Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A F	or th	e 2023 cal	endar year, or tax year beginning		and en	ding					
			C Name of organization INTREPI	D ALLIANCE :	INC				Employe	er identification	number
В	Check if a	applicable:	C/O BROWNE CONSULTING	GROUP							
	Addre	ss change	Doing business as						35-27	11268	
	Name	change	Number and street (or P.O. box if ma	ail is not delivered to st	reet address)		Room/su	ite E	Telepho	ne number	
	Initial	return	ONE BROADWAY				14TF	H FL	(781)	757-2081	
	Final r	eturn/terminated	City or town, state or province, coun	try, and ZIP or foreign	postal code			G	Gross re	eceipts \$	
	Amen	ded return	CAMBRIDGE, MA 01242							1,500,	000.
	Applic	ation pending	F Name and address of principal office	r: JAMES AND	ERSON			H(a) Is this a		for Yes	s X No
			ONE BROADWAY, 14TH FI	L, CAMBRIDGE	, MA 01242			H(b) Are all s		included? Yes	s No
ı	Tax-ex	cempt status:	501(c)(3) X 501(c) (6) (insert no.)	4947(a)(1) or	5	27	If "No,"	attach a lis	st. See instructions.	
J	Webs	ite: IN	NTREPIDALLIANCE.ORG					H(c) Group	exemption	number	
K	Form	of organization	on: X Corporation Trust	Association Oth	her	L Yea	ar of format	tion: 2021	M State	of legal domicile	e: DE
P	art I	Summ	ıary								
	1	Briefly des	scribe the organization's mission or	r most significant ac	tivities: PROMOTE	THE	COMM	ON BUSI	NESS	INTEREST	OF
e		ITS ME	MBERS OF ADVANCING GL	OBAL HEALTH	SECURITY THE	ROUGI	H ANTI	VIRAL			
Jan		PANDEM	IC PREPAREDNESS EFFOR	TS.							
Governance	2	Check this	s box if the organization of	discontinued its o	perations or dispos	sed of	more t	han 25%	of its	net assets.	
	3	Number of	of voting members of the governing	body (Part VI, line 1	a)				. 3		8
ა ბ თ	4	Number of	f independent voting members of t	he governing body	(Part VI, line 1b)				. 4		8
Activities &	5	Total num	ber of individuals employed in cale	endar year 2023 (Pa	rt V, line 2a)				. 5		NONE
Ę	6	Total num	ber of volunteers (estimate if necess	sary)					. 6		26
ď	7a	Total unre	elated business revenue from Part V	III, column (C), line	12				. 7a		NONE
	b	Net unrela	ated business taxable income from I	Form 990-T, Part I,	line 11			<u></u>	. 7b		NONE
								Prior Yea	ar	Current	Year
ē	8		ons and grants (Part VIII, line 1h)						NONE		NONE
Revenue	9		service revenue (Part VIII, line 2g)					1,499	,980.	1,50	0,000.
Re	10		nt income (Part VIII, column (A), line						NONE		NONE
	11		enue (Part VIII, column (A), lines 5,						NONE		NONE
	12		enue - add lines 8 through 11 (must	•				1,499			0,000.
	13		id similar amounts paid (Part IX, colu				-		NONE		NONE
	14		paid to or for members (Part IX, colu						NONE		NONE
ses	15		other compensation, employee bene					134	,220.		9,996.
Expenses	16 a		nal fundraising fees (Part IX, column				-		NONE		NONE
EXE	l b		draising expenses (Part IX, column (I				-	100	0.2.0	0.0	2 0 1 0
	17		enses (Part IX, column (A), lines 11						,030.		3,248.
	18		enses. Add lines 13-17 (must equal						,250.	ĺ	3,244.
- S	19	Revenue	less expenses. Subtract line 18 from	1 line 12				1,263	<u> </u>	End of Y	6,756.
Net Assets or Fund Balances	20	Total assa	ote (Port V. line 16)					1,648			3,894.
\sse Bala	21		ets (Part X, line 16) lities (Part X, line 26)				•		,102.		8,008.
nd/	22		s or fund balances. Subtract line 21				•	1,619		ĺ	5,886.
	rt II		ture Block	Hom line 20				1,019	,130.	1,01	3,000.
			rjury, I declare that I have examined thi	is return including ac	companying schedules	and sta	atements a	and to the be	est of my	knowledge and	helief it is
true	e, corre	ect, and com	plete. Declaration of preparer (other than	officer) is based on a	Il information of which p	oreparer	has any k	nowledge.			
Sig	ın	Signature of	of officer					Date			
He	re	TAMES	BERGIN		TREASURE	P.					
			nt name and title		TREADORE	310					
			e preparer's name	Preparer's signature	I	Date		Check	if	PTIN	
Paid		JACOB	COOK	JACOB COOK		05/1	4/2024			P0124045	5
	parer	Firm's nam		101100D COOK				Firm's EIN		.3-538159	
Use	Only	Firm's add		TE 300 GRAND RAPT	DS, MI 49503			Phone no.		516-774-7	
Ma	y the		uss this return with the preparer							. X Yes	No
_			luction Act Notice, see the separat		<u>-</u> -	<u>-</u>					90 (2023)

