (Form 990) 2023
 HEALTH RESEARCH ALLIANCE, INC.

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

 Schedule A (Form 990) 2023

Schedule A	HE			
Part V	nctionall			
Section D - Distributions				

				ieu)	
Sect	ion D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
d	Excess from 2022				
	Excess from 2023				
-					

Schedule A (Form 990) 2023

HEALTH RESEARCH ALLIANCE, INC.

Schedule A	(Form 990) 2023	HEALTH	RESEARCH	ALLIANCE,	INC.	68-0617198 r	Page 8
Part VI	Supplemental Infor	mation. Provid , 2, 3b, 3c, 4b, 4 lines 2 and 3; Pa	de the explanatio c, 5a, 6, 9a, 9b, 9 art IV, Section E,	ons required by Par 9c, 11a, 11b, and 1 lines 1c, 2a, 2b, 3a	t II, line 10; Part II, line 17a 1c; Part IV, Section B, line , and 3b; Part V, line 1; Pa	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C art V, Section B, line 1e; Part	

323171 04-01-23

Identification of Excess Contributions Included on Part II, Line 5

2023

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

Contributor's Name	Total Contributions	Excess Contributions
IELMSLEY CHARITABLE TRUST	92,150.	33,331
SIMONS FOUNDATION	78,750.	19,931
otal Excess Contributions to Schedule A, Part II, Line 5		53,262

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

INC.

Employer identification number

68-0617198

HEALTH RESEARCH ALLIANCE,

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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), 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 the set of the parts unless to the set of the year for an *exclusively* religious, charitable, etc., *nonexclusively* set of the parts unless to the set of the year for an *exclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* set of the parts unless to totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to total set of the parts unless total set of the parts unless to total set of the parts unless to t

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.



OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization

Organization type (check one):

Schedule B

Name of organization

HEALTH RESEARCH ALLIANCE, INC.

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

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		\$	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		\$	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		\$	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		\$	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		\$	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
6		\$	Person X Payroll Noncash (Complete Part II for

Employer identification number

68-0617198

Schedule B (Form 990) (2023)

Schedule I	B (Form 990) (2023)		Pag
Name of o	rganization	E	mployer identification numbe
HEALT	H RESEARCH ALLIANCE, INC.		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
7		\$	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_		\$	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person

Page **2**

noncash contributions.) Schedule B (Form 990) (2023)

(Complete Part II for

Payroll Noncash

\$

Scl Na

		_ \$	
(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
		_	
200450 40.00		\$	Cabadula D (Ecure 000) (0000)
323453 12-26-	20		Schedule B (Form 990) (2023)

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

(b)

Description of noncash property given

Name of organization

HEALTH RESEARCH ALLIANCE, INC.

Schedule B (Form 990) (2023)

Part II

(a)

No.

from

Part I

Employer identification number

(d)

Date received

68-0617198

(c)

FMV (or estimate)

(See instructions.)

Schedule	B (Form 990) (2023)		Page					
Name of o	organization		Employer identification number					
HEALT	H RESEARCH ALLIANCE, IN	с.	68-0617198					
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	ons to organizations described in se- through (e) and the following line entri- charitable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gif	t					
	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 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 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 gif	t					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					

S	CH	IED	UL	ΕD
-				

Part I

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.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number 68 - 0617198

Department of the Treasury Internal Revenue Service

HEALTH RESEARCH ALLIANCE, INC. 68-061719 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Yes No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a а Total acreage restricted by conservation easements 2b b Number of conservation easements on a certified historic structure included on line 2a 2c С Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear 4 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? No _____ [6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 2 the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023 332051 09-28-23

