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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 **and ending** JUN 30, 2012

B Check if applicable:
- ☐ Address change
- ☒ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
RHEUMATOLOGY RESEARCH FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 2200 LAKE BOULEVARD NE

Room/suite

City or town, state or country, and ZIP + 4
ATLANTA, GA 30319

F Name and address of principal officer: STEVE ECHARD
SAME AS C ABOVE

D Employer identification number
58-1654301

E Telephone number
404-633-3777

G Gross receipts $ 62,823,381.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( )◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.RHEUMATOLOGY.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1985 **M** State of legal domicile IL

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SUPPORT RESEARCH & TRAINING THAT ADVANCES THE PREVENTION, TREATMENT AND CURE OF RHEUMATIC DISEASES.		
	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	13,995,938.	18,359,528.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,942,934.	1,581,501.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,205.	57,522.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,946,077.	19,998,551.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,558,495.	7,781,289.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 885,453.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,132,848.	2,400,762.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,691,343.	10,182,051.
	19	Revenue less expenses. Subtract line 18 from line 12	4,254,734.	9,816,500.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	59,088,974.	68,122,057.
	21	Total liabilities (Part X, line 26)	86,226.	312,124.
	22	Net assets or fund balances. Subtract line 21 from line 20	59,002,748.	67,809,933.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ STEVE ECHARD, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: AMY BIBBY	Preparer's signature: Amy Bibby	Date: 4/30/13	Check ☐ if self-employed	PTIN: P00445891
Firm's name ▶ DIXON HUGHES GOODMAN LLP			Firm's EIN ▶ 56-0747981	
Firm's address ▶ 500 RIDGEFIELD COURT ASHEVILLE, NC 28806			Phone no (828) 254-2254	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

916 12

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE MISSION OF THE RHEUMATOLOGY RESEARCH FOUNDATION IS ADVANCING RESEARCH AND TRAINING TO IMPROVE THE HEALTH OF PEOPLE WITH RHEUMATIC DISEASES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
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
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 expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses $ 9,003,470. including grants of $ 7,781,289.) (Revenue $ _____)
IN FY 2012, THE FOUNDATION LAUNCHED THE JOURNEY TO CURE CAMPAIGN. THIS IS A $60 MILLION MULTIYEAR CAMPAIGN, WHICH SEEKS TO FURTHER INVEST IN EFFORTS TO ADVANCE PATIENT CARE AND ACCELERATE DISCOVERIES IN RHEUMATIC DISEASE RESEARCH. THE FOUNDATION'S MISSION OBJECTIVES ARE AS FOLLOWS:

ADVANCING TREATMENTS:
TO RECRUIT AND TRAIN FUTURE RHEUMATOLOGISTS AND RHEUMATOLOGY EDUCATORS, AND DEVELOP FUTURE RESEARCHERS, AND FOSTER THE BEST NOVEL RESEARCH IDEAS IN EACH NICHE OF RHEUMATOLOGY. MORE THAN $4.2 MILLION WAS PROVIDED FOR OVER 100 CAREER DEVELOPMENT AND TRAINING AWARDS.
SEE SCHEDULE O FOR CONTINUATION

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O.)
(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e **Total program service expenses** ▶ 9,003,470.

SEE SCHEDULE O FOR CONTINUATION(S)

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
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 Revenue Procedure 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; 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 temporarily restricted endowments, permanent endowments, or 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, VIII, IX, or X as applicable.			
a	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 of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
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, XII, and XIII*	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, XII, and XIII 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		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States 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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash 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, Parts II, III, IV, and V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		X
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	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	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," provide an explanation in Schedule O*	3b			
4a	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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	5a			X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c			
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	6a			X
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?	6b			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of 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			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	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.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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

Check if Schedule O contains a response to any question in this Part VI . X

Section 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	16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.				
a	The governing body?	8a		X	
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 reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶GA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website X Another's website X Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

COLLEEN MERKEL - 404-633-3777

2200 LAKE BOULEVARD NE, ATLANTA, GA 30319

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

Check if Schedule O contains a response to any question 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) E. WILLIAM ST. CLAIR, MD PRESIDENT	10.00	X		X				0.	50,604.	0.
(2) DAVID DAIKH, MD, PHD RRF VICE PRESIDENT	10.00	X		X				0.	0.	0.
(3) AUDREY UKNIS, MD RRF TREASURER	5.00	X		X				0.	41,436.	0.
(4) JOSEPH FLOOD, MD ACR/REF SECRETARY	5.00	X		X				0.	44,850.	0.
(5) ROBERT A. COLBERT, MD, PHD MEMBER-AT-LARGE	2.00	X						0.	0.	0.
(6) GARY S. FIRESTEIN, MD MEMBER-AT-LARGE	2.00	X						0.	0.	0.
(7) BRUCE CRONSTEIN, MD RESEARCH REPRESENTATIVE	2.00	X						0.	0.	0.
(8) EMILY M. ISAACS, MD CHAIR, SCIENTIFIC ADVISORY	5.00	X						0.	0.	0.
(9) DAVID R. KARP, MD, PHD MEMBER-AT-LARGE	5.00	X						0.	0.	0.
(10) ANNE DAVIDSON, MBBS, FRACP CHAIR, SCIENTIFIC ADVISORY	5.00	X						0.	0.	0.
(11) KATHERINE S. UPCHURCH, MD MEMBER-AT-LARGE	2.00	X						0.	0.	0.
(12) WILLIAM ARNOLD, MD MEMBER-AT-LARGE	2.00	X						0.	1,200.	0.
(13) ABBY ABELSON, MD WORKFORCE AND TRAINING REP	5.00	X						0.	0.	0.
(14) KENNETH BAHRT, MD MEMBER-AT-LARGE	2.00	X						0.	0.	0.
(15) LEIGH CALLAHAN, PHD MEMBER-AT-LARGE	2.00	X						0.	0.	0.
(16) LIANA FRAENKEL, MD, MPH MEMBER-AT-LARGE	2.00	X						0.	0.	0.
(17) ALAN FRIEDMAN, MD MEMBER-AT-LARGE	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MAURA IVERSON, PT, DPT, SD, MPH ARHP REPRESENTATIVE	2.00	X						0.	3,150.	0.
(19) GREGG J. SILVERMAN, MD MEMBER-AT-LARGE	2.00	X						0.	0.	0.
(20) STUART KASSAN, MD MEMBER-AT-LARGE	2.00	X						0.	0.	0.
(21) GREG KEENAN, MD MEMBER-AT-LARGE	2.00	X						0.	0.	0.
(22) STEVEN ECHARD, IOM, CAE EXECUTIVE DIRECTOR	40.00			X				0.	150,261.	29,318.
(23) COLLEEN MERKEL, CPA VP, OPERATIONS & FINANCE	11.00			X				0.	128,164.	12,609.
1b Sub-total						▶		0.	419,665.	41,927.
c Total from continuation sheets to Part VII, Section A						▶		0.	0.	0.
d Total (add lines 1b and 1c)						▶		0.	419,665.	41,927.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	5,610.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	18,353,918.			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		18,359,528.			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		858,890.			858,890.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	43,547,441.				
	b Less: cost or other basis and sales expenses	42,824,830.				
	c Gain or (loss)	722611.				
	d Net gain or (loss)			722,611.		722,611.
	8a Gross income from fundraising events (not including $ 5,610. of contributions reported on line 1c). See Part IV, line 18	a	0.			
	b Less: direct expenses	b	0.			
	c Net income or (loss) from fundraising events			0.		
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a OTHER REVENUE	900099	57,522.			57,522.
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		57,522.			
	12 **Total revenue.** See instructions		19,998,551.	0.	0.	1,639,023.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX ☐