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		Schedule O contains a representation of the organization of the or	response or note to any line in this Part	III	х
	SEE SCHEDULE	0			
			icant program services during the yea		Yes X No
3	If "Yes," describe Did the organiza	these new services on So ation cease conducting,	chedule O. or make significant changes in h	ow it conducts, any program	V V N-
4	If "Yes," describe Describe the org expenses. Sectio	these changes on Sched panization's program ser n 501(c)(3) and 501(c)(ule O. vice accomplishments for each of it 4) organizations are required to reported.	s three largest program service	
	(Code: SEE SCHEDULE		including grants of \$) (Revenue \$)
lb	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
C	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
		ervices (Describe on Sche			

4e Total program service expenses

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3E1020 2.000

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Part	Checklist of Required Schedules		V	
4	In the experiencies department is equation EQ4(a)(2) or 40.47(a)(4) (athor there a private foundation)? If "Voc."		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1		v
2	complete Schedule A	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		- 21
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			- 25
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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	Х	
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
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
C	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	440		77
a	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
u	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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			- 25
124	Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
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		Х
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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	ا ر ا		
JSA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X
3E1021			_	(2023)
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Form 990 (2023)
Part IV Chocklist of Poquired Schodules (continued)

Par	Checklist of Required Schedules (continued)		V	Na
00	Did the approximation property areas then OF 000 of greater or other positions to an few democities individuals are		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		37
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the	22		X
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	Λ	
24 a	\$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	242		Х
h	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	240		
·	to defease any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
2 5 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	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		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? 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? If "Yes," complete Schedule R, Part V, line 2.	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		3.5
20	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? Note : All Form 990 filers are required to complete Schedule O	38	Х	
Part		_ 30	Λ	
ાલા	Check if Schedule O contains a response or note to any line in this Part V			
	Shook in Conducto C Contains a response of note to dry line in the fact v		Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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Par	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 NONE			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	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		Х
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?	5с		
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		Х
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		
	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	l _		
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7-		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/ !!		
0	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		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	420		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	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			
•	The original control of the control			
	Enter the amount of reserves on hand	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · ·	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		Х
	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		Х
	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) Page 6 INTREPID ALLIANCE INC 35-2711268 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lation	ship with			
	any other officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or un					
	supervision of officers, directors, trustees, or key employees to a management company or other			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			5		X
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to e	lect o	r appoint			
	one or more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval	by) r	nembers,			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	en during			
	the year by the following:					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code	_	
					Yes	No
	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		-	406		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p			10b	37	
11a		iling th	e form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			425	37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests		•	406	37	
	rise to conflicts?			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	•		120	v	
	describe on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			14		<u>X</u>
14	Did the organization have a written document retention and destruction policy?			14		Λ
15	Did the process for determining compensation of the following persons include a review and in		-			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation			15a	Х	
a	The organization's CEO, Executive Director, or top management official			15a	21	X
b	Other officers or key employees of the organization			. 55		21
160	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	or orra	naomont			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar with a taxable entity during the year?		-	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
b	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Secti	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable)	. 990	and 990-T	(sect	ion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that appropriate the second of the			,2550	3	- · (U)
	X Own website Another's website X Upon request Other (explain on So		e O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing docur	nents.	conflict of	f inter	est p	olicv.
-	and financial statements available to the public during the tax year.				4	, ,
20	State the name, address, and telephone number of the person who possesses the organization's	books	and record	S.		