Sche		RESEARCH A						68-06	1719	8 ра	age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Histo	rical Tr	reasures, or	Othe	r Simila	r Assets	(contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, check a	any of the	e following that	make si	ignificant ι	use of its			
	collection items (check all that apply).										
а	Public exhibition	d	1 🗌 L	oan or ex	kchange progra	m					
b	Scholarly research	e	• 🗌 c	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	n how the	y further	the organizatio	n's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, hist	torical tre	asures, or othe	r similar	assets		_		_
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		te if the o	organizatio	on answered "ነ	es" on	Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa	art X, line 21.									
1a	Is the organization an agent, trustee, custod	lian, or other intermed	diary for c	ontributio	ons or other as	sets not	included		_	_	_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	ble:							
									Amoun	t	
С	Beginning balance						. 1c				
	Additions during the year										
	Distributions during the year										
	•										
	Did the organization include an amount on F						ity?	L	Yes		No
_	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete in							aara baak	(a) Four	NOORO	book
		(a) Current year	(b) Pr	ior year	(c) Two year	S DACK	(d) Three y	HEATS DACK	(e) rou	years	DACK
1a	Beginning of year balance										
b	Contributions				_						
	Net investment earnings, gains, and losses				_						
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs				_						
	Administrative expenses				_						
-	End of year balance		. (1		(-)) -						
2	Provide the estimated percentage of the cur			column ((a)) held as:						
a	Board designated or quasi-endowment		_%								
D	Permanent endowment	%									
С	Term endowment										
2-	The percentages on lines 2a, 2b, and 2c sho		tion that	ara bald	and administer	ad far th					
Ja	Are there endowment funds not in the posse	ession of the organiza	alion that	are neiu a	and authinister		le			Yes	No
	organization by:								3a(i)	100	110
	(i) Unrelated organizations?(ii) Related organizations?								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations?	ations listed as requir							3b		
4	Describe in Part XIII the intended uses of the				•				50		
Par	t VI Land, Buildings, and Equipm	<u>u</u>	witherit tu	1103.							
	Complete if the organization answere). Part IV.	line 11a.	See Form 990.	Part X.	line 10.				
	Description of property	(a) Cost or o			st or other		ccumulate	he	(d) Boo	k valu	
	Description of property	basis (investr		. ,	s (other)		preciation		(u) 000	ix valu	0
19	Land				· -·/						
	LandBuildings										
	Leasehold improvements										
	Equipment			1	03,984.		90,08	81.	1	3,9	03.
	Other			<u> </u>			20100		-	- 1	
	. Add lines 1a through 1e. (Column (d) must e		X line 10		n (B))				1	3,9	03.
rotal	i Alaa inioo ta uniougit te. (Column (a) MUSE	<u>equal FOITH 990, Part</u>	<u>∧, ii⊓e 10</u> 0	c, colum	<u>II (D<i>)</i></u>]			0	<u> </u>		

Schedule D (Form 990) 2023

		RESEARCH AI	LLIANCE,	, INC.	68	8-0617198	Page 3
Part VII							
	Complete if the organization answere						
	tion of security or category (including name of		ok value	(c) Method of	aluation: Cost or er	nd-of-year market v	value
	al derivatives						
	held equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E) (F)							
(G)							
(H)							
	o) must equal Form 990, Part X, line 12, co	L (B))					
Part VIII	Investments - Program Rela	ated.	I				
	Complete if the organization answere	ed "Yes" on Form 990), Part IV, line 1	11c. See Form 990,	Part X, line 13.		
	(a) Description of investment	(b) Boo	ok value	(c) Method of	aluation: Cost or er	nd-of-year market v	alue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Col. (Part IX	o) must equal Form 990, Part X, line 13, co Other Assets	I. (B))					
Faitin	Complete if the organization answere	od "Vos" on Form 000) Part IV line f	11d Soo Form 000	Part V line 15		
	Complete if the organization answere	(a) Description		110. See Form 990,		(b) Book va	مىلام
(4)		(a) Description					alue
(1)							
(2) (3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	mn (b) must equal Form 990, Part X, lir	ne 15, col. (B))					
Part X	Other Liabilities						
	Complete if the organization answere), Part IV, line 1	11e or 11f. See Forr	n 990, Part X, line 2	5.	
1.	(a) Description of liabil	ity				(b) Book va	alue
(1) Fed	eral income taxes						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Colu	<u>mn (b) must equal Form 990, Part X, lir</u>	ne 25, col. (B))	<u></u>				

HEALTH RESEARCH ALLIANCE, INC.

