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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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) | Room/suite
2200 LAKE BOULEVARD NE

City or town, state or province, country, and ZIP or foreign postal code
ATLANTA, GA 30319

D Employer identification number
58-1654301

E Telephone number
(404) 633-3777

G Gross receipts $ 39,127,340

F Name and address of principal officer
MARY WHEATLEY
2200 LAKE BOULEVARD NE
ATLANTA, GA 30319

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates 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 RHEUMRESEARCH ORG

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

L Year of formation 1985

M State of legal domicile IL

Part I Summary

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 2015 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	126
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)	2,697,622	3,554,779
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,804,296	1,110,825
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,501,918	4,665,604
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,393,042	13,086,273
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) ▶1,736,938		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,189,307	3,890,174
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	16,582,349	16,976,447
19	Revenue less expenses Subtract line 18 from line 12	-11,080,431	-12,310,843
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	63,133,451	50,598,038
21	Total liabilities (Part X, line 26)	918,896	1,888,895
22	Net assets or fund balances Subtract line 21 from line 20	62,214,555	48,709,143

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

****** 2017-05-02
Signature of officer Date

MARY WHEATLEY EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
AMY BIBBY	AMY BIBBY	2017-05-02		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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE MISSION OF THE RHEUMATOLOGY RESEARCH FOUNDATION IS TO ADVANCE 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 ☑ 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 ☑ 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 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 $ 14,696,971 including grants of $ 13,086,273) (Revenue $ 0)

THE FOUNDATION PROVIDES FUNDING TO HELP RECRUIT MEDICAL AND DOCTORAL STUDENTS INTO THE SUBSPECIALTY AND SUPPORTS INVESTIGATORS WORKING IN THE FIELD OF RHEUMATOLOGY GRANTS ARE AWARDED FOR DIFFERENT TRAINING OPPORTUNITIES, FROM MEDICAL STUDENTS TO FELLOWS, BUILDING A MORE CAPABLE, ROBUST TEAM OF RHEUMATOLOGY PROFESSIONALS AROUND THE NATION IN THE LAST FIVE YEARS, RESEARCHERS RECEIVING FOUNDATION FUNDING HAVE PUBLISHED 889 PAPERS, RECEIVED $89 MILLION IN ADDITIONAL NIH FUNDING AND GIVEN 665 PRESENTATIONS PLEASE SEE SCHEDULE O FOR A CONTINUATION OF PROGRAM SERVICES N THE LAST FIVE YEARS, RESEARCHERS RECEIVING FOUNDATION FUNDING HAVE PUBLISHED 889 PAPERS, RECEIVED $89 MILLION IN ADDITIONAL NIH FUNDING AND GIVEN 665 PRESENTATIONS THE FOUNDATION HAS RECEIVED A 4-STAR RATING, THE HIGHEST OFFERED BY CHARITYNAVIGATOR, FOR EIGHT CONSECUTIVE YEARS BASED ON GOOD GOVERNANCE, SOUND FISCAL MANAGEMENT AND COMMITMENT TO ACCOUNTABILITY AND TRANSPARENCY ON AVERAGE, 87 CENTS OF EVERY DOLLAR DONATED IS USED TO SUPPORT ITS AWARDS AND GRANTS PROGRAM THIS STATISTIC IS BASED ON A FIVE-YEAR ROLLING AVERAGE OF PROGRAM EXPENSES VS ADMINISTRATIVE EXPENSES FOR THE PAST FIVE YEARS (FY 2012 - 2016), THE AVERAGE IS 86 57% OF EXPENSES TO SUPPORT PROGRAMS AND 13 43% OF EXPENSES TO SUPPORT ADMINISTRATIVE AND FUNDRAISING COSTS THE ORGANIZATION HAS RECEIVED A 4-STAR RATING, THE HIGHEST OFFERED BY CHARITY NAVIGATOR, FOR SEVEN CONSECUTIVE YEARS BASED ON GOOD GOVERNANCE, SOUND FISCAL MANAGEMENT AND COMMITMENT TO ACCOUNTABILITY AND TRANSPARENCY THE ORGANIZATION HAS COMMITTED OVER $143M DIRECTLY TO RESEARCH AND TRAINING SINCE IT WAS FOUNDED IN 1985

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 ▶** 14,696,971

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
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	Yes	
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	Yes	
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	Yes	
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
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)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
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**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
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**		No
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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
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**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	41		
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	Yes	
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? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, 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		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
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		No
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		No
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		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring 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? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
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		No
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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

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			No
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		Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
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		Yes	
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			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
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			No

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		No
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	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ COLLEEN MERKEL 2200 LAKE BOULEVARD NE ATLANTA, GA 30319 (404) 633-3777

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See 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, or 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 (list any hours for related organizations below dotted line)	(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								0	555,193	59,397

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**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
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**		No

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
AMERICAN COLLEGE OF RHEUMATOLOGY 2200 LAKE BOULEVARD NE ATLANTA, GA 30319	MANAGEMENT SERVICES	2,299,645

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 ▶ 1

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	500,000			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,054,779			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		3,554,779			
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)		942,916			942,916
	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	34,629,645				
	b Less cost or other basis and sales expenses	34,461,736				
	c Gain or (loss)	167,909				
	d Net gain or (loss)		167,909			167,909
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	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					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d					
	12 **Total revenue.** See Instructions		4,665,604	0	0	1,110,825

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)

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments See Part IV, line 21	12,816,073	12,816,073		
2	Grants and other assistance to domestic individuals See Part IV, line 22	270,200	270,200		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	2,299,645	956,297	267,244	1,076,104
b	Legal	9,915		9,915	
c	Accounting	38,270	22,962	7,654	7,654
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	102,640	69,530	33,110	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	504,324	142,180	78,768	283,376
12	Advertising and promotion				
13	Office expenses	107,438	27,107	12,488	67,843
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	368,501	218,575	54,051	95,875
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	355,541	155,077	35,996	164,468
20	Interest	20,892		20,892	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	31,535	18,921	6,307	6,307
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	BAD DEBT EXPENSE	35,150			35,150
b	MISCELLANEOUS	16,323	49	16,113	161
c					
d					
e	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24e	16,976,447	14,696,971	542,538	1,736,938
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

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1	1
	2	Savings and temporary cash investments	5,286,208	2	3,342,504
	3	Pledges and grants receivable, net	14,099,952	3	7,181,942
	4	Accounts receivable, net	503	4	105,007
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other 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) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	52,661	9	107,079
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 349,188			
	b	Less accumulated depreciation — 10b: 137,038	227,028	10c	212,150
	11	Investments—publicly traded securities	39,010,188	11	35,245,418
	12	Investments—other securities See Part IV, line 11	4,456,911	12	4,403,937
	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)	63,133,451	16	50,598,038
Liabilities	17	Accounts payable and accrued expenses	918,896	17	388,895
	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	Loans and other 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	1,500,000
	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	918,896	26	1,888,895
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	34,393,438	27	29,191,285
	28	Temporarily restricted net assets	24,521,032	28	16,214,941
	29	Permanently restricted net assets	3,300,085	29	3,302,917
		Organizations that do not follow SFAS 117 (ASC 958), 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	62,214,555	33	48,709,143
	34	Total liabilities and net assets/fund balances	63,133,451	34	50,598,038

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,665,604
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,976,447
3	Revenue less expenses Subtract line 2 from line 1	3	-12,310,843
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	62,214,555
5	Net unrealized gains (losses) on investments	5	-1,641,261
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	446,693
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	48,709,143

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ 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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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		

Additional Data

Software ID:
Software Version:
EIN: 58-1654301
Name: RHEUMATOLOGY RESEARCH FOUNDATION