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	7,627,789.	7,627,789.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	153,500.	153,500.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	1,407,753.	881,235.	74,351.	452,167.
b	Legal	9,232.		9,232.	
c	Accounting	30,780.	6,999.	10,327.	13,454.
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	23,950.	5,447.	8,035.	10,468.
g	Other	147,123.	35,535.	43,241.	68,347.
12	Advertising and promotion				
13	Office expenses	178,515.	44,163.	23,980.	110,372.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	355,770.	190,529.	65,198.	100,043.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	193,184.	52,760.	33,425.	106,999.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,189.	5,513.	1,838.	1,838.
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	MISCELLANEOUS	45,266.		23,501.	21,765.
b					
c					
d					
e	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24e	10,182,051.	9,003,470.	293,128.	885,453.
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)				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		9,352,249.	2	14,136,005.
	3	Pledges and grants receivable, net		12,084,373.	3	17,946,163.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		231,776.	9	25,492.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 114,077.			
	b	Less: accumulated depreciation	10b 45,226.	77,977.	10c	68,851.
	11	Investments - publicly traded securities		33,508,577.	11	32,200,761.
	12	Investments - other securities. See Part IV, line 11		3,834,022.	12	3,744,785.
	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 equal line 34)		59,088,974.	16	68,122,057.
Liabilities	17	Accounts payable and accrued expenses		86,226.	17	312,124.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		86,226.	26	312,124.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		31,937,695.	27	30,504,680.
	28	Temporarily restricted net assets		24,759,258.	28	34,999,458.
	29	Permanently restricted net assets		2,305,795.	29	2,305,795.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		59,002,748.	33	67,809,933.
	34	Total liabilities and net assets/fund balances		59,088,974.	34	68,122,057.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,998,551.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,182,051.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,816,500.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	59,002,748.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<1,009,316.>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	67,809,932.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [X]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	**Employer identification number**
RHEUMATOLOGY RESEARCH FOUNDATION	58-1654301

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,673,560.	10,860,980.	8,363,097.	13,995,938.	18,359,528.	59,253,103.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	7,673,560.	10,860,980.	8,363,097.	13,995,938.	18,359,528.	59,253,103.
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)						25,982,430.
6 **Public support.** Subtract line 5 from line 4						33,270,673.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	7,673,560.	10,860,980.	8,363,097.	13,995,938.	18,359,528.	59,253,103.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,136,031.	1,062,199.	867,321.	796,173.	858,890.	4,720,614.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	11,260.	10,656.	9,071.	7,205.	57,523.	95,715.
11 **Total support.** Add lines 7 through 10						64,069,432.
12 Gross receipts from related activities, etc. (see instructions)					12	21,417.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	51.93 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	53.36 %

16a **33 1/3% support test - 2011.** 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 ▶ ☒

b **33 1/3% support test - 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2011.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 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 acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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 IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
RHEUMATOLOGY RESEARCH FOUNDATION

Employer identification number
58-1654301

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, 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 year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	27,906,194.	22,898,316.	19,229,487.	21,795,597.	
b	Contributions	3,600,000.	1,494,464.	1,500,000.	247,500.	
c	Net investment earnings, gains, and losses	<64,985.>	4,334,742.	2,374,518.	<2,759,219.>	
d	Grants or scholarships					
e	Other expenditures for facilities and programs	1,003,277.	821,328.	205,689.	54,391.	
f	Administrative expenses					
g	End of year balance	30,437,932.	27,906,194.	22,898,316.	19,229,487.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 74.90 %
b Permanent endowment ▶ 7.60 %
c Temporarily restricted endowment ▶ 17.50 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i)	unrelated organizations	3a(i)	X
(ii)	related organizations	3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
c	Leasehold improvements				
d	Equipment		114,077.	45,226.	68,851.
e	Other				
Total.	Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			▶	68,851.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	3,744,785.	END-OF-YEAR MARKET VALUE
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶	3,744,785.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	19,998,551.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,182,051.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	9,816,500.
4	Net unrealized gains (losses) on investments	4	<1,981,390.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	972,074.
9	Total adjustments (net). Add lines 4 through 8	9	<1,009,316.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	8,807,184.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	18,017,161.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	<1,981,390.>		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	<1,981,390.>
3	Subtract line 2e from line 1			3	19,998,551.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	19,998,551.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	9,209,976.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	9,209,976.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	972,074.		
c	Add lines 4a and 4b			4c	972,074.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	10,182,050.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE FOUNDATION'S ENDOWMENT CONSISTS OF TWELVE INDIVIDUALS FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS, A TERM ENDOWMENT AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS.

PART X, LINE 2: INCOME TAXES- THE FOUNDATION IS RECOGNIZED AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (THE CODE) AS AN ORGANIZATION DESCRIBED IN SECTION

Part XIV Supplemental Information *(continued)*

501(C)(3) WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 512(A) OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED.

THE FOUNDATION HAS EVALUATED ITS TAX POSITIONS AND DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2012. FISCAL YEARS ENDING ON AND AFTER JUNE 30,2010 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

RECOVERIES OF PRIOR YEAR GRANTS	972,074.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

RECOVERIES OF PRIOR YEAR GRANTS	972,074.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
RHEUMATOLOGY RESEARCH FOUNDATION

Employer identification number
58-1654301

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK AVE. - BRONX, NY 10461	13-1624225	501C3	50,000.	0.			ACR REF RHEUMATOLOGY SCIENTIST DEVELOPMENT AWARD
BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA MEDICAL CENTER - 987835 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198-7835	47-0049123	501C3	25,000.	0.			ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA MEDICAL CENTER - 987835 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198-7835	47-0049123	501C3	400,000.	0.			WITHIN OUR REACH RA COLLABORATIVE GRANT - CLINICAL RESEARCH
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM - 21 NORTH PARK ST. - MADISON, WI 53715	39-6006492	501C3	25,455.	0.			ACR REF/AF CAREER DEVELOPMENT BRIDGE FUNDING AWARD
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM - 21 NORTH PARK ST. - MADISON, WI 53715	39-6006492	501C3	50,000.	0.			ACR REF RHEUMATOLOGY SCIENTIST DEVELOPMENT AWARD
BRIGHAM & WOMENS HOSPITAL 45 FRANCIS ST BOSTON, MA 02115	04-2312909	501C3	37,500.	0.			ACR REF RHEUMATOLOGY SCIENTIST DEVELOPMENT AWARD