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

68-0617198 Page 3

Sche	dule D (Form 990) 2023 HEALTH RESEARCH ALLIANCE,	INC.		68-0	0617198	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 12	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	595	,618.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	11,875.			
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		<u>,875.</u>
3	Subtract line 2e from line 1			3	583	,743.
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	583	,743.
Pa	t XII Reconciliation of Expenses per Audited Financial State		Expenses per F	leturr	ו	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12					
1	Total expenses and losses per audited financial statements			1	708	,746.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	Donated services and use of facilities	2a				
b	Prior year adjustments					
С	Other losses					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	708	,746.
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					
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	708	,746.
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		20		ງງ	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	Z J)	
Depa	tment of the Treasury	Attach to Form 990.		Open to			
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe			
Nan	ne of the organizatior			identificatio		mber	
Do	rt I Question	HEALTH RESEARCH ALLIANCE, INC. s Regarding Compensation	68-0	0617198	8		
Pa		s Regarding Compensation					
4.		a a bar a chuir a tha ann an tar tha ann an tar	000		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 com	panions Payments for business use of personal re ation and gross-up payments Health or social club dues or initiation fee					
		pending account Payments Personal services (such as maid, chauffer					
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
				1b			
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
-		s, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indicate which, if ar	y, of the following the organization used to establish the compensation of the organization's	5				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organizati					
	establish compensa	tion of the CEO/Executive Director, but explain in Part III.					
	X Compensation						
		ompensation consultant X Compensation survey or study					
	X Form 990 of o		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	ated organization:					
а	Receive a severanc	e payment or change-of-control payment?		4a		X	
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X	
С	-	eive payment from an equity-based compensation arrangement?		4c		X	
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
)(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 compensatio	n				
	contingent on the re					37	
a	The organization?			<u>5</u> a		X	
b		ation?		5b		X	
-		r 5b, describe in Part III.					
6	-	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
-	contingent on the n	5		6-		x	
						X	
u		ation? r 6b. describe in Part III.		6b		1	
7		·					
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments es 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 the				<u> </u>	
5				8		x	
9		d the organization also follow the rebuttable presumption procedure described in					
5		53.4958-6(c)?		9			
For		on Act Notice, see the Instructions for Form 990.		dule J (Form	n 990) 2023	
	•	•		•			

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.

EXECUTIVE DIRECTOR (1) 0. 0. 0. 0. 0. 0. 0. (0) .	E) Total of columns (B)(i)-(D)	in column (B)
EXECUTIVE DIRECTOR (i) 0. 0. 0. 0. 0. 0. 0. (ii) Image: Second Secon		reported as deferred on prior Form 990
EXECUTIVE DIRECTOR (i) 0. 0. 0. 0. 0. 0. 0. (ii) Image: Second Secon	268,696.	0.
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Schedule J (Form 990) 2023

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) 2023

SCHEDULE O (Form 990)

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 Form 990-EZ. <u>Go to www.irs.gov/Form990 for the latest info</u>rmation.

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:

- IMPACT: WE ENABLE EACH ORGANIZATION AND THE RESEARCH COMMUNITY

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 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAM COMMITTEE, MADE UP OF HRA MEMBERS AND SUPPORTED BY HRA STAFF.

THE PROGRAM COMMITTEE DEVELOPS SESSIONS FOR MEMBERS MEETINGS THAT

FOSTER COLLABORATION AND ADDRESS IMPORTANT AND CHALLENGING ISSUES FOR

PHILANTHROPY AND THE BIOMEDICAL RESEARCH SECTOR. THESE SESSIONS OFTEN

ALIGN WITH OUR "LEARNING COMMUNITIES," TO BRING IN EXTERNAL EXPERTS AND

HIGHLIGHT DISCUSSIONS AROUND DEI, SUSTAINABILITY OF THE RESEARCH

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WORKFORCE, OPEN SCIENCE, AI/LLM, HOSTING PATIENT REGISTRIE	S, AND OTHER			
TOPICS HRA MEMBERS DISCUSS YEAR-ROUND. THE PROGRAM COMMITT	EE ALSO			
DEVELOPS MEETING SESSIONS AROUND BROADER TOPICS LIKE STRAT	EGIC			
PLANNING, EFFECTIVE COLLABORATION STRATEGIES, OR PATIENT E	NGAGEMENT ,			
WHICH ARE JUST AS URGENT FOR FUNDERS TO TACKLE, AND THOSE	SESSIONS			
GARNER A MUCH MORE DIVERSE AUDIENCE THAN THE SPECIFIC TOPI	CS ADDRESSED			
BY THE LEARNING COMMUNITIES. IN ADDITION TO OUR MEMBERS MEETINGS, WE				
ALSO PERIODICALLY HOST REGIONAL MEETINGS LED BY HRA MEMBER				
ORGANIZATIONS AND SUPPORTED BY HRA STAFF. WE CONTINUE TO H	OST VIRTUAL			
CEO ROUNDTABLES SEVERAL TIMES A YEAR WHICH LEAD TO OTHER A	CTIVITIES			
SUCH AS HOSTING TARGETED WEBINARS AND CREATING RESOURCES T	HAT OFTEN			
DEAL WITH HUMAN RESOURCE ISSUES WHERE CEOS FIND LEARNING F	ROM THEIR			
PEERS INVALUABLE. UPON RECOMMENDATION FROM THE CEOS, WE NO	W HAVE A			
PROFESSIONAL DEVELOPMENT PROGRAM FOR STAFF AT HRA MEMBER O	RGANIZATIONS,			
WHICH HOSTS WEBINARS INTENDED TO INCREASE STAFF CAPACITY I	N AREAS SUCH			
AS COMMUNICATION, LEADERSHIP, AND NETWORKING.				