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
ERIC L MATTESON MD MPH PRESIDENT - 2015-2017	5 00 14 00	X		X				0	2,250	0
DAVID R KARP MD PHD PRESIDENT - 2013-2015	5 00	X		X				0	61,680	0
ABBY ABELSON MD VICE PRESIDENT - 2015-2017	5 00	X		X				0	0	0
PAULA MARCHETTA MD MBA TREASURER - 2015-2017	5 00 14 00	X		X				0	0	0
DAVID DAIKH MD PHD SECRETARY - 2014-2016	2 00 14 00	X						0	44,500	0
KATHLEEN J BOS MD BOARD MEMBER	2 00	X						0	0	0
TIMOTHY NIEWOLD MD BOARD MEMBER	2 00	X						0	1,000	0
JANE SALMON MD BOARD MEMBER	2 00	X						0	0	0
WILLIAM PALMER MD BOARD MEMBER	2 00	X						0	3,000	0
JUDITH A JAMES MD PHD BOARD MEMBER	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
ANNE R BASS MD BOARD MEMBER	2 00	X						0	0	0
VIKAS MAJITHIA MD BOARD MEMBER	2 00	X						0	650	0
MICHAEL MARICIC MD BOARD MEMBER	2 00	X						0	0	0
WILLIAM ROBINSON MD PHD BOARD MEMBER	2 00	X						0	4,100	0
STEPHEN RUSSELL MBA BOARD MEMBER	2 00	X						0	0	0
ERIC SCHNED MD BOARD MEMBER	2 00	X						0	0	0
MARCY B BOLSTER MD BOARD MEMBER	2 00	X						0	3,750	0
S LOUIS BRIDGES III MD PHD BOARD MEMBER	2 00	X						0	6,150	0
PATRICIA KATZ PHD BOARD MEMBER	2 00	X						0	500	0
LINDA S EHRLICH-JONES PHD RN BOARD MEMBER	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
PETER CALLEGARI MD BOARD MEMBER	2 00	X						0	0	0
SALIL PATEL PHD BOARD MEMBER	2 00	X						0	0	0
SHARAD LAKHANPAL MBBS MD BOARD MEMBER	2 00	X						0	49,429	0
JOAN MARIE VON FELDT MD MS ED BOARD MEMBER	5 00 15 00	X						0	65,353	0
MARY WHEATLEY EXECUTIVE DIRECTOR	40 00			X				0	160,765	25,729
COLLEEN MERKEL CPA VP, OPERATIONS & FINANCE	11 00 40 00			X				0	152,066	33,668

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SCHEDULE A (Form 990 or 990EZ)

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.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
RHEUMATOLOGY RESEARCH FOUNDATION

Employer identification number
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 (Form 990 or 990-EZ))

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 331/3% 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 331/3% 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g 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 (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	18,359,528	12,959,466	12,371,657	2,697,622	3,554,779	49,943,052
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	18,359,528	12,959,466	12,371,657	2,697,622	3,554,779	49,943,052
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)						25,580,900
6 **Public support.** Subtract line 5 from line 4						24,362,152

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	18,359,528	12,959,466	12,371,657	2,697,622	3,554,779	49,943,052
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	858,890	975,228	972,457	1,000,568	942,916	4,750,059
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	57,523					57,523
11 **Total support.** Add lines 7 through 10						54,750,634

12 Gross receipts from related activities, etc (see instructions) **12**

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 2015 (line 6, column (f) divided by line 11, column (f))	**14**	44 500 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	**15**	45 350 %

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** 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 VI 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI)						
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 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** 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—2014.** 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 ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493122018047

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in 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" on 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)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 XIII, 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" on 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 XIII, 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) Revenue included on 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 Revenue included on 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 XIII

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
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, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	36,389,822	36,829,615	32,511,985	30,437,932	27,906,194
b	Contributions			992,516	57,473	3,600,000
c	Net investment earnings, gains, and losses	-413,655	1,024,105	4,650,774	3,126,774	-64,985
d	Grants or scholarships					
e	Other expenditures for facilities and programs	1,624,177	1,463,898	1,325,660	1,110,194	1,003,277
f	Administrative expenses					
g	End of year balance	34,351,990	36,389,822	36,829,615	32,511,985	30,437,932

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

- a Board designated or quasi-endowment ▶ 85 940 %
- b Permanent endowment ▶ 9 620 %
- c Temporarily restricted endowment ▶ 4 440 %

The percentages on 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)		No
(ii) related organizations	3a(ii)		No

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		349,188	137,038	212,150
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				212,150

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. 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	4,403,937	F
(2) Closely-held equity interests		
(3) Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	4,403,937	

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	3,023,952
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-1,641,261		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	-1,641,261
3	Subtract line **2e** from line **1**			3	4,665,213
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	391		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	391
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	4,665,604

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	16,529,364
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 XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	16,529,364
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	391		
b	Other (Describe in Part XIII)	4b	446,693		
c	Add lines **4a** and **4b**			4c	447,084
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	16,976,448

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	THE FOUNDATION'S ENDOWMENTS CONSIST OF TWELVE INDIVIDUAL FUNDS ESTABLISHED TO SUPPORT THE FOUNDATION'S MISSION THROUGH PROGRAMS OF RESEARCH AND TRAINING ENDOWMENTS INCLUDE BOTH DONOR-RESTRICTED ENDOWMENT FUNDS, AND FUNDS DESIGNED BY THE BOARD OF DIRECTORS TO FUNCTION AS A GENERAL ENDOWMENT

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	RECOVERIES OF PRIOR YEAR GRANTS 446,693

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493122018047

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," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

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? . . . . . ☑ 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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 73

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
See Additional Data Table					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE RHEUMATOLOGY RESEARCH FOUNDATION MAINTAINS AN EXTENSIVE AWARDS AND GRANTS PORTFOLIO, WITH OVER 30 SUPPORT MECHANISMS FOR RHEUMATOLOGISTS AND RHEUMATOLOGY HEALTH PROFESSIONALS IN THE US EACH GRANT APPLICATION CONTAINS VERY SPECIFIC ELIGIBILITY AND REVIEW CRITERIA (DETAILS REGARDING THESE REQUIREMENTS ARE AVAILABLE AT WWW RHEUMRESEARCH ORG 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 FOUNDATION'S SCIENTIFIC ADVISORY COUNCIL FOR QUALIFICATION BEFORE BEING PRESENTED (BLINDED) TO THE FOUNDATION BOARD OF DIRECTORS FOR FINAL APPROVAL AFTER THE AWARDS ARE MADE, ALL RECIPIENTS ARE REQUIRED TO COMPLETE FUNDING CONTRACTS WITH INSTITUTIONAL SIGN-OFF, AND MUST ALSO SUBMIT ANNUAL REPORTS ON THEIR PROGRESS, INCLUDING FINANCIAL RECONCILIATION AND ASSURANCE OF COMPLIANCE WITH FOUNDATION POLICIES (AVAILABLE ON THE WEBSITE) ALL REPORTS ARE REVIEWED BY THE FOUNDATION'S SCIENTIFIC ADVISORY COUNCIL TO ENSURE COMPLIANCE WITH PROGRAMMATIC, SCIENTIFIC, AND FISCAL AND ADMINISTRATIVE POLICES AND REQUIREMENTS IF A RECIPIENT IS FOUND TO BE IN COMPLIANCE AND MAKING REASONABLE PROGRESS (I E , MEETING PROJECT BENCHMARKS), THE NEXT YEAR OF FUNDING IS APPROVED FOR DISBURSEMENT IF NOT, THE AWARD MAY BE TERMINATED SUCH PROGRAMMATIC OVERSIGHT ALLOWS FOR EXCELLENT STEWARDSHIP OF FOUNDATION FUNDS IN ADDITION TO REGULAR OVERSIGHT AS DESCRIBED ABOVE, PORTFOLIO REVIEWS ARE CONDUCTED EVERY FIVE YEARS TO ENSURE THAT FUNDING MECHANISMS ARE EFFECTIVELY MEETING THE FOUNDATION'S GOALS OUTLINED IN THE STRATEGIC PLAN IN ADDITION, THE RHEUMATOLOGY RESEARCH FOUNDATION ABIDES BY THE FOLLOWING CONFLICT OF INTEREST GUIDELINES GUIDELINES FOR AWARDING OF FOUNDATION AWARDS AND GRANTS I THE COLLEGE WILL NOT PERMIT ANY EXTERNAL ENTITIES TO SELECT (OR INFLUENCE THE SELECTION OF) RECIPIENTS OF FOUNDATION AWARDS OR GRANTS II THE COLLEGE WILL APPOINT INDEPENDENT COMMITTEES TO SELECT RECIPIENTS OF FOUNDATION AWARDS OR GRANTS BASED ON PEER REVIEW OF GRANT APPLICATIONS III THE COLLEGE WILL NOT REQUIRE RECIPIENTS OF FOUNDATION AWARDS OR GRANTS TO MEET WITH EXTERNAL ENTITIES IV THE COLLEGE WILL NOT PERMIT ANY EXTERNAL ENTITY THAT SUPPORTS FOUNDATION AWARDS OR GRANTS TO REQUIRE INTELLECTUAL PROPERTY RIGHTS OR ROYALTIES ARISING OUT OF THE GRANT-FUNDED RESEARCH V THE COLLEGE WILL NOT PERMIT ANY EXTERNAL ENTITY THAT SUPPORTS FOUNDATION AWARDS OR GRANTS TO CONTROL OR INFLUENCE MANUSCRIPTS THAT ARISE FROM THE GRANT-FUNDED RESEARCH