BROWNE CONSULTING GROUP ONE BROADWAY, 14TH FL CAMBRIDGE, MA 01242 781-757-2081

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

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

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

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

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

(A) Name and title	(B) Average hours per week	box,	unles	Pos heck ss pe	erson	ore than one on is both an octor/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) NINA HILL	40.00									
SECRETARIAT	NONE			Х				319,996.	NONE	NONE
(2) JAMES ANDERSON	1.00							317,770.	NOINE	NONE
PRESIDENT	NONE	X		Х				NONE	NONE	NONE
(3) JAMES BERGIN	1.00	21		21				NONE	110111	1101111
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(4) LYDIA OGDEN	1.00							110112	110112	
SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(5) KENNETH BRADLEY	1.00							-		
DIRECTOR (AS OF 12/23)	NONE	Х						NONE	NONE	NONE
(6) TOMAS CIHLAR	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(7) MARGARET CHU-MOYER	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(8) RUXANDRA DRAGHIA-AKLI	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(9) MICHELLE PARKS	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(10) KUMAR SINGH SAIKATENDU	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(11) SUJATA VAIDYANATHAN	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(12) JOHN YOUNG	1.00									
DIRECTOR (THRU 12/23)	NONE	Х						NONE	NONE	NONE
(13)										_
<u>(14)</u>										

Form **990** (2023)

Form 990 (2023)	. 17											Page 8
Part VII Section A. Officers, Directors, True	1	y En	plo			and F	lıgl			es (co		
(A)	(B)				C)			(D)	(E)		(F	
Name and title	Average hours per	(do r	not c		sition more	e than o	ne	Reportable compensation	Reportable compensation		Estim amou	
	week (list any	box,	unle	ss pe	erson	is both	an	from	related	1110111	oth	
	hours for	office				or/truste		the	organizatio		comper	
	related organizations	ndiv or di	nstit	Officer	(ey e	mpl mpl	Former	organization	(W-2/1099-N	/ISC)	from organi	
	below dotted	idua	utio	<u> </u>	mp	est c	ē	(W-2/1099-MISC)			and re	
	line)	or true	nal t		Key employee	omp					organiz	ations
		Individual trustee or director	Institutional trustee		"	ens						
			ď			Highest compensated employee						
	†	1										
	†	1										
	L											
	<u> </u>											
		-										
	ļ	-										
		-										
		-										
		1										
	 	1										
1b Sub-total							_	319,996.		NONE		NONE
c Total from continuation sheets to Part VII. S			• •	• •	• •			NONE		NONE		NONE
d Total (add lines 1b and 1c)							•	319,996.		NONE		NONE
2 Total number of individuals (including but not							re					
reportable compensation from the organizatio						1			. ,			
											Y	es No
3 Did the organization list any former office	er, directo	r, or	tru	uste	e.	kev e	mp	lovee, or highes	compensa	ted		
employee on line 1a? If "Yes," complete Sched											3	X
4 For any individual listed on line 1a, is the	sum of rer	oortab	ole d	com	per	sation	n ar	nd other compens	sation from 1	the		
organization and related organizations gr												
											4	Х
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y	es," comple	te Sch	nedu	ıle J	I for	such	per	son			5	X
Section B. Independent Contractors												
1 Complete this table for your five highest com												
compensation from the organization. Report of year.	compensati	on for	the	ca	ienc	ar yea	ar e	enaing with or with	iin the organ	nzation	is tax	
<u> </u>							_		Т			
(A) SEE SCHEDIILE O Name and business add	droce							(B) Description of se	nvices	C.	(C) ompensati	ion
SEE SCHEDULE O Name and business add	JI 699							Description of Se	I VICES		ompensali	1011