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: ANALYZER. THESE PERIODIC WEBINARS INCLUDE LEARNING HOW TO UPLOAD DATA; USING THE DATABASE FOR GAP ANALYSES TO BETTER TARGET LIMITED FUNDS; EVALUATING PROGRESS AND DEVELOPING NEW PROGRAMS TO ADVANCE A MORE EQUITABLE BIOMEDICAL RESEARCH WORKFORCE; IDENTIFYING COLLABORATING ORGANIZATIONS OR REVIEWERS; AND MANY OTHER USE CASES. WE WORK WITH GRANTS MANAGEMENT SYSTEMS SUCH AS PROPOSALCENTRAL AND SMARTSIMPLE TO FACILITATE EASIER DATA UPLOADS INTO HRA ANALYZER. WE ALSO EMPLOY A CONTRACTOR TO HELP ORGANIZATIONS UPLOAD DATA AND USE THE ANALYTICAL FUNCTIONALITY IN HRA ANALYZER FOR THEIR OWN USES. HRA OFTEN USES THE ANALYTICAL TOOLS IN HRA ANALYZER DATA ON BEHALF OF MEMBERS TO HELP THEM 302212 11-14-23

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FIND COLLABORATING ORGANIZATIONS OR IDENTIFY AREAS OF UNDERFUNDING TO					
EXPLORE. IN ANOTHER EXAMPLE OF HRA'S POWERFUL INFRASTRUCTU	RE, HRA OPEN				
IS A PLATFORM DEVELOPED BY HRA TO ENABLE PUBLICATIONS AND	OTHER				
RESEARCH OUTPUTS TO BE MADE OPEN AND FREELY ACCESSIBLE - N	OT ONLY TO				
THE SCIENTIFIC COMMUNITY BUT TO ANYONE. HRA OPEN FOSTERS O	PEN				
SCHOLARSHIP ACROSS HRA MEMBER ORGANIZATIONS AND THEIR RESE	ARCHERS,				
WHICH CONTINUES TO BE AN IMPORTANT STRATEGY TO IMPACT INVESTMENT IN					
BIOMEDICAL RESEARCH. IN ADDITION TO ENABLING MEMBERS' OPEN	SCIENCE				
POLICIES, HRA OPEN IS A POWERFUL RECRUITING TOOL. IT HAS L	ED NEW				
FUNDERS TO JOIN HRA MAINLY TO BE ABLE TO USE THIS INFRASTR	UCTURE. HRA				
ALSO SURVEYS OUR MEMBERSHIP ANNUALLY TO UNDERSTAND CHALLEN	GES TO				
FUNDRAISING AND OTHER IMPACTS ON REVENUE, AS WELL AS ISSUE	S RELATED TO				
GRANTMAKING AND PROGRAMMING. WE MAKE THOSE DATA AVAILABLE					
MEMBERS AND PERIODICALLY PUBLISH THAT ANALYSIS MORE WIDELY	· · · ·				
HRA USES THE INFRASTRUCTURE OF OUR WEBSITE AS A CENTRAL RE	POSITORY OF				
CURATED RESOURCES, AND TO PUBLICIZE EVENTS.					

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: OPPORTUNITIES ON TOPICS THAT ARE CRITICAL TO THE BIOMEDICAL RESEARCH FUNDING SECTOR. LEARNING COMMUNITY TOPICS INCLUDE AI/LLM, CLINICAL TRIALS, DIVERSITY, EQUITY, & INCLUSION, DRUG AND OTHER THERAPY DEVELOPMENT, GRANTS ADMINISTRATION, MISCONDUCT AND ETHICS, OPEN SCIENCE & DATA SHARING, PROGRAM EVALUATION, REGISTRY AND BIOREPOSITORY, AND RESEARCH WORKFORCE AND EARLY CAREER DEVELOPMENT. THE COMMUNITIES WORK BY CONVENING REGULARLY VIA ZOOM, CREATING TOOLS, AND COLLECTING EFFECTIVE STRATEGIES TO SHARE WITH THE MEMBERS. THESE COMMUNITIES DIVE DEEP INTO ISSUES THAT IMPACT OUR MEMBERS, AND DEVELOP RECOMMENDATIONS, IDENTIFY RESOURCES, OR FACILITATE DISCUSSION ABOUT WHAT HRA AND HRA

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MEMBERS CAN IMPLEMENT OR SUPPORT TO MAKE PROGRESS IN VARIO	US AREAS.
COMMUNITIES ARE CREATED WHEN A NEED ARISES BUT ALSO SUNSET	WHEN THE
APPLICABILITY TO HRA MEMBER ORGANIZATIONS SIGNIFICANTLY DE	CREASES. WE
ALSO HOST ON HRA'S WEBSITE A FREQUENTLY UPDATED GRANTMAKIN	IG HANDBOOK
FOR HRA MEMBERS AND THE COMMUNITY (INCLUDING "HOW TO'S" FO	R BIOMEDICAL
GRANTMAKING).	