Additional Data

Software ID:
Software Version:
EIN: 58-1654301
Name: RHEUMATOLOGY RESEARCH FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AMERICAN COLLEGE OF RHEUMATOLOGY 2200 LAKE BOULEVARD NE ATLANTA,GA 30319	58-1627547	501(C)(6)	305,416				FELLOWS FUND
ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE BELFER 706E 706E BRONX,NY 10461	13-1624225	501(C)(3)	50,000				AMGEN FELLOWSHIP TRAINING AWARD
ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE BELFER 706E 706E BRONX,NY 10461	13-1624225	501(C)(3)	75,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA MS BCM 206 HOUSTON,TX 77030	74-1613878	501(C)(3)	50,000				AMGEN FELLOWSHIP TRAINING AWARD
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON,TX 770303411	74-1613878	501(C)(3)	15,000				RESIDENT RESEARCH PRECEPTORSHIP
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON,MA 02215	04-2103881	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON,MA 02215	04-2103881	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON,MA 02215	04-2103881	501(C)(3)	75,000				SCIENTIST DEVELOPMENT AWARD (BASIC)
BIOMEDICAL RESEARCH FOUNDATION OF COLORADO 1055 CLERMONT ST BOX 111-G DENVER,CO 80220	74-2427577	501(C)(3)	500				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BIOMEDICAL RESEARCH FOUNDATION OF COLORADO 1055 CLERMONT ST BOX 111-G DENVER,CO 80220	74-2427577	501(C)(3)	500				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
BOSTON CHILDREN'S HOSPITAL PO BOX 414413 BOSTON,MA 022414413	04-2774441	501(C)(3)	75,000				SCIENTIST DEVELOPMENT AWARD (BASIC)
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE BOSTON,MA 02115	04-2774441	501(C)(3)	50,000				SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BOSTON UNIVERSITY SCHOOL OF MEDICINE ONE SILBER WAY EIGHTH FLOOR BOSTON,MA 02115	04-2103547	501(C)(3)	15,000				EPHRAIM P ENGLEMAN ENDOWED RESIDENT RESEARCH PRECEPTORSHIP
BRIGHAM AND WOMEN'S HOSPITAL PO BOX 3155 BOSTON,MA 022413149	04-2312909	501(C)(3)	25,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD K SUPPLEMENT
BRIGHAM AND WOMEN'S HOSPITAL PO BOX 3154 BOSTON,MA 022413149	04-2312909	501(C)(3)	50,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD R BRIDGE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 AND WOMEN'S HOSPITAL PO BOX 3150 BOSTON,MA 022413149	04-2312909	501(C)(3)	37,500				DISEASE TARGETED RESEARCH - PILOT GRANT - BASIC
BRIGHAM AND WOMEN'S HOSPITAL PO BOX 3151 BOSTON,MA 022413149	04-2312909	501(C)(3)	200,000				DISEASE TARGETED RESEARCH INNOVATIVE GRANT
BRIGHAM AND WOMEN'S HOSPITAL PO BOX 3152 BOSTON,MA 022413149	04-2312909	501(C)(3)	200,000				DISEASE TARGETED RESEARCH INNOVATIVE GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 AND WOMEN'S HOSPITAL PO BOX 3153 BOSTON,MA 022413149	04-2312909	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
BRIGHAM AND WOMEN'S HOSPITAL PO BOX 3149 BOSTON,MA 022413149	04-2312909	501(C)(3)	50,000				SCIENTIST DEVELOPMENT AWARD (CLINICAL)
BRIGHAM AND WOMEN'S HOSPITAL - RESEARCH PO BOX 3157 BOSTON,MA 022413149	04-2312909	501(C)(3)	50,000				AMGEN FELLOWSHIP TRAINING AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 AND WOMEN'S HOSPITAL - RESEARCH PO BOX 3160 BOSTON,MA 022413149	04-2312909	501(C)(3)	200,000				DISEASE TARGETED RESEARCH INNOVATIVE GRANT
BRIGHAM AND WOMEN'S HOSPITAL - RESEARCH PO BOX 3156 BOSTON,MA 022413149	04-2312909	501(C)(3)	125,000				INVESTIGATOR AWARD (CLINICAL)
BRIGHAM AND WOMEN'S HOSPITAL - RESEARCH PO BOX 3159 BOSTON,MA 022413149	04-2312909	501(C)(3)	37,500				SCIENTIST DEVELOPMENT AWARD (BASIC)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 AND WOMEN'S HOSPITAL - RESEARCH PO BOX 3158 BOSTON,MA 022413149	04-2312909	501(C)(3)	75,000				SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL)
CHILDREN'S MERCY HOSPITAL 2401 GILHAM ROAD KANSAS CITY,MO 64113	44-0605373	501(C)(3)	100,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD R BRIDGE
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER 3334 BURNET AVE MLC 4010 CINCINNATI,OH 452293039	31-0833936	501(C)(3)	50,000				AMGEN FELLOWSHIP TRAINING AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER 3335 BURNET AVE MLC 4010 CINCINNATI,OH 452293039	31-0833936	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVE MLC 4010 CINCINNATI,OH 452293039	31-0833936	501(C)(3)	50,000				SCIENTIST DEVELOPMENT AWARD (BASIC)
DENVER HEALTH AND HOSPITAL AUTHORITY 777 BANNOCK ST MC4000 DENVER,CO 80204	84-1343242	501(C)(3)	500				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 2200 WEST MAIN STREET SUITE 820 DURHAM,NC 27705	56-0532129	501(C)(3)	50,000				AMGEN FELLOWSHIP TRAINING AWARD
DUKE UNIVERSITY PO BOX 602651 CHARLOTTE,NC 282602651	56-0532129	501(C)(3)	55,036				SCIENTIST DEVELOPMENT AWARD (BASIC)
EMORY UNIVERSITY 1599 CLIFTON RD NE 4TH FLOOR ATLANTA,GA 30322	58-0566256	501(C)(3)	50,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD K SUPPLEMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
EMORY UNIVERSITY 1599 CLIFTON RD NE 4TH FLOOR ATLANTA,GA 30322	58-0566256	501(C)(3)	54,509				CLINICIAN SCHOLAR EDUCATOR
EMORY UNIVERSITY 1599 CLIFTON RD NE 4TH FLOOR ATLANTA,GA 30322	58-0566256	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
HEBREW SENIOR LIFE 1200 CENTRE STREET ROSLINDALE,MA 02131	04-2104298	501(C)(3)	75,000				SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HENRY M JACKSON FOUNDATION OFF OF EDU & MTGS 6720 A ROCKLEDGE DR STE 100 BETHESDA,MD 20817	52-1317896	501(C)(3)	1,500				STUDENT AND RESIDENT ACR/ARHP ANNUAL MEETING SCHOLARSHIP
HENRY M JACKSON FOUNDATION OFF OF EDU & MTGS 6720 A ROCKLEDGE DR STE 100 BETHESDA,MD 20817	52-1317896	501(C)(3)	1,500				STUDENT AND RESIDENT ACR/ARHP ANNUAL MEETING SCHOLARSHIP
HOSPITAL FOR SPECIAL SURGERY 535 E 70TH STREET NEW YORK,NY 10021	13-1624135	501(C)(3)	100,000				DISEASE TARGETED RESEARCH INNOVATIVE GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HOSPITAL FOR SPECIAL SURGERY 537 E 70TH STREET NEW YORK,NY 10021	13-1624135	501(C)(3)	200,000				DISEASE TARGETED RESEARCH INNOVATIVE GRANT
HOSPITAL FOR SPECIAL SURGERY 536 E 70TH STREET NEW YORK,NY 10021	13-1624135	501(C)(3)	50,000				SCIENTIST DEVELOPMENT AWARD (BASIC)
HOSPITAL FOR SPECIAL SURGERY 535 E 70TH STREET NEW YORK,NY 10021	13-1624135	501(C)(3)	49,999				SCIENTIST DEVELOPMENT AWARD (CLINICAL)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 JHU CENTRAL LOCK BOX BOA 12529 COLLECTIONS CENTER DRIVE CHICAGO,IL 60693	52-0595110	501(C)(3)	50,000				AMGEN FELLOWSHIP TRAINING AWARD
JOHNS HOPKINS UNIVERSITY JHU CENTRAL LOCK BOX BOA 12529 COLLECTIONS CENTER DRIVE CHICAGO,IL 60693	52-0595110	501(C)(3)	52,500				CLINICIAN SCHOLAR EDUCATOR
JOHNS HOPKINS UNIVERSITY JHU CENTRAL LOCK BOX BOA 12529 COLLECTIONS CENTER DRIVE CHICAGO,IL 60693	52-0595110	501(C)(3)	200,000				DISEASE TARGETED RESEARCH INNOVATIVE GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 JHU CENTRAL LOCK BOX BOA 12529 COLLECTIONS CENTER DRIVE CHICAGO,IL 60693	52-0595110	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
JOHNS HOPKINS UNIVERSITY JHU CENTRAL LOCK BOX BOA 12529 COLLECTIONS CENTER DRIVE CHICAGO,IL 60693	52-0595110	501(C)(3)	75,000				SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL)
KANSAS UNIVERSITY ENDOWMENT ASSOCIATION 3901 RAINBOW BLVD MS 2026 KANSAS CITY,KS 66160	48-0547734	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LA JOLLA INSTITUTE FOR ALLERGY AND IMMUNOLOGY 9420 ATHENA CIRCLE LA JOLLA,CA 92037	33-0328688	501(C)(3)	200,000				DISEASE TARGETED RESEARCH INNOVATIVE GRANT
LOYOLA UNIVERSITY DIVISION OF RHEUMATOLOGY 2160 SOUTH FIRST AVENUE BLDG 54 MAYWOOD,IL 60153	36-1408475	501(C)(3)	500				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVENUE BOSTON,MA 02199	04-1564655	501(C)(3)	50,000				AMGEN FELLOWSHIP TRAINING AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MASSACHUSETTS GENERAL HOSPITAL - RESEARCH BANK OF AMERICA NA PO BOX 414878 BOSTON,MA 022414876	04-2697983	501(C)(3)	60,000				CLINICIAN SCHOLAR EDUCATOR