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 4

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Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to ar	${f n}{f y}$ line in this Part ${f V}$	/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues					
פֿעַ	С	Fundraising events 1c					
fts, Ir A	d	Related organizations 1d					
i∃	e	Government grants (contributions) 1e					
ns, Sir	f	All other contributions, gifts, grants,					
er (-	and similar amounts not included above . 1f					
ib	g	Noncash contributions included in					
dr	9		\$				
a Su	h	Total. Add lines 1a-1f	·	NONE			
			Business Code				
e	2a	MEMBERSHIP DUES	621500	1,500,000.	1,500,000.		
e <u>Č</u>	b						
Program Service Revenue	C						
am eve	d						
Reg	e						
Pro	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,500,000.			
	3	Investment income (including dividends,					
	"	other similar amounts)		NONE			
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c NON	E NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
Ф	b	Less: cost or other basis					
nu		and sales expenses 7b					
Revenue	С	Gain or (loss) 7c					
	d	Net gain or (loss)		NONE			
Other	8a	Gross income from fundraising					
ŏ	••	events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses 8b	NONE				
	С	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	С	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	NONE				
	b	Less: cost of goods sold	NONE				
	С	Net income or (loss) from sales of inventory.		NONE			
S			Business Code				
Miscellaneous Revenue	11a						1
lan ent	b						
cel sev	С						
Ais.	d	All other revenue					
	е	Total. Add lines 11a-11d		NONE			
	12	Total revenue. See instructions		1,500,000.	1,500,000.		
JSA 3E105	1 2.000						Form 990 (2023)
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Part IX Statement of Functional Expenses

 I F O 1 (- \ / 1\	organizations must con	 A II - 41	 	

	Check if Schedule O contains a resp	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	319,996.			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	NONE			
8	•	NONE			
_	section 401(k) and 403(b) employer contributions)	MONTE			
9	Other employee benefits	NONE			
10	Payroll taxes	NONE			
	Fees for services (nonemployees):	NONE			
	Management	261,956.			
	Legal	75,087.			
	Accounting	NONE			
	Professional fundraising services. See Part IV, line 17	NONE			
	Investment management fees	NONE			
	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A), amount, list line 11g expenses on Schedule O.)	NONE			
12	Advertising and promotion	NONE			
13	Office expenses	16,104.			
14	Information technology	49,802.			
15	Royalties	NONE			
16	Occupancy	NONE			
17		4,851.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	195,919.			
20	Interest	NONE			
21	,	NONE			
22	Depreciation, depletion, and amortization	NONE			
23	Insurance	NONE			
24	·				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)	200 015			
	RESEARCH & DEVELOPMENT	377,915.			
	OTHER EXPENSES	1,614.			
C					
d					
	All other expenses Total functional expenses. Add lines 1 through 24e	1,303,244.			
	Joint costs. Complete this line only if the	1,303,244.			
- *	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)				
				1	1

Form **990** (2023)

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,645,787.	1	1,787,403.
	2	Savings and temporary cash investments	NONE	2	NONE
	3	Pledges and grants receivable, net	NONE	3	NONE
	4	Accounts receivable, net	NONE	4	NONE
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
Š	7	Notes and loans receivable, net	NONE		NONE
Assets	8	Inventories for sale or use	NONE		NONE
As	9	Prepaid expenses and deferred charges	2,395.	9	126,491.
	_	Land, buildings, and equipment: cost or other	2,353.		120/191.
		basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation	NONE	100	
	11	Investments - publicly traded securities	NONE		NONE
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13		NONE		NONE
	14	Investments - program-related. See Part IV, line 11			
		Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	NONE		NONE
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,648,182.	16	1,913,894.
	17	Accounts payable and accrued expenses	29,052.	17	98,008.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	NONE		NONE
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
jak		controlled entity or family member of any of these persons	NONE		NONE
_	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	25	NONE
	26	Total liabilities. Add lines 17 through 25	29,052.	26	98,008.
Sec		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions		27	
ä	28	Net assets with donor restrictions		28	
Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	NONE	29	NONE
Assets or	30	Paid-in or capital surplus, or land, building, or equipment fund	NONE		NONE
SS	31	Retained earnings, endowment, accumulated income, or other funds	1,619,130.	31	1,815,886.
¥,	32	Total net assets or fund balances	1,619,130.	32	1,815,886.
Net	33	Total liabilities and net assets/fund balances	1,648,182.	33	1,913,894.
			_, 0 10 / 1021		Form 990 (2023)