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 118.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHAM & WOMENS HOSPITAL 45 FRANCIS ST BOSTON, MA 02115	04-2312909	501C3	50,000.	0.			ACR REF PHYSICIAN SCIENTIST DEVELOPMENT AWARD
BRIGHAM & WOMENS HOSPITAL 45 FRANCIS ST BOSTON, MA 02115	04-2312909	501C3	355,582.	0.			ACR REF RHEUMATOLOGY INVESTIGATOR AWARD
CHILDREN'S HOSPITAL OF PHILADELPHIA - 3615 CIVIC CENTER BLVD, RESEARCH INSTITUTE - PHILADELPHIA, PA 19104-4318	23-1352166	501C3	25,000.	0.			ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
CHILDREN'S HOSPITAL OF PHILADELPHIA - 3615 CIVIC CENTER BLVD, RESEARCH INSTITUTE - PHILADELPHIA, PA 19104-4318	23-3152166	501C3	50,000.	0.			ACR REF RHEUMATOLOGY SCIENTIST DEVELOPMENT AWARD
CHILDREN'S HOSPITAL OF PHILADELPHIA - 3615 CIVIC CENTER BLVD, RESEARCH INSTITUTE - PHILADELPHIA, PA 19104-4318	23-1352166	501C3	60,000.	0.			ACR REF CLINICIAN SCHOLAR EDUCATOR AWARD
CHILDREN'S MERCY HOSPITAL 2401 GILHAM RD. KANSAS CITY, MO 64108	44-0605373	501C3	122,825.	0.			ACR REF RHEUMATOLOGY INVESTIGATOR AWARD
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - 3333 BURNET AVE - CINCINNATI, OH 45229	31-0833936	501C3	25,000.	0.			ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
DUKE UNIVERSITY MEDICAL CENTER 2118 SUNSET AVE DURHAM, NC 27705	52-0532129	501C3	1,000.	0.			ACR REF/ABBOTT MEDICAL STUDENT RESEARCH PRECEPTORSHIP
DUKE UNIVERSITY MEDICAL CENTER 2118 SUNSET AVE DURHAM, NC 27705	56-0532129	501C3	50,000.	0.			ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUKE UNIVERSITY MEDICAL CENTER 2118 SUNSET AVE DURHAM, NC 27705	52-0532129	501C3	60,000.	0.			ACR REF CLINICIAN SCHOLAR EDUCATOR AWARD
EMORY UNIVERISTY 1599 CLIFTON RD. NE, 4TH FLOOR ATLANTA, GA 30322	58-0566256	501C3	2,000.	0.			ACR REF/ABBOTT HEALTH PROFESSIONAL GRADUATE STUDENT RESEARCH PRECEPTORSHIP
EMORY UNIVERISTY 1599 CLIFTON RD. NE, 4TH FLOOR ATLANTA, GA 30322	58-0566256	501C3	19,576.	0.			ACR REF/AF CAREER DEVELOPMENT BRIDGE FUNDING AWARD
FLETCHER ALLEN HEALTH CARE 111 COLCHESTER AVENUE, MAILSTOP 130 BURLINGTON, VT 05401	03-0219309	501C3	25,000.	0.			ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
GEORGETOWN UNIVERSITY MEDICAL CENTER - 3300 WHITEHAVE ST. NW, STE 1100 HARRIS BUILDING - WASHINGTON, DC 20007	53-0196603	501C3	1,000.	0.			ACR REF/ABBOTT MEDICAL STUDENT RESEARCH PRECEPTORSHIP
GEORGETOWN UNIVERSITY MEDICAL CENTER - 3300 WHITEHAVE ST. NW, STE 1100 HARRIS BUILDING - WASHINGTON, DC 20007	53-0196603	501C3	25,000.	0.			ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH ST NEW YORK, NY 10021	13-1624135	501C3	50,000.	0.			ACR REF PHYSICIAN SCIENTIST DEVELOPMENT AWARD
HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH ST NEW YORK, NY 10021	13-1624135	501C3	120,000.	0.			ACR REF CLINICIAN SCHOLAR EDUCATOR AWARD
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE - BROADWAY RESEARCH BUILDING 733 N. BROADWAY/ SUITE 117 - BALTIMORE, MD 21205	52-0595110	501C3	25,000.	0.			ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE - BROADWAY RESEARCH BUILDING 733 N. BROADWAY/ SUITE 117 - BALTIMORE, MD 21205	52-0595110	501C3	37,500.	0.			ACR REF/AF CAREER DEVELOPMENT BRIDGE FUNDING AWARD
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE - BROADWAY RESEARCH BUILDING 733 N. BROADWAY/ SUITE 117 - BALTIMORE, MD 21205	52-0595110	501C3	50,000.	0.			ACR REF RHEUMATOLOGY SCIENTIST DEVELOPMENT AWARD
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE - BROADWAY RESEARCH BUILDING 733 N. BROADWAY/ SUITE 117 - BALTIMORE, MD 21205	52-0595110	501C3	200,000.	0.			WITHIN OUR REACH RA INVESTIGATOR INITIATED GRANT - CLINICAL RESEARCH
LOYOLA UNIVERSITY MEDICAL CENTER 2160 SOUTH FIRST AVE. MAYWOOD, IL 60153	36-4015560	501C3	55,500.	0.			ACR REF CLINICIAN SCHOLAR EDUCATOR AWARD
LSUHSC, SHREVEPORT 1501 KINGS HIGHWAY SHREVEPORT, LA 71103	72-0702002	501C3	25,000.	0.			ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE, SUITE 300 BOSTON, MA 02116	10-4269783	501C3	75,000.	0.			ACR REF RHEUMATOLOGY SCIENTIST DEVELOPMENT AWARD
METROHEALTH MEDICAL CENTER PO BOX 73308 CLEVELAND, OH 44193	34-6004382	501C3	50,000.	0.			PILOT - ACR REF RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
NORTH SHORE MEDICAL CENTER 79 HIGHLAND AVE, SUITE 317 SALEM, MA 01970	04-3399616	501C3	15,000.	0.			ACR REF/EPHRAIM P. ENGLEMAN ENDOWED RESIDENT RESEARCH PRECEPTORSHIP
NORTHWESTERN UNIVERSITY 750 N. LAKE SHORE DRIVE, RUBLOFF 7T CHICAGO, IL 60611	36-2167817	501C3	25,000.	0.			ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWESTERN UNIVERSITY 750 N. LAKE SHORE DRIVE, RUBLOFF 7T CHICAGO, IL 60611	36-2167817	501C3	87,802.	0.			ACR REF RHEUMATOLOGY SCIENTIST DEVELOPMENT AWARD
NYU HOSPITAL FOR JOINT DISEASES 301 E. 17TH STREET, RM. 1410 NEW YORK, NY 10003	56-0532129	501C3	25,000.	0.			ACR REF/PAULA DE MERIEUX RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
OFFICE OF RESEARCH UNIVERSITY OF PITTSBURGH - 123 UNIVERSITY PLACE - PITTSBURGH, PA 15213-2303	25-0965591	501C3	25,000.	0.			ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
OFFICE OF RESEARCH UNIVERSITY OF PITTSBURGH - 123 UNIVERSITY PLACE - PITTSBURGH, PA 15213-2303	25-0965591	501C3	99,000.	0.			WITHIN OUR REACH RA CLINICAL TRIAL PLANNING GRANT
OREGON HEALTH AND SCIENCE UNIVERSITY - 3181 SW SAM JACKSON PARK ROAD - PORTLAND, OR 97239	93-1176109	501C3	25,000.	0.			ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
PENNSYLVANIA STATE COLLEGE OF MEDICINE - PO BOX G-230 - HERSHEY, PA 17033-0850	24-6000376	501C3	200,000.	0.			WITHIN OUR REACH RA INVESTIGATOR INITIATED GRANT - TRANSLATIONAL RESEARCH
PENNSYLVANIA STATE COLLEGE OF MEDICINE - PO BOX G-230 - HERSHEY, PA 17033-0850	24-6000376	501C3	1,000.	0.			ACR REF/ABBOTT MEDICAL STUDENT RESEARCH PRECEPTORSHIP
REGENTS OF THE UNIVERSITY OF CALIFORNIA - LOS ANGELES - 1000 VETERAN AVE - LOS ANGELES, CA 90095	95-6006143	501C3	500.	0.			ACR REF/ABBOTT MEDICAL STUDENT CLINICAL PRECEPTORSHIP
REGENTS OF THE UNIVERSITY OF CALIFORNIA - LOS ANGELES - 1000 VETERAN AVE - LOS ANGELES, CA 90095	95-6006143	501C3	6,000.	0.			ACR REF/ABBOTT HEALTH PROFESSIONAL GRADUATE STUDENT RESEARCH PRECEPTORSHIP