MASSACHUSETTS GENERAL HOSPITAL - RESEARCH BANK OF AMERICA NA PO BOX 414876 BOSTON,MA 022414876	04-2697983	501(C)(3)	199,575				DISEASE TARGETED RESEARCH INNOVATIVE GRANT
MASSACHUSETTS GENERAL HOSPITAL - RESEARCH BANK OF AMERICA NA PO BOX 414877 BOSTON,MA 022414876	04-2697983	501(C)(3)	25,000				SCIENTIST DEVELOPMENT AWARD (BASIC)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MASSACHUSETTS GENERAL HOSPITAL - RESEARCH BANK OF AMERICA NA PO BOX 414879 BOSTON,MA 022414876	04-2697983	501(C)(3)	50,000				SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL)
MAYO CLINIC MAYO CLINIC RESEARCH PO BOX 860334 MINNEAPOLIS,MN 554860334	41-6011702	501(C)(3)	200,000				DISEASE TARGETED RESEARCH INNOVATIVE GRANT
MEDICAL COLLEGE OF GEORGIA 1120 15TH ST BI-5086 AUGUSTA,GA 30912	58-6002053	GOVT	500				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MEDICAL UNIVERSITY OF SOUTH CAROLINA 19 HAGOOD AVENUE SUITE 606 MSC808 CHARLESTON,SC 29403	57-6000722	GOVT	37,500				CAREER DEVELOPMENT BRIDGE FUNDING AWARD
MEDICAL UNIVERSITY OF SOUTH CAROLINA 19 HAGOOD AVENUE SUITE 606 MSC808 CHARLESTON,SC 29403	57-6000722	GOVT	37,500				CAREER DEVELOPMENT BRIDGE FUNDING AWARD
MEDICAL UNIVERSITY OF SOUTH CAROLINA 19 HAGOOD AVENUE SUITE 606 MSC808 CHARLESTON,SC 29403	57-6000722	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MEDICAL UNIVERSITY OF SOUTH CAROLINA 19 HAGOOD AVENUE SUITE 606 MSC808 CHARLESTON,SC 29403	57-6000722	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
MEDICAL UNIVERSITY OF SOUTH CAROLINA 19 HAGOOD AVENUE SUITE 606 MSC808 CHARLESTON,SC 29403	57-6000722	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
MEDICAL UNIVERSITY OF SOUTH CAROLINA 19 HAGOOD AVENUE SUITE 606 MSC808 CHARLESTON,SC 29403	57-6000722	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MEDSTAR WASHINGTON HOSPITAL CENTER 110 IRVING ST NW RM 6A-126 WASHINGTON,DC 20010	52-1272129	501(C)(3)	50,000				AMGEN FELLOWSHIP TRAINING AWARD
MGH INSTITUTE OF HEALTH PROFESSIONS OFFICE OF THE PROVOST 36 1ST AVENUE AVENUE BOSTON,MA 02129	04-2868893	501(C)(3)	95,198				INVESTIGATOR AWARD (TRANSLATIONAL)
NEW YORK UNIVERSITY SCHOOL OF MEDICINE PO BOX 415028 BOSTON,MA 022415026	13-5562308	501(C)(3)	50,000				AMGEN FELLOWSHIP TRAINING AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NEW YORK UNIVERSITY SCHOOL OF MEDICINE PO BOX 415027 BOSTON,MA 022415026	13-5562308	501(C)(3)	200,000				DISEASE TARGETED RESEARCH INNOVATIVE GRANT
NEW YORK UNIVERSITY SCHOOL OF MEDICINE PO BOX 415025 BOSTON,MA 022415026	13-5562308	501(C)(3)	87,500				INVESTIGATOR AWARD (BASIC)
NEW YORK UNIVERSITY SCHOOL OF MEDICINE PO BOX 415026 BOSTON,MA 022415026	13-5562308	501(C)(3)	37,500				INVESTIGATOR AWARD (BASIC)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE 215 BK BOSTON,MA 02115	04-1679980	501(C)(3)	73,626				INVESTIGATOR AWARD (CLINICAL)
NORTHWESTERN UNIVERSITY 750 N LAKE SHORE DRIVE RUBLOFF 7TH FLOOR 215 BK CHICAGO,IL 60611	36-2167817	501(C)(3)	200,000				DISEASE TARGETED RESEARCH INNOVATIVE GRANT
NORTHWESTERN UNIVERSITY 752 N LAKE SHORE DRIVE RUBLOFF 7TH FLOOR 215 BK CHICAGO,IL 60611	36-2167817	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NORTHWESTERN UNIVERSITY 751 N LAKE SHORE DRIVE RUBLOFF 7TH FLOOR 215 BK CHICAGO,IL 60611	36-2167817	501(C)(3)	15,000				RESIDENT RESEARCH PRECEPTORSHIP
NORTHWESTERN UNIVERSITY - FEINBERG SCHOOL OF MEDICINE 752 N LAKE SHORE DRIVE RUBLOFF 7TH FLOOR 215 BK CHICAGO,IL 60611	36-2167817	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
NYU SCHOOL OF MEDICINE PO BOX 415026 BOSTON,MA 022415026	13-5562308	501(C)(3)	125,000				INVESTIGATOR AWARD (CLINICAL)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NYU SCHOOL OF MEDICINE PO BOX 415026 BOSTON,MA 022415026	13-5562308	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
NYU SCHOOL OF MEDICINE PO BOX 415026 BOSTON,MA 022415026	13-5562308	501(C)(3)	50,000				SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL)
OREGON HEALTH & SCIENCE UNIVERSITY 0690 SW BANCROFT ST MAILCODE L106OPAM PORTLAND,OR 972393098	93-1176109	501(C)(3)	50,000				AMGEN FELLOWSHIP TRAINING AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PALO ALTO INSTITUTE FOR RESEARCH & EDUCATION INC 3801 MIRANDA AVE PO B V-38 PALO ALTO,CA 94304	77-0207331	501(C)(3)	25,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD K SUPPLEMENT
PALO ALTO INSTITUTE FOR RESEARCH & EDUCATION INC 3801 MIRANDA AVE PO B V-38 PALO ALTO,CA 94304	77-0207331	501(C)(3)	200,000				DISEASE TARGETED RESEARCH INNOVATIVE GRANT
PORTLAND VA RESEARCH FOUNDATION PO BOX 69539 PORTLAND,OR 97239	94-3090170	501(C)(3)	74,995				DISEASE TARGETED RESEARCH - PILOT GRANT - TRANSLATIONAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PROVIDENCE MEDICAL GROUP 2723 SOUTH 7TH ST TERRE HAUTE,IN 47802	35-2095108	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
REGENTS OF THE UNIVERSITY OF CALIFORNIA - LOS ANGELES 11000 KINROSS AVENUE SUITE 211 LOS ANGELES,CA 90095	95-6006143	GOVT	50,000				AMGEN FELLOWSHIP TRAINING AWARD
REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCO 1855 FOLSOM STREET SUITE 425 BOX 0897 SAN FRANCISCO,CA 94103	94-6036493	GOVT	50,000				AMGEN FELLOWSHIP TRAINING AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 - SAN FRANCISCO 1855 FOLSOM STREET SUITE 425 SAN FRANCISCO,CA 941430815	94-6036493	GOVT	75,000				SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL)
REGENTS OF THE UNIVERSITY OF CALIFORNIA - UCSD 9500 GILMAN DRIVE MC 0009 LA JOLLA,CA 920930009	95-6006144	GOVT	50,000				AMGEN FELLOWSHIP TRAINING AWARD
REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S STATE STREET 1ST FLOOR ATTN BETH WENNER REF 14-PAF2734 ANN ARBOR,MI 48109	38-6006309	GOVT	50,000				AMGEN FELLOWSHIP TRAINING AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 MICHIGAN 3003 S STATE STREET 1ST FLOOR ATTN BETH WENNER REF 14-PAF2734 ANN ARBOR,MI 48109	38-6006309	GOVT	200,000				DISEASE TARGETED RESEARCH INNOVATIVE GRANT
REGENTS OF THE UNIVERSITY OF MINNESOTA NW5957 PO BOX 1450 MINNEAPOLIS,MN 554855957	41-6007513	GOVT	50,000				AMGEN FELLOWSHIP TRAINING AWARD
REGENTS OF THE UNIVERSITY OF MINNESOTA NW5957 PO BOX 1450 MINNEAPOLIS,MN 554855957	41-6007513	GOVT	189,413				DISEASE TARGETED RESEARCH INNOVATIVE GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 MINNESOTA NW5957 PO BOX 1450 MINNEAPOLIS,MN 554855957	41-6007513	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
REGENTS OF THE UNIVERSITY OF MINNESOTA NW5957 PO BOX 1450 MINNEAPOLIS,MN 554855957	41-6007513	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
RHODE ISLAND HOSPITAL 593 EDDY ST GRAD DORMS 214 PROVIDENCE,RI 029034923	05-0258954	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION 5250 CAMPANILE DR SAN DIEGO,CA 921821911	95-6042721	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
STANFORD UNIVERSITY STANFORD UNIVERSITY LOCKBOX PO BOX 44253 SAN FRANCISCO,CA 941444253	94-1156365	501(C)(3)	50,000				AMGEN FELLOWSHIP TRAINING AWARD
STANFORD UNIVERSITY LOCKBOX PO BOX 44253 SAN FRANCISCO,CA 941444253	94-1156365	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 CHILDREN'S HOSPITAL OF PHILADELPHIA OFFICE OF SPONSORED RESEARCH 3615 CIVIC CENTER BLVD ARC 142D PHILADELPHIA,PA 19104	23-1352166	501(C)(3)	50,000				AMGEN FELLOWSHIP TRAINING AWARD
THE CHILDREN'S HOSPITAL OF PHILADELPHIA OFFICE OF SPONSORED RESEARCH 3615 CIVIC CENTER BLVD ARC 142D PHILADELPHIA,PA 19104	23-1352166	501(C)(3)	50,000				SCIENTIST DEVELOPMENT AWARD (BASIC)
THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH FIMR/ GRANTS MGMT OFFICE 350 COMMUNITY DRIVE MANHASSET,NY 110303816	11-2673595	501(C)(3)	50,000				AMGEN FELLOWSHIP TRAINING AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH FIMR/ GRANTS MGMT OFFICE 350 COMMUNITY DRIVE MANHASSET,NY 110303816	11-2673595	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
THE OHIO STATE UNIVERSITY 1960 KENNY RD COLUMBUS,OH 432101016	31-6025986	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
THE PENNSYLVANIA STATE UNIVERSITY 500 UNIVERSITY DRIVE HERSHEY,PA 17033	24-6000376	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP

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THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 1855 FOLSOM STREET SUITE 425 BOX 0897 SAN FRANCISCO,CA 94143	94-6036493	GOVT	37,500				CAREER DEVELOPMENT BRIDGE FUNDING AWARD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 1855 FOLSOM STREET SUITE 425 BOX 0897 SAN FRANCISCO,CA 94143	94-6036493	GOVT	75,000				DISEASE TARGETED RESEARCH - PILOT GRANT - TRANSLATIONAL
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 1855 FOLSOM STREET SUITE 425 BOX 0897 SAN FRANCISCO,CA 94143	94-6036493	GOVT	200,000				DISEASE TARGETED RESEARCH INNOVATIVE GRANT

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THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 1855 FOLSOM STREET SUITE 425 BOX 0897 SAN FRANCISCO,CA 94143	94-6036493	GOVT	200,000				DISEASE TARGETED RESEARCH INNOVATIVE GRANT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 1855 FOLSOM STREET SUITE 425 BOX 0897 SAN FRANCISCO,CA 94143	94-6036493	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 1855 FOLSOM STREET SUITE 425 BOX 0897 SAN FRANCISCO,CA 94143	94-6036493	GOVT	100,000				SCIENTIST DEVELOPMENT AWARD (BASIC)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 - LOS ANGELES 1855 FOLSOM STREET SUITE 425 BOX 0897 SAN FRANCISCO,CA 94143	94-6036493	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCO 1855 FOLSOM STREET SUITE 425 BOX 0897 SAN FRANCISCO,CA 94143	94-6036493	GOVT	50,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD K SUPPLEMENT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCO 1855 FOLSOM STREET SUITE 425 BOX 0897 SAN FRANCISCO,CA 94143	94-6036493	GOVT	60,000				CLINICIAN SCHOLAR EDUCATOR