Form **990** (2023)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				000.
2	Total expenses (must equal Part IX, column (A), line 25)	2	-	1,3	03,	244.
3	Revenue less expenses. Subtract line 2 from line 1	3		1	96,	756.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,6	19,	<u>130</u> .
5	Net unrealized gains (losses) on investments	5				
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		1,8	15,	<u>886</u> .
Part						
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>	
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	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		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	na			
	separate basis, consolidated basis, or both:					
	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 over	rsight	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	ıdits .		3b		

Form **990** (2023)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

20**23**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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

Open to Public Inspection

•	Section 501(c)(3) organizations:	Complete Parts I-A and B. Do not complete	ete Part I-C.		
•	Section 501(c) (other than section	on 501(c)(3)) organizations: Complete F	Parts I-A and C below. D	Oo not complete Part I-B.	
•	Section 527 organizations: Comp	olete Part I-A only.			
	•	on Form 990, Part IV, line 4, or Form			
	. , . , .	that have filed Form 5768 (election un	` ''	•	•
	() ()	that have NOT filed Form 5768 (election	` '	, .	•
	e organization answered "Yes" (see separate instructions), then	on Form 990, Part IV, line 5 (Proxy	Tax) (see separate in	structions) or Form 990-E	Z, Part V, line 35c (Prox
•	Section 501(c)(4), (5), or (6) orga				
		PID ALLIANCE INC		Employer ide	ntification number
C/(D BROWNE CONSULTING (35-25	711268
		organization is exempt under	section 501(c) or i		
1	•	ne organization's direct and indi			
·	definition of "political campa	•	oot pointour ouring	aigir adurindo iii i ait	
2		xpenditures. See instructions		\$	
		campaign activities. See instruction			
		organization is exempt under			
1		cise tax incurred by the organizatio		5 \$	
2	Enter the amount of any exc	ise tax incurred by organization m	anagers under section	on 4955 \$	
3		a section 4955 tax, did it file Form			
4a	_		-		
	If "Yes," describe in Part IV.				
		organization is exempt under	section 501(c), ex	cept section 501(c)(3).
1		xpended by the filing organization			
2		g organization's funds contributed			
	527 exempt function activities	es		\$	
3		enditures. Add lines 1 and 2. Ent			
4	Did the filing organization file	e Form 1120-POL for this year?		Ψ	Yes No
5	Enter the names, addresses organization made payment the amount of political cont	and employer identification numb s. For each organization listed, en ributions received that were prom nd or a political action committee (I	er (EIN) of all section ter the amount paid optly and directly de	on 527 political organiza I from the filing organiz livered to a separate po	ations to which the filing ation's funds. Also ente litical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Sch	edule C (Form 990) 2023	NTREP	ID ALLIA	NCE INC		35	-2711268 Page 2
Pa	Complete if the organization 501(h)).	anizati	on is exen	npt under section	n 501(c)(3) and	filed Form 5768 (ele	ction under
4				affiliated group (and bbbying expenditures)		ach affiliated group mem	ber's name, address
3	Check if the filing organiza	ation ch	ecked box A	A and "limited contro	ol" provisions app	oly.	
	Limits o	n Lobb	ying Expen	ditures		(a) Filing	(b) Affiliated
	(The term "expenditu	res" me	eans amour	nts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to in	fluence	public opin	ion (grassroots lobb	ying)		
	Total lobbying expenditures to in						
	Total lobbying expenditures (add		-				
	Other exempt purpose expenditu		•				
	Total exempt purpose expenditu				-		
	Lobbying nontaxable amount. E						
-	columns.			g			
	If the amount on line 1e, column (a)	or (b) is:	The lobbying	ng nontaxable amount	is:		
	not over \$500,000,	(,	-	amount on line 1e.			
	over \$500,000 but not over \$1,000,0	000.		us 15% of the excess	over \$500,000.		
	over \$1,000,000 but not over \$1,500		•	us 10% of the excess			
	over \$1,500,000 but not over \$17,00			us 5% of the excess of			
	over \$17,000,000,	,,	\$1,000,000				
a	Grassroots nontaxable amount (enter 25					
_	Subtract line 1g from line 1a. If z				-		
	Subtract line 1f from line 1c. If zo						
	If there is an amount other that					tion file Form 4720	
•	reporting section 4911 tax for th				_		Yes No
				aging Period Unde			
	(Some organizations that				` '	ete all of the five colum	nns below.
	`			te instructions for I			
						,	
		Lobk	ying Expe	nditures During 4-Y	ear Averaging Pe	riod	T
	Calendar year (or fiscal year beginning in)	(a)	2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))						
С	: Total lobbying expenditures						
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))						