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF CALIFORNIA - LOS ANGELES - 1000 VETERAN AVE - LOS ANGELES, CA 90095	95-6006143	501C3	50,000.	0.			ACR REF RHEUMATOLOGY SCIENTIST DEVELOPMENT AWARD
REGENTS OF THE UNIVERSITY OF CALIFORNIA - LOS ANGELES - BOX 951432, 1125 MURPHY HALL, 405 HILGARD AVE - LOS ANGELES, CA	95-6006143	501C3	50,000.	0.			ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
REGENTS OF THE UNIVERSITY OF CALIFORNIA - LOS ANGELES - 1000 VETERAN AVE - LOS ANGELES, CA 90095	95-6006143	501C3	187,500.	0.			ACR REF/AF CAREER DEVELOPMENT BRIDGE FUNDING AWARD
REGENTS OF UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE MC 0012 - LA JOLLA, CA 92093	95-6006144	501C3	25,000.	0.			ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
SAINT LOUIS UNIVERSITY FUSZ MEMORIAL HALL, 3700 WEST PINE ST. LOUIS, MO 63108	43-0654872	501C3	25,000.	0.			ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
SEATTLE CHILDREN'S HOSPITAL MAILSTOP S-200, PO BOX 5371 SEATTLE, WA 98145	91-1156519	501C3	50,000.	0.			ACR REF RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
STANFORD UNIVERSITY 1000 WELCH RD STE 203 PALO ALTO, CA 94304	94-1156365	501C3	25,000.	0.			ACR REF PHYSICIAN SCIENTIST DEVELOPMENT AWARD
STANFORD UNIVERSITY 1000 WELCH RD STE 203 PALO ALTO, CA 94304	94-1156365	501C3	25,000.	0.			ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
STANFORD UNIVERSITY 1000 WELCH RD STE 203 PALO ALTO, CA 94304	94-1156365	501C3	60,000.	0.			ACR REF CLINICIAN SCHOLAR EDUCATOR AWARD

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNY UNIVERSITY OF PHYSICIANS OF BROOKLYN - 450 CLARKSON AVE., BOX 50 - BROOKLYN, NY 11203	14-1368361	501C3	51,250.	0.			ACR REF CLINICIAN SCHOLAR EDUCATOR AWARD
THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH - 350 COMMUNITY DRIVE - MANHASSET, NY 11030-2816	11-2673595	501C3	1,000.	0.			ACR REF/ABBOTT MEDICAL STUDENT RESEARCH PRECEPTORSHIP
THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH - 350 COMMUNITY DRIVE - MANHASSET, NY 11030-2816	11-2673595	501C3	99,000.	0.			WITHIN OUR REACH RA CLINICAL TRIAL PLANNING GRANT
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 5520 MSRB - ANN ARBOR, MI 48109	38-6006309	501C3	50,000.	0.			ACR REF RHEUMATOLOGY SCIENTIST DEVELOPMENT AWARD
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 5520 MSRB - ANN ARBOR, MI 48109	38-6006309	501C3	60,000.	0.			ACR REF CLINICIAN SCHOLAR EDUCATOR AWARD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCO - PO BOX 0795 - SAN FRANCISCO, CA 94143	94-6036493	501C3	15,000.	0.			ACR REF/EPHRAIM P. ENGLEMAN ENDOWED RESIDENT RESEARCH PRECEPTORSHIP
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCO - PO BOX 0795 - SAN FRANCISCO, CA 94143	94-6036403	501C3	25,000.	0.			ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCO - PO BOX 0795 - SAN FRANCISCO, CA 94143	94-6036493	501C3	50,000.	0.			ACR REF PHYSICIAN SCIENTIST DEVELOPMENT AWARD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCO - PO BOX 0795 - SAN FRANCISCO, CA 94143	94-6036493	501C3	200,000.	0.			WITHIN OUR REACH RA INVESTIGATOR INITIATED GRANT - CLINICAL RESEARCH