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 MICHIGAN 3003 S STATE STREET 1ST FLOOR ATTN BETH WENNER REF 14-PAF2734 ANN ARBOR,MI 48109	38-6006309	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK,NY 10065	13-1624158	501(C)(3)	50,000				SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL)
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK SPONSORED PROJECTS FINANCE PO BOX 29789 NEW YORK,NY 100879789	13-5598093	501(C)(3)	50,000				AMGEN FELLOWSHIP TRAINING AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK SPONSORED PROJECTS FINANCE PO BOX 29789 NEW YORK,NY 100879789	13-5598093	501(C)(3)	200,000				DISEASE TARGETED RESEARCH INNOVATIVE GRANT
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK SPONSORED PROJECTS FINANCE PO BOX 29789 NEW YORK,NY 100879789	13-5598093	501(C)(3)	198,470				DISEASE TARGETED RESEARCH INNOVATIVE GRANT
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK SPONSORED PROJECTS FINANCE PO BOX 29789 NEW YORK,NY 100879789	13-5598093	501(C)(3)	50,000				SCIENTIST DEVELOPMENT AWARD (CLINICAL)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK SPONSORED PROJECTS FINANCE PO BOX 29789 NEW YORK,NY 100879789	13-5598093	501(C)(3)	62,500				SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL)
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET P221 FRANKLIN BUILDING PHILADELPHIA,PA 191046205	23-1352685	501(C)(3)	75,000				SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL)
THE UNIVERSITY OF NORTH CAROLINA OFFICE OF SPONSORED RESEARCH 104 AIRPORT DRIVE SUITE 2200 CB 1350 CHAPEL HILL,NC 275991350	56-6001393	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL OFFICE OF SPONSORED RESEARCH 104 AIRPORT DRIVE SUITE 2200 CB 1350 CHAPEL HILL, NC 275991350	56-6001393	GOVT	50,000				AMGEN FELLOWSHIP TRAINING AWARD
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL OFFICE OF SPONSORED RESEARCH 104 AIRPORT DRIVE SUITE 2200 CB 1350 CHAPEL HILL, NC 275991350	56-6001393	GOVT	100,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD R BRIDGE
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL OFFICE OF SPONSORED RESEARCH 104 AIRPORT DRIVE SUITE 2200 CB 1350 CHAPEL HILL, NC 275991350	56-6001393	GOVT	60,000				CLINICIAN SCHOLAR EDUCATOR