Schedule C (Form 990) 2023

JSA 3E1265 1.000

f Grassroots lobbying expenditures

		. 1				
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	1)		(b)	
lescription of the lobbying activity.	Yes	No		Amo	unt	
During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers?						
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
c Media advertisements?						
d Mailings to members, legislators, or the public?						
e Publications, or published or broadcast statements?						
f Grants to other organizations for lobbying purposes?						
g Direct contact with legislators, their staffs, government officials, or a legislative body?						
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?i Other activities?						
i Other activities?						
Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?						
b If "Yes," enter the amount of any tax incurred under section 4912						
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6).	1(c)(5)	, or s	ection	1		
					Yes	No
Were substantially all (90% or more) dues received nondeductible by members?				1		Х
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	Х	
B Did the organization agree to carry over lobbying and political campaign activity expenditures fr				3		Х
Part III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"					3, is	
answered "Yes."			1			
		of				
Dues, assessments and similar amounts from members	unts		_			
Dues, assessments and similar amounts from members	unts		2a			
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). a Current year						
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year			2b			
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year			2c			
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	Jes.					
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	ues n of th	 	2c			
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	 ues n of th	ne	2c 3			
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	ues n of th	ne ng	2c			

Schedule C (Form 990) 2023

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

20**23**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Name	of the organization ${ t INTREPID}$ ${ t ALL}$	IANCE INC			Employer identification	ation number
	BROWNE CONSULTING GROU				35-271126	
Part	General Information o Form 990, Part IV, line 14l		Outside the	United States. Compl	ete if the organization a	answered "Yes" or
	For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	eligibility for t	he grants or		•	Yes No
	For grantmakers. Describe in I outside the United States.	Part V the org	anization's pro	ocedures for monitoring t	the use of its grants an	d other assistance
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	EUROPE	NONE	NONE	PROGRAM SERVICES	MEMBERSHIP DUES	500,000.
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17) 3a	Subtotal	NONE	NONE			500,000.
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)	NONE	NONE			500,000.

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

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 INTREPID ALLIANCE INC 35-2711268 Page **2**

Part II	Grants and Other Assi Part IV, line 15, for any	recipient who received	I more than \$5,000	. Part II can be d	luplicated if addit	ional space is	needed.	<u> </u>	
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
exe	er total number of recipient of mpt 501(c)(3) organization by er total number of other organ	the IRS, or for which the	grantee or counsel h	as provided a sect	tion 501(c)(3) equi	valency letter			

 Schedule F (Form 990) 2023
 INTREPID ALLIANCE INC
 35-2711268
 Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Schedule F (Form 990) 2023

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SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Name of the organization INTREPID ALLIANCE INC C/O BROWNE CONSULTING GROUP

Employer identification number 35-2711268

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:	4-		37
a b	Receive a severance payment or change-of-control payment?	4a 4b		X
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		Δ.
	The second and of lines 44 c, list the persons and provide the applicable amounts for each item in rait in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
_	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
0	in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		
	1. Cogniculation 5 0 0 0 0 1 0 0 0 - 0 (0): 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ש		

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 INTREPID ALLIANCE INC 35-2711268 Page 2

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

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

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

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	C) Retirement and (D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation (iii) Other reportable compensation		other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
NINA HILL	(i)	319,996.	NONE	NONE	NONE	NONE	319,996.	NONE	
1 SECRETARIAT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)								
_ 2	(ii)								
	(i)								
_ 3	(ii)								
	(i)								
4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
_10	(ii)								
	(i)								
11	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

35-2711268

INTREPID ALLIANCE INC

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS MEMBERS THAT ARE ENGAGED IN THE PRODUCTION AND/OR DEVELOPMENT OF PHARMACEUTICAL PRODUCTS.