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCO - PO BOX 0795 - SAN FRANCISCO, CA 94143	94-6036493	501C3	225,000.	0.			ACR REF RHEUMATOLOGY SCIENTIST DEVELOPMENT AWARD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCO - PO BOX 0795 - SAN FRANCISCO, CA 94143	94-6036493	501C3	312,500.	0.			ACR REF RHEUMATOLOGY INVESTIGATOR AWARD
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 630 W168 STREET, BOX 49 - NEW YORK, NY 10032-3702	52-0595110	501C3	597,941.	0.			WITHIN OUR REACH RA INVESTIGATOR INITIATED GRANT - TRANSLATIONAL RESEARCH
TRUSTEES OF BOSTON UNIVERSITY EVANS 501 715 ALBANY ST BOSTON, MA 02118	04-2103547	501C3	59,900.	0.			ACR REF CLINICIAN SCHOLAR EDUCATOR AWARD
TRUSTEES OF BOSTON UNIVERSITY EVANS 501 715 ALBANY ST BOSTON, MA 02118	04-2103547	501C3	125,000.	0.			ACR REF RHEUMATOLOGY INVESTIGATOR AWARD
TRUSTEES OF BOSTON UNIVERSITY EVANS 501 715 ALBANY ST BOSTON, MA 02118	04-2103547	501C3	174,977.	0.			ACR REF RHEUMATOLOGY SCIENTIST DEVELOPMENT AWARD
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1530 3RD AVENUE SOUTH, AB 1170 - BIRMINGHAM, AL 35294-0111	63-6006396	501C3	25,000.	0.			ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1530 3RD AVENUE SOUTH, AB 1170 - BIRMINGHAM, AL 35294-0111	63-6006396	501C3	99,000.	0.			WITHIN OUR REACH RA CLINICAL TRIAL PLANNING GRANT
UNIVERSITY OF CHICAGO 970 E. 58TH STREET CHICAGO, IL 60637	36-2177139	501C3	25,000.	0.			ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CHICAGO 970 E. 58TH STREET CHICAGO, IL 60637	36-2177139	501C3	90,359.	0.			ACR REF RHEUMATOLOGY SCIENTIST DEVELOPMENT AWARD
UNIVERSITY OF COLORADO AT DENVER 777 BANNOCK ST DENVER, CO 80204	84-6000555	501C3	2,000.	0.			ACR REF/ABBOTT HEALTH PROFESSIONAL GRADUATE STUDENT RESEARCH PRECEPTORSHIP
UNIVERSITY OF COLORADO AT DENVER 777 BANNOCK ST DENVER, CO 80204	84-6000555	501C3	25,000.	0.			ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
UNIVERSITY OF COLORADO AT DENVER 777 BANNOCK ST DENVER, CO 80204	84-6000555	501C3	50,000.	0.			ACR REF RHEUMATOLOGY SCIENTIST DEVELOPMENT AWARD
UNIVERSITY OF COLORADO AT DENVER 777 BANNOCK ST DENVER, CO 80204	84-6000555	501C3	99,000.	0.			WITHIN OUR REACH RA CLINICAL TRIAL PLANNING GRANT
UNIVERSITY OF COLORADO AT DENVER 777 BANNOCK ST DENVER, CO 80204	84-6000555	501C3	199,983.	0.			WITHIN OUR REACH RA INVESTIGATOR INITIATED GRANT - TRANSLATIONAL RESEARCH
UNIVERSITY OF FLORIDA 123 GRINTER HALL GAINESVILLE, FL 32605	59-6002052	501C3	25,000.	0.			ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 109 KINKEAD HALL - LEXINGTON, KY 40506	61-6033693	501C3	75,000.	0.			ACR REF RHEUMATOLOGY SCIENTIST DEVELOPMENT AWARD
UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE - 1400 NW 10TH AVE. - MIAMI, FL 33136	59-0624458	501C3	25,000.	0.			ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE - PO BOX 016960 (R64) - MIAMI, FL 33101	25-0965591	501C3	200,000.	0.			WITHIN OUR REACH RA INVESTIGATOR INITIATED GRANT - TRANSLATIONAL RESEARCH
UNIVERSITY OF MINNESOTA 200 OAK STREET SE, SUITE 450 MINNEAPOLIS, MN 55455-2070	41-6007513	501C3	25,000.	0.			ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
UNIVERSITY OF MINNESOTA 200 OAK STREET SE, SUITE 450 MINNEAPOLIS, MN 55455-2070	41-6007513	501C3	375,196.	0.			WITHIN OUR REACH RA INVESTIGATOR INITIATED GRANT - TRANSLATIONAL RESEARCH
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - CB# 1350, 104 AIRPORT DR., STE 2200 - CHAPEL HILL, NC 27599-1350	56-6001393	501C3	1,000.	0.			ACR REF/ABBOTT MEDICAL STUDENT RESEARCH PRECEPTORSHIP
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - CB# 1350, 104 AIRPORT DR., STE 2200 - CHAPEL HILL, NC 27599-1350	56-6001393	501C3	25,000.	0.			ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - CB# 1350, 104 AIRPORT DR., STE 2200 - CHAPEL HILL, NC 27599-1350	56-6001393	501C3	197,423.	0.			WITHIN OUR REACH RA INVESTIGATOR INITIATED GRANT - CLINICAL RESEARCH
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER - PO BOX 26901, SCB 228 - OKLAHOMA CITY, OK 73126-0901	73-6017987	501C3	3,000.	0.			ACR REF/ABBOTT MEDICAL STUDENT RESEARCH PRECEPTORSHIP
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER - PO BOX 26901, SCB 228 - OKLAHOMA CITY, OK 73126-0901	73-6017987	501C3	7,500.	0.			ACR REF/EPHRAIM P. ENGLEMAN ENDOWED RESIDENT RESEARCH PRECEPTORSHIP
UNIVERSITY OF OKLAHOMA US DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER - 921 NE 13TH STREET (VREF151) - OKLAHOMA CITY,	73-1363705	501C3	125,000.	0.			ACR REF RHEUMATOLOGY INVESTIGATOR AWARD

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET P221 PHILADELPHIA, PA 19104	23-1352685	501C3	7,500.	0.			ACR REF/EPHRAIM P. ENGLEMAN ENDOWED RESIDENT RESEARCH PRECEPTORSHIP
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET P221 PHILADELPHIA, PA 19104	23-1352685	501C3	25,000.	0.			ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET P221 PHILADELPHIA, PA 19104	23-1352685	501C3	125,000.	0.			ACR REF RHEUMATOLOGY INVESTIGATOR AWARD
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BOULEVARD - DALLAS, TX 75390-9020	75-6002868	501C3	37,500.	0.			ACR REF/AF CAREER DEVELOPMENT BRIDGE FUNDING AWARD
UNIVERSITY OF UTAH 201 SOUTH PRESIDENTS CIRCLE, RM. 40 SALT LAKE CITY, UT 84112	87-6000525	501C3	25,000.	0.			ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-6001537	501C3	25,000.	0.			ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
UT SOUTHWESTERN MEDICAL CENTER PO BOX 841753 DALLAS, TX 75284	17-6002868	501C3	49,745.	0.			ACR REF/ASP CAREER DEVELOPMENT IN GERIATRIC MEDICINE AWARD
VANDERBILT UNIVERSITY DEPARTMENT OF FINANCE, DEPT. AT 403 ATLANTA, GA 31192-0303	62-0476822	501C3	69,775.	0.			ACR REF CLINICIAN SCHOLAR EDUCATOR AWARD
WASHINGTON HOSPITAL CENTER 110 IRVING ST, NW WASHINGTON, DC 20010	52-1272129	501C3	25,000.	0.			ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON HOSPITAL CENTER 110 IRVING ST, NW WASHINGTON, DC 20010	52-6056274	501C3	50,000.	0.			ACR REF CLINICIAN SCHOLAR EDUCATOR AWARD
WASHINGTON HOSPITAL CENTER 110 IRVING ST, NW WASHINGTON, DC 20010	52-6056274	501C3	125,000.	0.			ACR REF RHEUMATOLOGY INVESTIGATOR AWARD
WASHINGTON UNIVERSITY 660 SOUTH EUCLID, CAMPUS BOX 8018 ST. LOUIS, MO 63110	43-0653611	501C3	25,000.	0.			ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - 700 ROSEDALE AVE. - ST. LOUIS, MO 63110	12-6238901	501C3	50,000.	0.			ACR REF RHEUMATOLOGY SCIENTIST DEVELOPMENT AWARD
YALE UNIVERSITY 47 COLLEGE STREET, STE 203, PO BOX NEW HAVEN, CT 06520-8047	06-0646973	501C3	37,500.	0.			ACR REF/ASP CAREER DEVELOPMENT IN GERIATRIC MEDICINE AWARD
YALE UNIVERSITY 47 COLLEGE STREET, STE 203, PO BOX NEW HAVEN, CT 06520-8047	06-0646973	501C3	50,000.	0.			ACR REF RHEUMATOLOGY SCIENTIST DEVELOPMENT AWARD

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
MEDICAL/PEDIATRIC RESIDENT RESEARCH AWARD	3	2,250.	0.		
PEDIATRIC RHEUMATOLOGY VISITING PRFESSORHIP PROGRAM	11	22,000.	0.		
MEMORIAL LECTURESHIPS	6	10,250.	0.		
ACR EXCELLENCE IN INVESTIGATIVE MENTORING	1	3,000.	0.		
ACR PRESIDENTIAL GOLD MEDAL	1	5,000.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE RHEUMATOLOGY RESEARCH FOUNDATION (RRF) MAINTAINS AN EXTENSIVE AWARDS AND GRANTS PORTFOLIO, WITH OVER TWENTY SUPPORT MECHANISMS. EACH AWARD OR GRANT APPLICATION CONTAINS VERY SPECIFIC ELIGIBILITY AND REVIEW CRITERIA. INDIVIDUAL APPLICATION FILES DETAILING THESE REQUIREMENTS ARE AVAILABLE AT RHEUMATOLOGY.ORG/RRF. ALL APPLICATIONS UNDERGO RIGOROUS PEER REVIEW IN THEIR ASSIGNED STUDY SECTION, AND ARE SCORED AND RANKED ACCORDING TO THE REVIEW CRITERIA AND OVERALL MERIT OF THE PROPOSAL. ALL STUDY SECTION RECOMMENDATIONS ARE SENT TO THE RRF SCIENTIFIC ADVISORY COUNCIL FOR REVIEW BEFORE BEING PRESENTED TO THE RRF BOARD OF

Part III **Continuation of Grants and Other Assistance to Individuals in the United States** (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
MEDICAL STUDENT RESEARCH PRECEPTORSHIP	14.	42,000.	0.		
MEDICAL STUDENT CLINICAL PRECEPTORSHIP	10.	22,500.	0.		
HEALTH PROFESSIONAL/GRADUATE STUDENT RESEARCH PRECEPTORSHIP	10.	35,000.	0.		
MEDICAL/GRADUATE STUDENT ACHIEVEMENT AWARD	14.	10,500.	0.		
PEDIATRIC RHEUMATOLOGY RESEARCH AWARD	1.	1,000.	0.		

Part IV Supplemental Information

DIRECTORS FOR FINAL APPROVAL. AFTER THE AWARD IS MADE, ALL RECIPIENTS OF MULTI-YEAR AWARDS ARE REQUIRED TO SUBMIT ANNUAL PROGRESS REPORTS, WHICH ARE REVIEWED BY THE RRF SCIENTIFIC ADVISORY COUNCIL TO ENSURE COMPLIANCE WITH PROGRAMMATIC, SCIENTIFIC, AND FISCAL AND ADMINISTRATIVE POLICIES AND REQUIREMENTS. IF THE AWARD IS FOUND TO BE IN COMPLIANCE, THE NEXT YEAR OF FUNDING IS APPROVED FOR DISBURSEMENT. IF NOT, THE AWARD IS REVOKED. ALL AWARD RECIPIENTS ARE REQUIRED TO SUBMIT A FINAL REPORT AT THE END OF THE AWARD TERM NOTING PROJECT OUTCOMES AND PROVIDING A DETAILED FINANCIAL RECONCILIATION, WHICH REQUIRES A STATEMENT AND SIGNATURES OF INSTITUTIONAL OFFICIALS THAT THE AWARD IS IN COMPLIANCE WITH PROGRAMMATIC, SCIENTIFIC AND FISCAL AND ADMINISTRATIVE POLICIES AND REQUIREMENTS.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

RHEUMATOLOGY RESEARCH FOUNDATION

Employer identification number

58-1654301

Part I 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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	[X] First-class or charter travel	[ ] Housing allowance or residence for personal use		
	[X] 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 (e.g., 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**	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	X	
3	Indicate which, if any, of the following the filing 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. Explain in Part III.			
	[ ] Compensation committee	[ ] Written employment contract		
	[X] Independent compensation consultant	[X] Compensation survey or study		
	[ ] Form 990 of other organizations	[X] Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**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.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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 in 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 are not listed on Form 990, Part VII.

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

	(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	STEVEN ECHARD, IOM, CAE	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	150,261.	0.	0.	15,211.	14,107.	179,579.	0.
2		(i)							
		(ii)							
3		(i)							
		(ii)							
4		(i)							
		(ii)							
5		(i)							
		(ii)							
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

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

PART I, LINE 1A: RHEUMATOLOGY RESEARCH FOUNDATION SENT TWO PEOPLE (ONE BOARD MEMBER AND ONE EMPLOYEE) TO EUROPE FOR THE ANNUAL RHEUMATOLOGY CONFERENCE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization
RHEUMATOLOGY RESEARCH FOUNDATION

Employer identification number
58-1654301

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

FINDING CURES:

ADVANCE RESEARCH LEADING TO CURES IN THE MOST SERIOUS OF THE RHEUMATIC DISEASES-RHEUMATOID ARTHRITIS-AND OTHER CONDITIONS WHERE INFLAMMATORY ARTHRITIS IS A MAJOR PATHOLOGY, INCLUDING THE SPONDYLOARTHROPATHIES. FY 2012 REPRESENTED THE NEAR COMPLETION OF THE WITHIN-OUR-REACH GRANTS. APPROXIMATELY $2.5 MILLION WAS PROVIDED ON TARGETED RESEARCH AWARDS IN THIS FISCAL YEAR THIS AMOUNT BRINGS THE TOTAL FUNDED THROUGH THE PROGRAM TO MORE THAN $24 MILLION OVER THE PAST 4 YEARS. THE NEW JOURNEY TO CURE RESEARCH GRANTS HAVE BEEN REVIEWED AND THE FOUNDATION WILL BE FUNDING $6.3 MILLION STARTING JULY 1, 2012 (FY 2013).

JOURNEY TO CURE WILL FUND AN EXTENSIVE PEER-REVIEWED GRANTS PROGRAM, SPANNING A RHEUMATOLOGIST'S CAREER, TO ENSURE A PIPELINE OF QUALIFIED RHEUMATOLOGY CARE PROVIDERS AND INSPIRE THE TARGETED RESEARCH THAT CAN ADVANCE TREATMENT AND FIND CURES TO RHEUMATIC DISEASE.

FUNDS RAISED THROUGH THE JOURNEY TO CURE CAMPAIGN WILL CONTRIBUTE TO THE DEVELOPMENT OF THE RHEUMATOLOGY WORK FORCE SO THAT IT CAN MEET UPCOMING, UNPRECEDENTED DEMANDS FOR PATIENT CARE, CULTIVATION OF THE NEXT GENERATION OF RESEARCHERS DEDICATED TO RHEUMATIC DISEASE AND SUPPORT OF TARGETED INFLAMMATORY ARTHRITIS RESEARCH.

THE FOUNDATION IS THE LARGEST PRIVATE FUNDING SOURCE OF RHEUMATOLOGY TRAINING AND RESEARCH PROGRAMS IN THE UNITED STATES AND HAS PROVIDED MORE THAN $100 MILLION OF RESEARCH SUPPORT OVER ITS 27-YEAR HISTORY.

Name of the organization: RHEUMATOLOGY RESEARCH FOUNDATION

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FOR FIVE CONSECUTIVE YEARS, THE FOUNDATION HAS RECEIVED A 4-STAR RATING-THE HIGHEST AVAILABLE-FROM CHARITY NAVIGATOR, AND ON AVERAGE MORE THAN 90 CENTS OF EVERY DOLLAR RAISED IS DIRECTLY INVESTED IN CAREER DEVELOPMENT RESEARCH GRANTS AND RHEUMATOLOGY TRAINING. NO OTHER ORGANIZATION IS BETTER POSITIONED TO ADDRESS UPCOMING CHALLENGES TO THE RHEUMATOLOGY COMMUNITY THAN THE FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 1: THE BOARD OF DIRECTORS SHALL ANNUALLY APPOINT AN EXECUTIVE COMMITTEE WHICH SHALL CONSIST OF THE PRESIDENT AND THE VICE-PRESIDENT OF THE FOUNDATION, THE VICE-PRESIDENT AND SECRETARY-TREASURER OF THE ACR, AND ONE AT-LARGE MEMBER WHO SHALL BE DESIGNATED BY THE PRESIDENT.

THE EXECUTIVE COMMITTEE, EXCEPT AS OTHERWISE PROVIDED BY THE BYLAWS, SHALL HAVE AND EXERCISE THE POWERS OF THE BOARD OF DIRECTORS DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS. ACTIONS OF THE EXECUTIVE COMMITTEE SHALL BE REPORTED TO THE FULL BOARD OF DIRECTORS AT THE NEXT SUBSEQUENT MEETING OF THE BOARD.

FORM 990, PART VI, SECTION A, LINE 3: THE AMERICAN COLLEGE OF RHEUMATOLOGY PROVIDES MANAGEMENT AND ADMINISTRATIVE SERVICES FOR THE FOUNDATION. MANAGEMENT FEES CHARGED TO THE FOUNDATION BY THE COLLEGE AMOUNTED TO $1,407,753 IN 2011 AND ARE INCLUDED IN MANAGEMENT FEES IN THE ACCOMPANYING STATEMENTS OF FUNCTIONAL EXPENSES.

FORM 990, PART VI, SECTION A, LINE 4: IN JANUARY 2012, THE BOARD OF DIRECTORS APPROVED AN ACTION ITEM TO CHANGE THE NAME OF THE FOUNDATION FROM "AMERICAN COLLEGE OF RHEUMATOLOGY RESEARCH AND EDUCATION FOUNDATION" TO THE

Name of the organization: RHEUMATOLOGY RESEARCH FOUNDATION

Employer identification number: 58-1654301

NEW NAME "RHEUMATOLOGY RESEARCH FOUNDATION." THIS RESULTED IN A CHANGE TO THE FOUNDATION'S ARTICLES OF INCORPORATION. THE ORGANIZATION ALSO AMENDED THE CORPORATE BYLAWS TO REFLECT THE NAME CHANGE.

FORM 990, PART VI, SECTION A, LINE 7A: SEVERAL MEMBERS OF THE BOARD OF DIRECTORS OF THE FOUNDATION SHALL BE APPOINTED BY THE BOARD OF DIRECTORS OF THE ACR (A RELATED ORGANIZATION) DURING THE ANNUAL MEETING OF THE ACR. THE TERM OF EACH DIRECTOR SERVING BY VIRTUE OF HIS OR HER POSITION AS AN OFFICER OF THE FOUNDATION, AS AN OFFICER OF THE ACR, AS CHAIRPERSON OF THE FOUNDATION DEVELOPMENT ADVISORY COUNCIL, AND AS CHAIRPERSON OF THE SCIENTIFIC ADVISORY COUNCIL SHALL BE CONTEMPORANEOUS WITH THE TERM OF THAT OFFICE OR POSITION.

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT COPY OF THE FORM 990 WAS SENT TO THE FULL BOARD FOR THEIR REVIEW AND COMMENT PRIOR TO FILING OF THE RETURN. THE QUESTION AND ANSWER PERIOD OF THE MEETING WAS HELD WITH ASSISTANCE FROM THE VICE PRESIDENT, OPERATIONS AND FINANCE, AND THE TAX PREPARER AND WAS DOCUMENTED IN THE MINUTES. THE EXECUTIVE VICE PRESIDENT SIGNED THE RETURN AFTER CONSIDERING COMMENTS.

FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS ANNUAL SUBMISSION OF DISCLOSURE STATEMENTS ARE ON FILE WITH LEGAL COUNSEL. THE COUNSEL REVIEWS MEETING AGENDAS PRIOR TO THE MEETING AND NOTIFIES LEADERSHIP OF ANY ISSUES THAT NEED TO BE ADDRESSED BEFORE THE DISCUSSION CAN TAKE PLACE. ANY INDIVIDUAL WHO GIVES NOTICE OF POTENTIAL CONFLICT IS TO ABSTAIN FROM PARTICIPATING IN ANY ITEM OF BUSINESS WHICH COMES BEFORE THE BOARD.

Name of the organization: RHEUMATOLOGY RESEARCH FOUNDATION

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FORM 990, PART VI, SECTION B, LINE 15: THE RHEUMATOLOGY RESEARCH FOUNDATION HAS A MANAGEMENT AGREEMENT WITH AMERICAN COLLEGE OF RHEUMATOLOGY. AMERICAN COLLEGE OF RHEUMATOLOGY'S POLICIES APPLY TO THE FOUNDATION. THE PROCESS OF DETERMINING COMPENSATION FOR THE EXECUTIVE VICE PRESIDENT INCLUDES REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS OF THE COLLEGE, USE OF DATA AS TO COMPARABLE COMPENSATION, AND CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING. THE EXECUTIVE DIRECTOR AND DIRECTOR OF HUMAN RESOURCES USES COMPARABILITY DATA TO DEVELOP COMPENSATION RANGES AND TARGETS. THE DIRECTOR OF HUMAN RESOURCES CONTEMPORANEOUSLY DOCUMENTS AND MAINTAINS CONFIDENTIAL RECORDS OF ALL DECISIONS AFFECTING COLLEGE EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:	-1,981,390.
RECOVERIES OF PRIOR YEAR GRANTS	972,074.
TOTAL TO FORM 990, PART XI, LINE 5	-1,009,316.

SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
AMERICAN COLLEGE OF RHEUMATOLOGY, INC. - 58-1627547, 2200 LAKE BOULEVARD NE, ATLANTA, GA 30319	PROVIDES EDUCATION, RESEARCH, ADVOCACY AND PRACTICE SUPPORT	ILLINOIS	501(C)(6)		N/A		X

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Sale of assets to related organization(s)	1f		X
g Purchase of assets from related organization(s)	1g		X
h Exchange of assets with related organization(s)	1h		X
i Lease of facilities, equipment, or other assets to related organization(s)	1i		X
j Lease of facilities, equipment, or other assets from related organization(s)	1j	X	
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	X	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	X	
n Sharing of paid employees with related organization(s)	1n	X	
o Reimbursement paid to related organization(s) for expenses	1o	X	
p Reimbursement paid by related organization(s) for expenses	1p	X	
q Other transfer of cash or property to related organization(s)	1q	X	
r Other transfer of cash or property from related organization(s)	1r	X	

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN COLLEGE OF RHEUMATOLOGY	L	1,407,753.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec 501(c)(3) orgs? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

NOVEMBER 8, 2012 5395-982-2

MICHAEL R REED
222 N LA SALLE ST STE 2600
CHICAGO, IL 60601-1194

RE RHEUMATOLOGY RESEARCH FOUNDATION

DEAR SIR OR MADAM:

ENCLOSED YOU WILL FIND THE ARTICLES OF AMENDMENT FOR THE ABOVE NAMED CORPORATION.

FEES IN THIS CONNECTION HAVE BEEN RECEIVED AND CREDITED.

SINCERELY,

JESSE WHITE
SECRETARY OF STATE
DEPARTMENT OF BUSINESS SERVICES
CORPORATION DIVISION
TELEPHONE (217) 782-6961

FORM NFP 110.30 (rev. Dec. 2003)
ARTICLES OF AMENDMENT
General Not For Profit Corporation Act

Jesse White, Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-1832
www.cyberdriveillinois.com

CP0914783

FILED: 11/08/2012
JESSE WHITE ILLINOIS SECRETARY OF STATE

File # 53959822 Filing Fee: $25 Approved: KAK

---- Submit in duplicate ---- Type or Print clearly in black ink ---- Do not write above this line ----

1. Corporate Name (See Note 1 on back.): American College of Rheumatology Research and Education Foundation

2. Manner of Adoption of Amendment:
The following amendment to the Articles of Incorporation was adopted on AUGST 4, 2012 (Month, Day & Year) in the manner indicated below (check one only):

☐ By affirmative vote of a majority of the directors in office, at a meeting of the board of directors, in accordance with Section 110.15. (See Note 2 on back.)

☐ By written consent, signed by all the directors in office, in compliance with Sections 110.15 and 108.45. (See Note 3 on back.)

☑ By members at a meeting of members entitled to vote by the affirmative vote of the members having not less than the minimum number of votes necessary to adopt such amendment, as provided by this Act, the Articles of Incorporation or the bylaws, in accordance with Section 110.20. (See Note 4 on back.)

☐ By written consent signed by members entitled to vote having not less than the minimum number of votes necessary to adopt such amendment, as provided by this Act, the Articles of Incorporation, or the bylaws, in compliance with Sections 107.10 and 110.20. (See Note 5 on back.)

3. Text of Amendment:
(a.) When an amendment effects a name change, insert the new corporate name below. Use 3(b.) below for all other amendments. "Article 1: The Name of the Corporation is:

Rheumatology Research Foundation
New Name

(b.) All amendments other than name change.
If the amendment effects the corporate purpose, the amended purpose is required to be set forth in its entirety. If there is not sufficient space to add the full text of the amendment, attach additional sheets of this size.

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V.
6

4. The undersigned Corporation has caused these Articles to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

All signatures must be in BLACK INK.

Dated OCTOBER 29 (Month & Day) 2012. (Year)

American College of Rheumatology Research and Education Foundation
Exact Name of Corporation

Any Authorized Officer's Signature

David Daikh, MD, President
Name and Title (type or print)

5. If there are no duly authorized officers, the persons designated under Section 101.10(b)(2) must sign below and print name and title.

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

Dated _____ (Month & Day) . _____ (Year)

Signature	Name and Title (print)
Signature	Name and Title (print)
Signature	Name and Title (print)
Signature	Name and Title (print)

NOTES

1. State the true and exact corporate name as it appears on the records of the Secretary of State BEFORE any amendment herein is reported.
2. Directors may adopt amendments without member approval only when the corporation has no members, or no members entitled to vote pursuant to §110.15.
3. Director approval may be:
   a. by vote at a director's meeting (either annual or special), or
   b. by consent, in writing, without a meeting.
4. All amendments not adopted under Sec. 110.15 require that:
   a. the board of directors adopt a resolution setting forth the proposed amendment, and
   b. the members approve the amendment.

   Member approval may be:
   a. by vote at a members meeting (either annual or special), or
   b. by consent, in writing, without a meeting.

   To be adopted, the amendment must receive the affirmative vote or consent of the holders of at least two-thirds of the outstanding members entitled to vote on the amendment (but if class voting applies, also at least a two-thirds vote within each class is required).

   The Articles of Incorporation may supersede the two-thirds vote requirement by specifying any smaller or larger vote requirement not less than a majority of the outstanding votes of such members entitled to vote, and not less than a majority within each class when class voting applies. (Sec. 110.20)
5. When member approval is by written consent, all members must be given notice of the proposed amendment at least five days before the consent is signed. If the amendment is adopted, members who have not signed the consent must be promptly notified of the passage of the amendment. (Sec. 107.10 & 110.20)

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