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL OFFICE OF SPONSORED RESEARCH 104 AIRPORT DRIVE SUITE 2200 CB 1350 CHAPEL HILL, NC 275991350	56-6001393	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL OFFICE OF SPONSORED RESEARCH 104 AIRPORT DRIVE SUITE 2200 CB 1350 CHAPEL HILL, NC 275991350	56-6001393	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON PO BOX 301418 DALLAS, TX 753031418	74-1761309	GOVT	75,000				SCIENTIST DEVELOPMENT AWARD (BASIC)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD HOUSTON,TX 77030	74-6001118	GOVT	198,908				DISEASE TARGETED RESEARCH INNOVATIVE GRANT
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD HOUSTON,TX 77030	74-6001118	GOVT	124,965				INVESTIGATOR AWARD (CLINICAL)
THE WARREN ALPERT MEDICAL SCHOOL AT BROWN UNIVERSITY 214 RHODE ISLAND HOSPITAL 593 EDDY ST PROVIDENCE,RI 029034923	05-0258954	501(C)(3)	15,000				RESIDENT RESEARCH PRECEPTORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
THURSTON ARTHRITIS CENTER AT UNC CHAPEL HILL 3300 THURSTON BUILDING CB7280 CHAPEL HILL, NC 275997280	56-6001393	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
TRUSTEES OF BOSTON UNIVERSITY 85 EAST NEWTON ST M921 BOSTON, MA 02118	04-2103547	501(C)(3)	125,000				INVESTIGATOR AWARD (CLINICAL)
TRUSTEES OF BOSTON UNIVERSITY 85 EAST NEWTON ST M921 BOSTON, MA 02118	04-2103547	501(C)(3)	52,742				SCIENTIST DEVELOPMENT AWARD (CLINICAL)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TRUSTEES OF BOSTON UNIVERSITY - BUMC 85 EAST NEWTON ST M921 BOSTON,MA 02118	04-2103547	501(C)(3)	125,000				INVESTIGATOR AWARD (TRANSLATIONAL)
TRUSTEES OF INDIANA UNIVERSITY OFFICE OF RESEARCH ADMINISTRATION 980 INDIANA AVENUE ROOM 2232 INDIANAPOLIS,IN 46202	35-6001673	501(C)(3)	50,000				AMGEN FELLOWSHIP TRAINING AWARD
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET P221 FRANKLIN BUILDING PHILADELPHIA,PA 191046205	23-1352685	501(C)(3)	50,000				AMGEN FELLOWSHIP TRAINING AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET P221 FRANKLIN BUILDING PHILADELPHIA,PA 191046205	23-1352685	501(C)(3)	25,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD K SUPPLEMENT
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET P221 FRANKLIN BUILDING PHILADELPHIA,PA 191046205	23-1352685	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
TUFTS MEDICAL CENTER 800 WASHINGTON STREET BOSTON,MA 02111	04-3400617	501(C)(3)	50,000				AMGEN FELLOWSHIP TRAINING AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TUFTS MEDICAL CENTER 800 WASHINGTON STREET BOSTON,MA 02111	04-3400617	501(C)(3)	500				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
TUFTS MEDICAL CENTER 800 WASHINGTON STREET BOSTON,MA 02111	04-3400617	501(C)(3)	5,520				RESIDENT RESEARCH PRECEPTORSHIP
TUFTS MEDICAL CENTER 800 WASHINGTON STREET BOSTON,MA 02111	04-3400617	501(C)(3)	50,000				SCIENTIST DEVELOPMENT AWARD (BASIC)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TULANE UNIVERSITY 1430 TULANE AVE NEW ORLEANS,LA 70112	72-0423889	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UCSF CONTROLLER'S OFFICE - CONTRACTS AND GRANTS ACCOUNTING 1855 FOLSOM STREET SUITE 425 BOX 0897 SAN FRANCISCO,CA 94143	94-6036493	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERITY OF ROCHESTER 518 HYLAN BUILDING ROCHESTER,NY 146270140	16-0743209	501(C)(3)	200,000				DISEASE TARGETED RESEARCH INNOVATIVE GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 AT BUFFALO PEDIATRIC ASSOCIATES 239 BRYANT ST 2ND FLOOR BUFFALO,NY 01422	16-1238821	501(C)(3)	500				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY AT BUFFALO PEDIATRIC ASSOCIATES 239 BRYANT ST 2ND FLOOR BUFFALO,NY 01422	16-1238821	501(C)(3)	500				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVENUE SOUTH AB 990 BIRMINGHAM,AL 352940109	63-6005396	GOVT	183,957				DISEASE TARGETED RESEARCH INNOVATIVE GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 ALABAMA AT BIRMINGHAM 701 SOUTH 20TH STREET AB 990 BIRMINGHAM,AL 352940109	63-6005396	GOVT	125,000				INVESTIGATOR AWARD (BASIC)
UNIVERSITY OF CALIFORNIA - LOS ANGELES 11000 KINROSS AVENUE SUITE 211 LOS ANGELES,CA 90095	95-6006143	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF CALIFORNIA - SAN FRANCISCO 1855 FOLSOM ST STE 425 BOX 0897 SAN FRANCISCO,CA 94143	94-6036493	GOVT	99,892				CAREER DEVELOPMENT BRIDGE FUNDING AWARD R BRIDGE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 CALIFORNIA - SAN FRANCISCO 1855 FOLSOM ST STE 425 BOX 0897 SAN FRANCISCO,CA 94143	94-6036493	GOVT	294,927				DISEASE TARGETED RESEARCH CLINICAL GRANT
UNIVERSITY OF CHICAGO 5235 S HARPER COURT 4TH FLOOR CHICAGO,IL 60615	36-2177139	GOVT	50,000				AMGEN FELLOWSHIP TRAINING AWARD
UNIVERSITY OF COLORADO - DENVER GRANTS AND CONTRACT PO BOX 910238 DENVER,CO 802910238	84-6000555	GOVT	50,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD K SUPPLEMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 COLORADO - DENVER GRANTS AND CONTRACT PO BOX 910238 DENVER,CO 802910238	84-6000555	GOVT	200,000				DISEASE TARGETED RESEARCH INNOVATIVE GRANT
UNIVERSITY OF COLORADO - DENVER GRANTS AND CONTRACT PO BOX 910238 DENVER,CO 802910238	84-6000555	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF COLORADO - DENVER GRANTS AND CONTRACT PO BOX 910238 DENVER,CO 802910238	84-6000555	GOVT	15,000				RESIDENT RESEARCH PRECEPTORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 COLORADO - DENVER GRANTS AND CONTRACT PO BOX 910238 DENVER,CO 802910238	84-6000555	GOVT	100,000				SCIENTIST DEVELOPMENT AWARD (BASIC)
UNIVERSITY OF COLORADO - DENVER SCHOOL OF MEDICINE 3451 WALNUT STREET P221 FRANKLIN BUILDING PHILADELPHIA,PA 191046205	84-6000555	GOVT	15,000				RESIDENT RESEARCH PRECEPTORSHIP
UNIVERSITY OF DELAWARE 540 S COLLEGE AVE SUITE 210 NEWARK,DE 19713	51-6000297	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 MARYLAND - BALTIMORE PO BOX 41428 BALTIMORE,MD 212036428	52-6002033	GOVT	50,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD K SUPPLEMENT
UNIVERSITY OF MARYLAND - BALTIMORE PO BOX 41428 BALTIMORE,MD 212036428	52-6002033	GOVT	59,988				CLINICIAN SCHOLAR EDUCATOR
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVENUE N WORCESTER,MA 01655	04-3167352	GOVT	200,000				DISEASE TARGETED RESEARCH INNOVATIVE GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 MICHIGAN 3003 S STATE STREET ANN ARBOR,MI 481091274	38-6006309	GOVT	200,000				DISEASE TARGETED RESEARCH INNOVATIVE GRANT
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 N STATE STREET JACKSON,MS 39216	64-6008520	GOVT	50,000				AMGEN FELLOWSHIP TRAINING AWARD
UNIVERSITY OF NEBRASKA MEDICAL CENTER 985100 NEBRASKA MEDICAL CENTER OMAHA,NE 681985100	47-0049123	GOVT	50,000				AMGEN FELLOWSHIP TRAINING AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 NEBRASKA MEDICAL CENTER 985100 NEBRASKA MEDICAL CENTER OMAHA,NE 681985100	47-0049123	GOVT	200,000				DISEASE TARGETED RESEARCH INNOVATIVE GRANT
UNIVERSITY OF NEBRASKA MEDICAL CENTER 985100 NEBRASKA MEDICAL CENTER OMAHA,NE 681985100	47-0049123	GOVT	200,000				DISEASE TARGETED RESEARCH INNOVATIVE GRANT
UNIVERSITY OF NORTH CAROLINA - THURSTON ARTHRITIS RESEARCH CENTER 3300 DOC J THURSTON BLDG CB 7280 CHAPEL HILL,NC 275997280	56-6001393	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 NORTH CAROLINA KIDNEY CENTER 7024 BURNETT-WOMACK CB7155 CHAPEL HILL,NC 27599	56-1732213	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE PITTSBURGH,PA 15213	25-0965591	501(C)(3)	50,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD K SUPPLEMENT
UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE PITTSBURGH,PA 15213	25-0965591	501(C)(3)	75,000				DISEASE TARGETED RESEARCH - PILOT GRANT - TRANSLATIONAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 TEXAS HEALTH SCIENCE PO BOX 301418 DALLAS,TX 753031418	74-1761309	501(C)(3)	49,953				CAREER DEVELOPMENT BRIDGE FUNDING AWARD R BRIDGE
UNIVERSITY OF UTAH 30 N 1900 E 41300 SOM SALT LAKE CITY,UT 84132	87-6000525	GOVT	75,000				SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL)
UNIVERSITY OF VERMONT MEDICAL CENTER 111 COLCHESTER AVE MAILSTOP 130BS3 BURLINGTON,VT 05401	03-0219309	501(C)(3)	500				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 VERMONT MEDICAL CENTER 111 COLCHESTER AVE MAILSTOP 130BS3 BURLINGTON,VT 05401	03-0219309	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF VIRGINIA BOX 8001399 HSC DIVISION OF RHEUMATOLOGY CHARLOTTESVILLE,VA 22908	16-9720656	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE BOX 359472 SEATTLE,WA 98195	91-6001537	GOVT	50,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD K SUPPLEMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 WASHINGTON 4333 BROOKLYN AVE NE BOX 359472 SEATTLE,WA 98195	91-6001537	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE BOX 359472 SEATTLE,WA 98195	91-6001537	GOVT	50,000				PAULA DE MERIEUX FELLOWSHIP TRAINING AWARD
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE BOX 359472 SEATTLE,WA 98195	91-6001537	GOVT	100,000				SCIENTIST DEVELOPMENT AWARD (BASIC)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
VANDERBILT UNIVERSITY - DEPT OF FINANCE ATTN STEVE TODD DEPT 1236 DALLAS,TX 75312	62-0476822	501(C)(3)	50,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD K SUPPLEMENT
VANDERBILT UNIVERSITY MEDICAL CENTER - DEPT OF FINANCE ATTN STEVE TODD DEPT 1236 DALLAS,TX 75312	62-0476822	501(C)(3)	200,000				DISEASE TARGETED RESEARCH INNOVATIVE GRANT
VANDERBILT UNIVERSITY MEDICAL CENTER - DEPT OF FINANCE ATTN STEVE TODD DEPT 1236 DALLAS,TX 75312	62-0476822	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
VIRGINIA COMMONWEALTH UNIVERSITY - OFFICE OF SPONSORED PROGRAMS 800 EAST LEIGH ST SUITE 3200 PO BOX 980568 RICHMOND,VA 232980568	54-6001758	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
WASHINGTON UNIVERSITY 700 ROSEDALE AVE CAMPUS BOX 1034 ST LOUIS,MO 631121408	43-0653611	501(C)(3)	50,000				AMGEN FELLOWSHIP TRAINING AWARD
WASHINGTON UNIVERSITY 700 ROSEDALE AVE CAMPUS BOX 1034 ST LOUIS,MO 631121408	43-0653611	501(C)(3)	100,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD R BRIDGE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 UNIVERSITY 700 ROSEDALE AVE CAMPUS BOX 1034 ST LOUIS,MO 631121408	43-0653611	501(C)(3)	199,989				DISEASE TARGETED RESEARCH INNOVATIVE GRANT
WASHINGTON UNIVERSITY 700 ROSEDALE AVE CAMPUS BOX 1034 ST LOUIS,MO 631121408	43-0653611	501(C)(3)	125,000				INVESTIGATOR AWARD (BASIC)
WASHINGTON UNIVERSITY 700 ROSEDALE AVE CAMPUS BOX 1034 ST LOUIS,MO 631121408	43-0653611	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 UNIVERSITY 700 ROSEDALE AVE CAMPUS BOX 1034 ST LOUIS,MO 631121408	43-0653611	501(C)(3)	49,996				SCIENTIST DEVELOPMENT AWARD (BASIC)
YALE UNIVERSITY - GRANT AND CONTRACT FINANCIAL ADMINISTRATION PO BOX 1873 NEW HAVEN,CT 06508	06-0646973	501(C)(3)	200,000				DISEASE TARGETED RESEARCH INNOVATIVE GRANT
YALE UNIVERSITY GCFA PO BOX 1873 NEW HAVEN,CT 065081873	06-0646973	501(C)(3)	100,000				SCIENTIST DEVELOPMENT AWARD (BASIC)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YALE UNIVERSITY SCHOOL OF MEDICINE PO BOX 1873 6508 NEW HAVEN,CT 06508	06-0646973	501(C)(3)	200,000				DISEASE TARGETED RESEARCH INNOVATIVE GRANT

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
ACR EXCELLENCE IN INVESTIGATIVE MENTORING AWARD	1	3,000		FMV	THROUGH THE ACR EXCELLENCE IN INVESTIGATIVE MENTORING AWARD, THE FOUNDATION

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
EDMUND L DUBOIS, MD MEMORIAL LECTURESHIP	1	750		FMV	THE FOUNDATION MEMORIAL LECTURESHIPS WERE ESTABLISHED THROUGH THE GENEROSITY

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
HEALTH PROFESSIONAL ONLINE EDUCATION GRANT	19	21,200		FMV	THE PURPOSE OF THIS AWARD IS TO INCREASE THE KNOWLEDGE AND SKILLS OF RHEUMAT