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

THE MEMBERS HAVE THE RIGHT TO VOTE ON THE ADMISSION OF NEW MEMBERS, THE APPOINTMENT OR ELECTION OF DIRECTORS, THE REMOVAL OF DIRECTORS AND THE ADOPTION, AMENDMENT, CHANGE OR REPEAL OF THE ORGANIZATION'S ORGANIZING DOCUMENTS.

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

THE ORGANIZATION'S FORM 990 IS PROVIDED TO THE BOARD FOR REVIEW PRIOR TO FILING.

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

THE CORPORATION'S BOARD HAS ADOPTED A CONFLICT OF INTEREST POLICY THAT REQUIRES OFFICERS AND DIRECTORS OF THE CORPORATION TO, ON AN ANNUAL BASIS, SIGN A STATEMENT AFFIRMING THAT THEY HAVE RECEIVED A COPY OF THE POLICY, HAVE READ AND UNDERSTAND THE POLICY, AND HAVE AGREED TO COMPLY WITH THE POLICY.

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

990'S WERE REVIEWED FOR COMPARABLE FEES FOR CONSULTANTS WHO SERVE AS CEO,
EXECUTIVE DIRECTOR OR SECRETARIAT; CONSULTANT HOURLY RATES WERE ALSO
COMPARED TO HOURLY RATES OF COMPARABLE CONSULTANTS IN LIFE SCIENCES. THE

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number

INTREPID ALLIANCE INC 35-2711268

CHAIR AND TREASURER REVIEWED AND APPROVED THE HOURLY RATE AND BASED UPON THE NUMBER OF HOURS SPENT WORKING IN 2022 AND BASED UPON THE STRATEGIC WORK PLAN FOR 2023 A TARGET RANGE OF HOURS WAS ARRIVED AT. THE RATE WAS APPROVED BY THE FINANCE COMMITTEE AND BY THE BOARD. A WRITTEN CONTRACT WAS EXECUTED IN 2022.

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

THE CORPORATION MAKES THESE DOCUMENTS AVAILABLE UPON WRITTEN REQUEST TO THE SECRETARY.

Name of the organization

INTREPID ALLIANCE INC

35-2711268

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE PRIMARY PURPOSE OF THE CORPORATION IS TO PROMOTE THE COMMON BUSINESS INTEREST OF ITS MEMBERS OF ADVANCING GLOBAL HEALTH SECURITY THROUGH PANDEMIC PREPAREDNESS EFFORTS.

THE CORPORATION WILL PURSUE THIS PURPOSE BY PROMOTING THE DEVELOPMENT OF NEW TREATMENTS FOR EMERGING VIRAL PANDEMIC PATHOGENS THROUGH COORDINATED EARLY SCIENCE, POLICY AND ADVOCACY, STAKEHOLDER ENGAGEMENT THAT FACILITATES INFORMATION SHARING, AND ADVANCING AND CREATING EFFICIENCIES IN EARLY RESEARCH AND DEVELOPMENT AMONG ITS MEMBERS AND OTHERS IN THE ANTIVIRAL R&D ECOSYSTEM.

IN THIS WAY THE CORPORATION AIMS TO SUPPORT THE 100 DAY MISSION, AN INTERNATIONAL EFFORT BY THE INTERNATIONAL PANDEMIC PREPAREDNESS SECRETARIAT(IPPS.ORG) "TO PREPARE AS MUCH AS POSSIBLE SO THAT WITHIN THE FIRST 100 DAYS A PANDEMIC THREAT IS IDENTIFIED AN INITIAL REGIMEN OF THERAPEUTICS" CAN BE MADE AVAILABLE BY RESEARCH ENTERPRISES THAT ARE SAFE, EFFECTIVE AND AFFORDABLE.

Schedule O (Form 990 or 990-EZ) 2023

JSA

Name of the organization

INTREPID ALLIANCE INC

35-2711268

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

BEYOND COVID-19, GLOBALIZATION, URBAN EXPANSION, AND EXPLOITATION OF NATURAL HABITATS SUGGEST HUMANITY WILL FACE NEW FORMS OF RESPIRATORY AND OTHER PATHOGENS THAT HOLD THE POTENTIAL TO CAUSE PANDEMICS. ORALLY AVAILABLE SMALL-MOLECULE ANTIVIRAL DRUGS FOR RAPID MOBILIZATION AND DISTRIBUTION ARE A CRITICAL TOOL TO PROTECT SOCIETIES FROM ANOTHER VIRAL PANDEMIC. UNLIKE SOME VACCINES AND ANTIBODIES, ANTIVIRAL THERAPIES MIGHT BE LESS PRONE TO THE IMPACT OF VIRUS GENETIC EVOLUTION, MAY BE EFFECTIVE AGAINST A BROAD RANGE OF VIRUSES, AND CAN CHANGE THE COURSE OF DISEASE EVEN AFTER INFECTION. MOST SMALL MOLECULE ANTIVIRALS CAN BE PRODUCED RAPIDLY AND COST-EFFECTIVELY AT A GLOBAL SCALE IN EXISTING FACILITIES, BUT THEY REQUIRE YEARS TO DISCOVER AND DEVELOP, SO IT IS CRITICAL TO PROMOTE AND SUPPORT RESEARCH, ADVOCACY, AND SCIENTIFIC INFORMATION SHARING ACROSS THE ACADEMIC BIOTECH AND PHARMACEUTICAL INDUSTRY. IN ORDER TO CREATE EFFICIENCIES IN THE R&D ECOSYSTEM, THE CORPORATION WILL COLLABORATE WITH PARTNERS IN OTHER SECTORS AND ITS MEMBERS IN EXPLORING REDUNDANCIES AND OPPORTUNITIES TO COLLABORATE FOR THE BENEFIT OF HUMANITY SUCH AS SHARING NEW RESEARCH FINDINGS, CREATING GUIDELINES SUCH AS TARGET PRODUCT PROFILES, BENCHMARKING GLOBAL R&D EFFORTS AGAINST PATHOGENS OF PANDEMIC CONCERN AND CREATING A LISTING OF PROMISING LEAD PRODUCT CANDIDATES BY RESEARCHERS GLOBALLY. WE HOPE TO ACCELERATE THE COLLECTIVE UNDERSTANDING OF VIRAL TARGETS AND INCREASE THE LIKELIHOOD OF THE R&D ECOSYSTEM IN IDENTIFYING PROMISING LEADS. THE CORPORATION INTENDS TO FACILITATE FURTHER SCIENTIFIC INFORMATION SHARING BY DEVELOPING WHITE PAPERS ON RELEVANT TOPICS, PERFORMING A LANDSCAPE AND NEEDS ASSESSMENT ACROSS PUBLIC AND PRIVATE ANTIVIRAL RESEARCH SECTORS, AND PROVIDING KNOWLEDGE-SHARING OPPORTUNITIES THROUGH ORGANIZING MEETINGS AND SEMINARS. THE CORPORATION ALSO ORGANIZED AND PRODUCED A GLOBAL SUMMIT ON ANTIVIRAL PREPAREDNESS FOR 100 STAKEHOLDERS, PUBLISHED AND DISSEMINATED THE ANTIVIRAL SUMMIT PROCEEDINGS AND RECOMMENDATIONS, RESEARCHED, ANALYZED AND AUTHORED THE ANTIVIRAL CLINICAL DEVELOPMENT LANDSCAPE FOR PUBLICATION IN JANUARY 2024 AND DEVELOPED A TARGET COMPOUND PROFILE TO GUIDE ACADEMIC, BIOTECH, PHARMA AND GOVERNMENT DRUG DEVELOPERS IN THEIR R&D FOR ANTIVIRALS.

Schedule O (Form 990 or 990-EZ) 2023

JSA

Name of the organization	Employer identification number
INTREPID ALLIANCE INC	35-2711268

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
HILL SCIENTIFIC AND PUBLIC AFFAIRS,	LLC	
420 EAST 72ND STREET	~~~~~~	210 005
NEW YORK, NY 10021	SECRETARIAT	319,996.
JOHN C. POTTAGE JR		
107 DEVON ROAD		
PAOLI, PA 19301	R&D CONSULTANT	154,750.
COVINGTON AND BURLING		
P.O. BOX 3225		
CAROL STREAM, IL 60132	LEGAL	147,070.
ROPES & GRAY		
800 BOYLSTON STREET		
BOSTON, MA 02199	LEGAL	114,072.
DUDIUM, MA UZIJJ	TEQUT	114,072.

Schedule O (Form 990 or 990-EZ) 2023