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

THE EXECUTIVE COMMITTEE HAS BROAD AUTHORITY DELEGATED BY THE BOARD UNDER

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

VICE CHAIR, SECRETARY, TREASURER, PAST CHAIR) PLUS THE EXECUTIVE DIRECTOR

AND ONE AT-LARGE MEMBER FROM THE BOARD. HRA BYLAWS GIVE THE EXECUTIVE

COMMITTEE "GENERAL SUPERVISION OF THE AFFAIRS OF THE CORPORATION BETWEEN

MEETINGS OF THE BOARD...AND SHALL ACT WITH THE AUTHORITY OF THE BOARD OF

DIRECTORS IN THE MANAGEMENT OF THE CORPORATION." THE EXECUTIVE COMMITTEE

HAS NO AUTHORITY IN THE FOLLOWING MATTERS:

(A) THE AUTHORIZATION OF DISTRIBUTIONS

(B) THE DISSOLUTION OR MERGER OF THE ORGANIZATION OR THE SALE OF

ORGANIZATION'S ASSETS

(C) ELECTION OR REMOVAL OF DIRECTORS OR FILING OF VACANCIES 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 ARE ELIGIBLE TO

PARTICIPATE IN HRA'S GOVERNING BODY, BEYOND THAT MEMBERS DO NOT HAVE THE

RIGHT TO PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE OR TO RECEIVE

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DISTRIBUTIONS OF INCOME OR ASSETS FROM THE ORGANIZATION.	THEREFORE, THE
ORGANIZATION DOES NOT HAVE MEMBERS ACCORDING TO THE DEFI	NITION OF "MEMBER"
IN THE FORM 990 INSTRUCTIONS.	

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

HRA POLICY G-3 (POLICY REGARDING BOARD OF DIRECTORS' REVIEW OF THE HEALTH RESEARCH ALLIANCE'S IRS FORM 990) SPECIFIES THAT THE FINANCE COMMITTEE REVIEW THE HEALTH RESEARCH ALLIANCE'S IRS FORM 990 OR FORM 990EZ AND PRESENT A RECOMMENDATION TO THE FULL BOARD OF DIRECTORS FOR APPROVAL. THIS RECOMMENDATION AND AN ELECTRONIC COPY OF THE IRS FORM 990 OR FORM 990EZ WILL BE PROVIDED TO EACH DIRECTOR APPROXIMATELY THREE WEEKS PRIOR TO THE DATE THE RETURN WILL BE FILED. DIRECTORS WILL BE GIVEN FIVE DAYS TO REVIEW THE FORM AND TO ASK QUESTIONS. AFTER THE REVIEW PERIOD, AND INCORPORATION OF COMMENTS, ALL DIRECTORS MUST VOTE ON ACCEPTANCE OF THE FORM AS PRESENTED. VOTING BY EMAIL OR BY CONFERENCE CALL IS ACCEPTABLE.

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 332212 11-14-23 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 ENVIRONMENT IN WHICH THE ORGANIZATION OPERATES, AND AVAILABLE RESOURCES. THE EXECUTIVE COMMITTEE USES MARKET DATA FROM SIMILAR ORGANIZATIONS TO PERFORM PERIODIC MARKET REASSESSMENTS OF THE COMPENSATION LEVEL FOR THE EXECUTIVE DIRECTOR POSITION EVERY THREE YEARS, OR MORE OFTEN IF NEEDED.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON WRITTEN REQUEST AT THE OFFICE OF THE

ORGANIZATION.

FORM 990, PART IX, LINE 11G, OTHER FEES:DUES AND FEES:PROGRAM SERVICE EXPENSES3,701.MANAGEMENT AND GENERAL EXPENSES652.FUNDRAISING EXPENSES973.TOTAL EXPENSES5,326.

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HEALTH RESEARCH ALLIANCE, INC.	00-001/190
PROGRAM SERVICE EXPENSES	40,876.
IANAGEMENT AND GENERAL EXPENSES	23,546.
UNDRAISING EXPENSES	1,315.
OTAL EXPENSES	65,737.
COTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	71,063.