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
ACR HENCH MEMORIAL LECTURE	1	2,500		FMV	THIS LECTURESHIP WAS ORIGINALLY ESTABLISHED BY THE HENCH SOCIETY AT THE MAYO

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
MARSHALL J SCHIFF, MD MEMORIAL FELLOW RESEARCH AWARD	2	3,000		FMV	THE PURPOSE OF THE MARSHALL J SCHIFF, MD, MEMORIAL FELLOW RESEARCH AWARD RE

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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 AND GRADUATE STUDENT PRECEPTORSHIP	57	152,000		FMV	THIS AWARD INTRODUCES STUDENTS TO THE SPECIALTY OF RHEUMATOLOGY BY SUPPORTIN

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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 AND PEDIATRIC RESIDENT RESEARCH AWARD	7	5,250		FMV	THIS AWARD MOTIVATES OUTSTANDING RESIDENTS TO PURSUE SUBSPECIALTY TRAINING I

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
MEMORIAL LECTURESHIP DR L EMMERSON WARD	1	2,500		FMV	THE FOUNDATION MEMORIAL LECTURESHIPS WERE ESTABLISHED THROUGH THE GENEROSITY

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
OSCAR S GLUCK, MD MEMORIAL LECTURESHIP	1	1,500		FMV	THE FOUNDATION MEMORIAL LECTURESHIPS WERE ESTABLISHED THROUGH THE GENEROSITY

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
PAUL KLEMPERER, MD MEMORIAL LECTURESHIP	1	1,500		FMV	THE FOUNDATION MEMORIAL LECTURESHIPS WERE ESTABLISHED THROUGH THE GENEROSITY

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
PEDIATRIC RESEARCH AWARD	2	2,000		FMV	THIS AWARD RECOGNIZES AND PROMOTES SCHOLARSHIP IN THE FIELD OF PEDIATRIC RHE

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
PEDIATRIC VISITING PROFESSORSHIP	11	22,000		FMV	THE PURPOSE OF THE PEDIATRIC VISITING PROFESSORSHIP AWARD IS TO PROVIDE AN E

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
ACR PRESIDENTIAL GOLD MEDAL	1	5,000		FMV	THE HIGHEST AWARD THAT THE ACR CAN BESTOW, THE PRESIDENTIAL GOLD MEDAL IS AW

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
STUDENT ACHIEVEMENT AWARD	8	6,000		FMV	THIS AWARD RECOGNIZES OUTSTANDING MEDICAL AND GRADUATE STUDENTS FOR SIGNIFIC

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
STUDENT AND RESIDENT ACR/ARHP ANNUAL MEETING SCHOLARSHIP	28	42,000		FMV	THE PURPOSE OF STUDENT AND RESIDENT ACR/ARHP ANNUAL MEETING SCHOLARSHIP IS T

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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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

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 on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification 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 in 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**		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		No
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, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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**		No
9	If "Yes" on 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that 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 and Title		(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 in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARY WHEATLEY EXECUTIVE DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	160,573	0	192	15,469	10,260	186,494	0
2 COLLEEN MERKEL CPA VP, OPERATIONS & FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	151,514	0	552	14,715	18,953	185,734	0

Part III Supplemental Information

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

Return Reference	Explanation

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

OMB No 1545-0047

2015

Open to Public Inspection

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 2A	EXPLANATION OF FULL TIME EMPLOYEES THE FILING ORGANIZATION HAS A MANAGEMENT CONTRACT WITH RELATED ORGANIZATION, AMERICAN COLLEGE OF RHEUMATOLOGY (ACR), UNDER WHICH ACR PROVIDES EMPLOYEES WHO PERFORM SERVICES FOR THE ORGANIZATION THE ORGANIZATION PAYS A MANAGEMENT FEE TO ACR WHICH INCLUDES SALARIES EXPENSE FOR THE EMPLOYEES THAT PROVIDED SERVICES FOR THE YEAR. DURING THE YEAR THERE WERE APPROXIMATELY 20 FULL TIME EMPLOYEES WHO PROVIDED SERVICES FOR THE ORGANIZATION
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 $2,299,645 FOR THE FISCAL YEAR ENDING JUNE 30, 2016 AND ARE INCLUDED IN MANAGEMENT FEES IN THE ACCOMPANYING STATEMENTS OF FUNCTIONAL EXPENSES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS OF THE FOUNDATION SHALL BE NOMINATED BY THE ACR COMMITTEE ON NOMINATIONS AND APPOINTMENTS AND CONFIRMED BY THE BOARD OF DIRECTORS OF THE FOUNDATION
FORM 990, PART VI, SECTION B, LINE 11	A DRAFT COPY OF THE FORM 990 WAS PROVIDED TO THE FULL BOARD FOR THEIR REVIEW AND COMMENT P RIOR 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 D OCUMENTED IN THE MINUTES THE EXECUTIVE DIRECTOR SIGNED THE RETURN AFTER CONSIDERING COMME NTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS ANNUAL SUBMISSION OF DISCLOSURE STATEMENTS ARE ON FILE WITH LEGAL COUNSEL ANY INDIVIDUAL WHO GIVES NOTICE OF POTENTIAL CONFLICT IS TO ABSTAIN FROM PARTICIPATING IN ANY ITEM OF BUSINESS WHICH COMES BEFORE THE BOARD
FORM 990, PART VI, SECTION B, LINE 15	THE RHEUMATOLOGY RESEARCH FOUNDATION HAS A MANAGEMENT AGREEMENT WITH AMERICAN COLLEGE OF R HEUMATOLOGY AMERICAN COLLEGE OF RHEUMATOLOGY'S POLICIES APPLY TO THE FOUNDATION THE EXEC UTIVE DIRECTOR AND DIRECTOR OF HUMAN RESOURCES USES COMPARABILITY DATA TO DEVELOP COMPENSA TION RANGES AND TARGETS THE DIRECTOR OF HUMAN RESOURCES CONTEMPORANEOUSLY DOCUMENTS AND M AINTAINS CONFIDENTIAL RECORDS OF ALL DECISIONS AFFECTING COLLEGE AND FOUNDATION EMPLOY EES

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 9	RECOVERIES OF PRIOR YEAR GRANTS 446,693

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
RHEUMATOLOGY RESEARCH FOUNDATION

Employer identification number
58-1654301

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

(a) Name, address, and EIN (if applicable) 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" on 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) No
(1)AMERICAN COLLEGE OF RHEUMATOLOGY INC 2200 LAKE BOULEVARD NE ATLANTA, GA 30319 58-1627547	PROVIDES EDUCATION, RESEARCH, ADVOCACY AND PRACTICE SUPPORT	IL	501(C)(6)		N/A		No

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on 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) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, 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 orgranization 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**		**No**
b	Gift, grant, or capital contribution to related organization(s)	**1b**	**Yes**	
c	Gift, grant, or capital contribution from related organization(s)	**1c**	**Yes**	
d	Loans or loan guarantees to or for related organization(s)	**1d**		**No**
e	Loans or loan guarantees by related organization(s)	**1e**		**No**
f	Dividends from related organization(s)	**1f**		**No**
g	Sale of assets to related organization(s)	**1g**		**No**
h	Purchase of assets from related organization(s)	**1h**		**No**
i	Exchange of assets with related organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets to related organization(s)	**1j**		**No**
k	Lease of facilities, equipment, or other assets from related organization(s)	**1k**	**Yes**	
l	Performance of services or membership or fundraising solicitations for related organization(s)	**1l**		**No**
m	Performance of services or membership or fundraising solicitations by related organization(s)	**1m**	**Yes**	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**	**Yes**	
o	Sharing of paid employees with related organization(s)	**1o**	**Yes**	
p	Reimbursement paid to related organization(s) for expenses	**1p**	**Yes**	
q	Reimbursement paid by related organization(s) for expenses	**1q**	**Yes**	
r	Other transfer of cash or property to related organization(s)	**1r**	**Yes**	
s	Other transfer of cash or property from related organization(s)	**1s**	**Yes**	

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)AMERICAN COLLEGE OF RHEUMATOLOGY	M	2,299,645	CASH
(2)AMERICAN COLLEGE OF RHEUMATOLOGY	B	305,416	CASH

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on 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 sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation