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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

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

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 $ 48,265,382

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**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	214
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
8	Contributions and grants (Part VIII, line 1h)	27,525,009	11,705,590
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,042,648	1,822,160
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)	29,567,657	13,527,750
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,371,044	8,696,210
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)	46,684	50,082
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,800,731		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,105,544	3,967,671
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	13,523,272	12,713,963
19	Revenue less expenses Subtract line 18 from line 12	16,044,385	813,787

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	71,590,041	73,274,185
21	Total liabilities (Part X, line 26)	759,595	753,206
22	Net assets or fund balances Subtract line 21 from line 20	70,830,446	72,520,979

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

****** 2020-04-09
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
		2020-04-09		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 $ 10,501,096 including grants of $ 8,696,210) (Revenue $)

See Additional Data

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** ▶ 10,501,096

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		No
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		
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	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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**	18		
	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**	18		
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-A 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			
(1) ABBY ABELSON MD FOUNDATION PRESIDENT 2017-2019	14 00 5 00	X		X				6,232	59,350	0
(2) S LOUIS BRIDGES JR MD PHD FOUNDATION VICE PRESIDENT 2016-2019	14 00	X		X				43,850	0	0
(3) DAVID R KARP TREASURER - 2019	14 00	X		X				0	0	0
(4) CHARLES KING II MD TREASURER - 2017-2018	14 00 5 00	X		X				0	47,049	0
(5) STUART KASSAN MD CHAIR, DEVELOPMENT ADVISORY COUNCIL -2016 - 2019	2 00	X						0	0	0
(6) BRYCE BINSTADT MD PHD CHAIR, SCIENTIFIC ADVISORY COUNCIL - 2017 - 2020	2 00	X						0	0	0
(7) KENNETH SAAG MD MSC ACR/FOUNDATION SECRETARY 2018-2020	2 00 14 00	X						0	10,250	0
(8) BETH JONAS MD ACR TRAINING REPRESENTATIVE 2018 - 2021	2 00	X						0	0	0
(9) ANNE-MARIE MALFAIT MD PHD ACR RESEARCH REPRESENTATIVE - 2017 - 2020	2 00	X						0	0	0
(10) WILLIAM REISS PHARMD CORPORATE ROUNDATABLE REPRESENTATIVE - 2018 -2019	2 00	X						0	0	0
(11) DANIEL WHITE PT SCD MSC ARP REPRESENTATIVE -2018 - 2021	2 00	X						0	0	0
(12) ERIN ARNOLD MD MEMBER AT LARGE - 2017 - 2020	2 00	X						0	0	0
(13) NORMAN GAYLIS MD MEMBER AT LARGE - 2016 - 2019	2 00	X						0	0	0
(14) BEVERLY GUIN MEMBER AT LARGE - 2018 - 2021	2 00	X						0	0	0
(15) ELIZABETH MCKELVEY MEMBER AT LARGE - 2018 - 2020	2 00	X						0	0	0
(16) WILLIAM RIGBY MD MEMBER AT LARGE - 2016 - 2019	2 00	X						0	0	0
(17) STEVE RUSSELL MBA MEMBER AT LARGE - 2016 - 2019	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
(18) JON GILES MD MPH MEMBER AT LARGE - 2018 - 2020	2 00	X						0	0	0
(19) TERESA TARRANT MD MEMBER AT LARGE - 2016 - 2019	2 00	X						0	0	0
(20) MARY WHEATLEY EXECUTIVE DIRECTOR	40 00			X				0	175,266	28,645
(21) COLLEEN MERKEL CPA VP, OPERATIONS & FINANCE	11 00 29 00			X				0	171,450	33,492
(22) CHARLIE GOLDSMITH SR DIRECTOR - DEVELOPMENT	40 00					X		0	122,518	33,160
(23) FAITH MCGOWN DIRECTOR, REG DEV OFFICER-MIDWEST, RRF	40 00					X		0	103,222	25,468
(24) RHONDA ARMSTRONG SR DIRECTOR - FINANCE	40 00					X		0	100,721	19,587
1b Sub-Total ▶										
c Total from continuation sheets to Part VII**, Section A** ▶										
d Total (add lines 1b and 1c) ▶								50,082	789,826	140,352

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	2,337,575

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			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,705,590		
	g Noncash contributions included in lines 1a - 1f $ _____				
	h **Total.** Add lines 1a-1f . . . . . ▶		11,705,590		

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) . . . . . ▶		961,274			961,274
	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	35,598,518				
	b Less cost or other basis and sales expenses	34,737,632				
	c Gain or (loss)	860,886				
	d Net gain or (loss) . . . . . ▶		860,886			860,886
	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 . . . . . ▶		13,527,750	0	0	1,822,160

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	8,422,628	8,422,628		
2 Grants and other assistance to domestic individuals See Part IV, line 22	273,582	273,582		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	50,082	50,082		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
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	2,337,575	1,053,355	226,354	1,057,866
b Legal	42,587	9,756	8,139	24,692
c Accounting	66,050	34,230	11,410	20,410
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	102,598	92,338	10,260	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	402,590	90,844	47,889	263,857
12 Advertising and promotion				
13 Office expenses	113,204	26,241	9,498	77,465
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	463,812	267,527	41,659	154,626
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	365,614	160,124	19,311	186,179
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35,271	19,629	9,099	6,543
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MISCELLANEOUS	29,395	760	28,517	118
b BAD DEBT EXPENSE	8,975			8,975
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	12,713,963	10,501,096	412,136	1,800,731
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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1	
	2	Savings and temporary cash investments	4,663,232	2	8,103,460
	3	Pledges and grants receivable, net	21,676,834	3	20,641,123
	4	Accounts receivable, net	14	4	
	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	41,212	9	71,541
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 257,311			
	b	Less accumulated depreciation — 10b: 168,056	133,710	10c	89,255
	11	Investments—publicly traded securities	39,720,696	11	40,092,175
	12	Investments—other securities See Part IV, line 11	2,550,397	12	2,872,536
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	2,803,946	15	1,404,095
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	71,590,041	16	73,274,185
Liabilities	17	Accounts payable and accrued expenses	759,595	17	753,206
	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	
	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	759,595	26	753,206
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	39,594,345	27	43,996,340
	28	Temporarily restricted net assets	26,705,502	28	23,993,040
	29	Permanently restricted net assets	4,530,599	29	4,531,599
		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	70,830,446	33	72,520,979
	34	Total liabilities and net assets/fund balances	71,590,041	34	73,274,185

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	13,527,750
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,713,963
3	Revenue less expenses Subtract line 2 from line 1	3	813,787
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	70,830,446
5	Net unrealized gains (losses) on investments	5	421,210
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	455,536
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	72,520,979

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 III, Line 4a:

FOUNDATION PROGRAMS SUPPORT RESEARCH INVESTIGATING THE BROAD SPECTRUM OF RHEUMATIC DISEASES, INCLUDING JUVENILE IDIOPATHIC ARTHRITIS, OSTEOARTHRITIS, PEDIATRIC SYSTEMIC LUPUS ERYTHEMATOSUS, RHEUMATOID ARTHRITIS, SCLERODERMA, SPONDYLOARTHROPATHIES, SYSTEMIC LUPUS ERYTHEMATOSUS, AND VASCULITIS PLEASE SEE SCHEDULE O FOR A CONTINUATION OF PROGRAM SERVICES THE FOUNDATION PROVIDES FUNDING TO HELP RECRUIT MEDICAL STUDENTS AND RESIDENTS INTO THE SUBSPECIALTY, AND SUPPORTS INVESTIGATORS WORKING IN THE FIELD OF RHEUMATOLOGY GRANTS ARE AWARDED FOR DIFFERENT TRAINING OPPORTUNITIES, FROM MEDICAL STUDENTS TO ESTABLISHED INVESTIGATORS, BUILDING A MORE CAPABLE, ROBUST TEAM OF RHEUMATOLOGY PROFESSIONALS AROUND THE NATION IN THE LAST FIVE YEARS, RESEARCHERS RECEIVING FOUNDATION FUNDING HAVE PUBLISHED 964 PAPERS, RECEIVED $84 5M IN RELATED NIH FUNDING AND GIVEN 737 SCIENTIFIC PRESENTATIONS ON THEIR PROJECTS WORLDWIDE THE FOUNDATION IS A 501(C)(3) CHARITABLE ORGANIZATION DEDICATED TO ADVANCING TREATMENT FOR PEOPLE LIVING WITH RHEUMATIC DISEASE, AND IS THE LARGEST PRIVATE FUNDING SOURCE OF RHEUMATOLOGY RESEARCH AND TRAINING IN THE UNITED STATES THE ORGANIZATION HAS RECEIVED A 4-STAR RATING, THE HIGHEST OFFERED BY CHARITY NAVIGATOR, FOR ELEVEN CONSECUTIVE YEARS BASED ON GOOD GOVERNANCE, SOUND FISCAL MANAGEMENT, AND COMMITMENT TO ACCOUNTABILITY AND TRANSPARENCY THE ORGANIZATION HAS COMMITTED OVER $170M DIRECTLY TO RESEARCH AND TRAINING SINCE IT WAS FOUNDED IN 1985 BY THE GRANTING OF 3,403 INDIVIDUAL AWARDS

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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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____

10 ☐ 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)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 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						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	2,697,622	3,554,779	14,568,184	27,525,009	11,705,590	60,051,184
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	2,697,622	3,554,779	14,568,184	27,525,009	11,705,590	60,051,184
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)						35,262,000
6 **Public support.** Subtract line 5 from line 4						24,789,184

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4	2,697,622	3,554,779	14,568,184	27,525,009	11,705,590	60,051,184
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,000,568	942,916	951,734	908,590	961,274	4,765,082
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)						
11 **Total support.** Add lines 7 through 10						64,816,266

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 2018 (line 6, column (f) divided by line 11, column (f))	**14**	38 250 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	**15**	39 300 %

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ)*	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 9a) 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 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	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		

Part IV Supporting Organizations (continued)

			Yes	No
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		

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

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 (explain in Part VI) **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 2018 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-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 58-1654301

Name: RHEUMATOLOGY RESEARCH FOUNDATION

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

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

OMB No 1545-0047

2018

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 7/25/06, 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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	38,685,437	36,936,465	34,351,990	36,389,822	36,829,615
b Contributions . . .	1,000	1,224,804	250,000		
c Net investment earnings, gains, and losses	1,990,000	2,412,361	3,814,820	-413,655	1,024,105
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .	1,625,161	1,888,193	1,480,345	1,624,177	1,463,898
f Administrative expenses					
g End of year balance	39,051,276	38,685,437	36,936,465	34,351,990	36,389,822

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

- a Board designated or quasi-endowment ▶ 82 190 %
- b Permanent endowment ▶ 11 910 %
- c Temporarily restricted endowment ▶ 5 900 %

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" on 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)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		257,311	168,056	89,255
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				89,255

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		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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	13,948,960
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	421,210		
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	421,210
3	Subtract line **2e** from line **1**			3	13,527,750
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	13,527,750

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	12,258,427
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	12,258,427
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	455,536		
c	Add lines **4a** and **4b**			4c	455,536
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	12,713,963

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
See Additional Data Table	

Part XIII **Supplemental Information *(continued)***

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE FOUNDATION'S ENDOWMENTS CONSIST OF FOURTEEN INDIVIDUAL FUNDS ESTABLISHED TO SUPPORT TH E 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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION IS RECOGNIZED AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTI ON 501(A) OF THE INTERNAL REVENUE CODE (THE "CODE") AS AN ORGANIZATION DESCRIBED IN SECTIO N 501(C)(3) WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 512(A) OF THE CO DE, IS SUBJECT TO FEDERAL INCOME TAX ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED THE FOUNDATION HAS EVALUATED ITS TAX POSITIONS AND DETERMINED THAT IT DOES NOT H AVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2019

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	RECOVERIES OF PRIOR YEAR GRANTS 455,536

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493100008140

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 87

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
See Additional Data Table					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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
ALBERT EINSTEIN COLLEGE OF MEDICINE RESEARCH FINANCE 1300 MORRIS PARK AVENUE BRONX, NY 10461	47-2209056	501(C)(3)	75,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD
ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE FORCHHEIMER 107N BRONX, NY 10461	47-2209056	501(C)(3)	60,000				CLINICIAN SCHOLAR EDUCATOR 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
ALBERT EINSTEIN COLLEGE OF MEDICINE RESEARCH FINANCE 1300 MORRIS PARK AVENUE BRONX, NY 10461	47-2209056	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
AMERICAN COLLEGE OF RHEUMATOLOGY 2200 LAKE BLVD NE ATLANTA, GA 30319	58-1627547	501(C)(6)	350,000				FELLOWS FUND

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
ARTICULARIS HEALTHCARE 2001 2ND AVENUE SUITE 201 SUMMERVILLE, SC 29486	57-1099718	501(C)(3)	25,000				MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION
ASSOCIATION OF IDAHO RHEUMATOLOGISTS 520 S EAGLE RD SUITE 3211 MERIDIAN, ID 83642	20-2014739	501(C)(3)	25,000				MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION

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
AUGUSTA UNIVERSITY RESEARCH INSTITUTE 112015TH STREET AUGUSTA, GA 30912	58-1418202	GOVT	500				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA BCM 320 HOUSTON, TX 77030	74-1613878	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
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	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 CLS-948 ATTN VAISHALI MOULTON BOSTON, MA 022155491	04-2103881	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
BETH ISRAEL DEACONESS MEDICAL CENTER ATTN VAISHALI MOULTON 330 BROOKLINE AVENUE CLS-948 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 ATTN VAISHALI MOULTON 330 BROOKLINE AVENUE CLS-948 BOSTON, MA 02215	04-2103881	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY 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
BOSTON CHILDRENS HOSPITAL ATTN KAREN RENAUD DIRECTOR OF RESEARCH FINANCE PO BOX 414413 BOSTON, MA 02241	04-2774441	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
BOSTON CHILDREN'S HOSPITAL PO BOX 414413 ATTN RESEARCH FINANCE FINANCE BOSTON, MA 022414413	04-2774441	501(C)(3)	50,000				INVESTIGATOR 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 CHILDREN'S HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441	501(C)(3)	50,000				SCIENTIST DEVELOPMENT AWARD (BASIC)
BOSTON CHILDREN'S HOSPITAL POBOX 414413 ATTN RESEARCH FINANCE BOSTON, MA 022414413	04-2774441	501(C)(3)	125,000				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
BRIGHAM & WOMEN'S HOSPITAL - RESEARCH BANK OF AMERICA NA PO BOX 3149 BOSTON, MA 022413149	04-2312909	501(C)(3)	200,000				INNOVATIVE RESEARCH AWARD-TRANASLATIONAL
BRIGHAM AND WOMEN'S HOSPITAL BRIGHAM AND WOMENS HOSPITAL - RESEARCH BANK OF AMERICA NA PO BOX BOSTON, MA 022413149	04-2312909	501(C)(3)	12,500				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 DIVISION OF RHEUMATOLOGY ATTN A DONNELLY-BTM6016S 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	50,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD K SUPPLEMENT
BRIGHAM AND WOMEN'S HOSPITAL BANK OF AMERICA PO BOX 3149 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 75 FRANCIS ST BOSTON, MA 02115	04-2312909	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
BRIGHAM AND WOMEN'S HOSPITAL - RESEARCH BANK OF AMERICA NA PO BOX 3149 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 BANK OF AMERICA NA PO BOX 3149 BOSTON, MA 022413149	04-2312909	501(C)(3)	200,000				INNOVATIVE RESEARCH AWARD- BASIC
BRIGHAM AND WOMEN'S HOSPITAL- RESEARCH BANK OF AMERICA NA PO BOX 3149 BOSTON, MA 022413149	04-2312909	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
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE ML4900 CINCINNATI, OH 452293039	31-0833936	501(C)(3)	50,000				AMGEN FELLOWSHIP TRAINING AWARD
CHILDREN'S HOSPITAL OF PHILADELPHIA ATTN PREMA SUNDARRAN LOCKBOX 1457 POB 8500 PHILADELPHIA, PA 191781457	23-1352166	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
CHILDREN'S HOSPITAL OF PHILADELPHIA 3615 CIVIC CENTER BLVD ARC 142D PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	60,000				CLINICIAN SCHOLAR EDUCATOR AWARD
CHILDREN'S HOSPITAL OF PHILADELPHIA RESEARCH INSTITUTE LOCKBOX 1457 PO BOX 8500 PHILADELPHIA, PA 191781457	23-1352166	501(C)(3)	62,500				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
COLUMBIA UNIVERSITY SPONSORED PROJECTS FINANCE PO BOX 29789 GENERAL POST OFFICE NEW YORK, NY 100879789	13-5598093	501(C)(3)	100,000				SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL)
COLUMBIA UNIVERSITY SPONSORRED PROGRAMS FINANCE POB 29789 GENERAL POST OFFICE NEW YORK, NY 100879789	13-5598093	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
COLUMBIA UNIVERSITY NEW YORK PRESBYTERIAN 177 FORT WASHINGTON AVE NEW YORK, NY 10032	13-3957095	501(C)(3)	4,300				RESIDENT RESEARCH PRECEPTORSHIP
DARTMOUTH HITCHCOCK CLINIC 1 MEDICAL CENTER DR ATTENTION RESEARCH FINANCE LEBANON, NH 03756	02-0222140	501(C)(3)	25,000				MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION

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
DENVER HEALTH MAIL CODE 6551 777 BANNOCK STREET DENVER, CO 80204	84-1343242	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
DENVER HEALTH MEDICAL CENTER 777 BANNOCK STREET MAIL CODE 6551 DENVER, CO 80204	84-1343242	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
DREXEL RHEUMATOLOGY 245 N 15TH ST RM 6119 PHILADELPHIA, PA 19102	23-1352630	501(C)(3)	500				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
DREXEL UNIVERSITY COLLEGE OF MEDICINE 2900 W QUEEN LN PHILADELPHIA, PA 19129	23-1352630	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
DREXEL UNIVERSITY COLLEGE OF MEDICINE DEPT OF MEDICINE 245 N 15TH STREET ATTN MARGARET SANTILLO 6TH FLOOR NCB PHILADELPHIA, PA 19102	23-1352630	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
DREXEL UNIVERSITY COLLEGE OF MEDICINE DEPT OF MEDICINE 245 N 15TH STREET ATTN MARGARET SANTILLO 6TH FLOOR NCB PHILADELPHIA, PA 19102	23-1352630	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
DUKE UNIVERSITY DUKE UNIVERSITY ACCOUNTS RECEIVABLE LOCKBOX POB 602651 CHARLOTTE, NC 282602651	56-0532129	501(C)(3)	50,000				SCIENTIST DEVELOPMENT AWARD (CLINICAL)
DUKE UNIVERSITY 2200 WEST MAIN STREET SUITE 820 ERWIN SQUARE DURHAM, NC 27705	56-0532129	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
DUKE UNIVERSITY WELLS FARGO LOCKBOX DUKE UNIVERSITY ACCOUNTS RECEIVABLE LOCKBOX 602651 CHALOTTE, NC 28262	56-0532129	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
DUKE UNIVERSITY MEDICAL CENTER ACCOUNTS RECEIVABLE LOCKBOX PO BOX 602651 CHARLOTTE, NC 282602651	56-0532129	501(C)(3)	60,000				CLINICIAN SCHOLAR EDUCATOR 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
EMORY UNIVERSITY 1760 HAYGOOD DR W-423 ATLANTA, GA 30322	58-0566256	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
GEORGETOWN UNIVERSITY SPFO - STEEN SPONSORED PROJECTS FINANCIAL OPERATIONS 2121 WISCONSIN WASHINGTON, DC 20007	53-0196603	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
GEORGETOWN UNIVERSITY SPONSORED PROJECTS FINANCIAL OPERATIONS ATTN DONNA C 2121 WISCONSIN AVENUE NW SUITE 4000 4000 WASHINGTON, DC 20007	53-0196603	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
HEALTH RESEARCH ALLIANCE 21 TW ALEXANDER DRIVE RESEARCH TRIANGLE PARK, NC 277093901	68-0617198	501(C)(3)	5,000				BIOMEDICAL RESEARCH

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
HMFP BIDMC 330 BROOKLINE AVENUE E/YA-403 ATTN MARIAN MCDERMOTT BOSTON, MA 02215	22-2768204	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH STREET ATTENTION GEORGE SPENCER NEW YORK, NY 10021	13-1624135	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
HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH STREET NEW YORK, NY 10021	13-1624135	501(C)(3)	125,000				INVESTIGATOR AWARD (CLINICAL)
HSCB FOUNDATION SUNY DOWNSTATE MEDICAL CENTER FINANCE DIVISION MSC 1276 BROOKLYN, NY 11226	11-2418771	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
HSCB FOUNDATION CO NANCY MAREN FINANCE DIVISION SUNY DOWNSTATE MEDICAL CENTER 450 CLARKSON AVE MSC BROOKLYN, NY 11203	11-2418771	501(C)(3)	500				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
IDAHO ARTHRITIS CENTER 3277 E LOUISE DRIVE SUITE 350 MERIDIAN, ID 83642	82-0536242	501(C)(3)	25,000				MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION

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
INDIANA UNIVERSITY 1120 WEST MICHIGAN STREET SUITE 200 200 INDIANAPOLIS, IN 46202	35-6001673	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
JOHNS HOPKINS 733 N BROADWAY BALTIMORE, MD 21205	52-0595110	501(C)(3)	125,000				INVESTIGATOR 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
JOHNS HOPKINS OFFICE OF RESEARCH ADMINISTRATION 733 NORTH BROADWAY STE 117 BALTIMORE, MD 21205	52-0595110	501(C)(3)	75,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD
JOHNS HOPKINS UNIVERSITY 733 N BROADWAY STE 117 BALTIMORE, MD 21205	52-0595110	501(C)(3)	100,000				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
JOHNS HOPKINS UNIVERSITY 12529 COLLECTION CENTER DRIVE C/O BANK OF AMERICA CHICAGO, IL 60693	52-0595110	501(C)(3)	75,000				SCIENTIST DEVELOPMENT AWARD (CLINICAL)
JOHNS HOPKINS UNIVERSITY JOHNS HOPKINS UNIVERSITY LOCKBOX C/O BANK OF AMERICA 12529 COLLECTIO CHICAGO, IL 60693	52-0595110	501(C)(3)	50,000				PAULA DE MERIEUX 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
LOMA LINDA UNIVERSITY 24887 TAYLOR STREET SUITE 201 LOMA LINDA, CA 92354	95-1816009	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
LOYOLA UNIVERSITY MEDICAL CENTER 2160 SOUTH 1ST AVE CTRE 353 MAYWOOD, IL 60153	36-4015560	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
LOYOLA UNIVERSITY MEDICAL CENTER LOYOLA UNIVERSITY MEDICAL CENTER 2160 SOUTH FIRST AVE ATTN ZINEB AOU MAYWOOD, IL 60153	36-4015560	501(C)(3)	500				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
MARCUS INSTITUTE FOR AGING RESEARCH HEBREW SENIORLIFE 1200 CENTRE STREET BOSTON, MA 02131	04-2104298	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
MASS GENERAL HOSPITAL - RESEARCH BANK OF AMERICA NA PO BOX 414876 BOSTON, MA 022414876	04-2697983	501(C)(3)	25,000				MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION
MASSACHUSETTS GENERAL HOSPITAL BANK OF AMERICA NA PO BOX 414876 REFERENCE INFOED 2015D005081 BOSTON, MA 02241	04-2697983	501(C)(3)	25,000				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
MASSACHUSETTS GENERAL HOSPITAL ASSEMBLY ROW-PHS CORPORATE OFFICES 399 REVOLUTION DRIVE SOMERVILLE, MA 02145	04-2697983	501(C)(3)	75,000				SCIENTIST DEVELOPMENT AWARD (CLINICAL)
MASSACHUSETTS GENERAL HOSPITAL 399 REVOLUTION DRIVE SOMERVILLE, MA 02145	04-2697983	501(C)(3)	200,000				INNOVATIVE RESEARCH 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
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	50,000				AMGEN FELLOWSHIP TRAINING AWARD
MAYO CLINIC RESEARCH PO BOX 860334 MINNEAPOLIS, MN 554860334	41-6011702	501(C)(3)	14,324				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
MCGAW MEDICAL CENTER OF NORTHWESTERN UNIVERSITY 240 E HURON STREET 1-200 CHICAGO, IL 60611	36-2656113	501(C)(3)	15,000				EPHRAIM P ENGLEMAN ENDOWED RESIDENT RESEARCH PRECEPTORSHIP
MCGOVERN MEDICAL SCHOOL AT THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT 6431 FANNIN STREET HOUSTON, TX 77030	74-1761309	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
MCINTOSH CLINIC 119 W HILL ST THOMASVILLE, GA 31792	58-2006753	501(C)(3)	25,000				MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION
MEDICAL UNIVERSITY OF SOUTH CAROLINA 18 BEE ST CHARLESTON, SC 29425	57-6028985	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
MEDICINE OFFICE OF RESEARCH RE TERESA TARRANT 2200 W MAIN ST SUITE 560 DUMC BOX 104024 DURHAM, NC 27705	56-0532129	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
METROHEALTH SYSTEM PO BOX 73308 CLEVELAND, OH 44193	34-6004382	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
NC STATE TREASURER CO UNC-CHAPEL HILL OFFICE OF SPONSORED RESEARCH 104 E MAIN STREET CARRBORO, NC 27510	56-6001393	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
NEW YORK UNIVERSITY SCHOOL OF MEDICINE SCHOOL OF MEDICINE FINANCE NYU SCHOOL OF MEDICINE - SPONSORED PROG BOSTON, MA 022415026	13-5562308	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
NEW YORK UNIVERSITY SCHOOL OF MEDICINE 360 PARK AVENUE SOUTH 10TH FLOOR NEW YORK, NY 10010	13-5562308	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
NORTHWESTERN UNIVERSITY ACCOUNTING SERVICES FOR RESEARCH SPONSORED PROGRAMS 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	200,000				INNOVATIVE RESEARCH AWARD-TRANASLATIONAL

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
NORTHWESTERN UNIVERSITY 750 N LAKE SHORE DRIVE RUBLOFF 7TH FLOOR CHICAGO, IL 606114579	36-2167817	501(C)(3)	14,649				RESIDENT RESEARCH PRECEPTORSHIP
NORTHWESTERN UNIVERSITY 633 CLARK ROOM G594 ATTN PEG MORRISROE CASH MANAGEMENT MANAGER EVANSTON, IL 60208	36-2167817	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
NORTHWESTERN UNIVERSITY ATTN PEG MORRISROE CASH MANAGEMENT MANAGER ACCOUN 633 CLARK ROOM G594 EVANSTON, IL 60208	36-2167817	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
NYU SCHOOL OF MEDICINE SPONSORED PROGRAMS PO BOX 415026 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
OKLAHOMA MEDICAL RESEARCH FOUNDATION 825 NE 13TH STREET OKLAHOMA CITY, OK 73104	73-0580274	501(C)(3)	179,705				INNOVATIVE RESEARCH AWARD- CLINICAL
OREGON HEALTH & SCIENCE UNIVERSITY ATTN OPAM AWARD REVENUE 0690 SW BANCROFT PORTLAND, OR 972394244	93-1176109	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
OREGON HEALTH & SCIENCE UNIVERSITY 0690 SW BANCROFT ST L106OPAM - CASH MANAGEMENT PORTLAND, OR 97239	93-1176109	GOVT	200,000				INNOVATIVE RESEARCH AWARD- CLINICAL
OREGON RHEUMATOLOGY CLINICS LLC 545 SE OAK STREET STE F HILLSBORO, OR 97123	47-5476940	501(C)(3)	25,000				MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION

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
PORTLAND VA RESEARCH FOUNDATION PO BOX 19832 PORTLAND, OR 972800832	94-3090170	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
REGENTS OF THE UNIV MICHIGAN 3003 S STATE ST ANN ARBOR, MI 481091274	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 CALIFORNIA UCSF MAIN DEPOSITORY POB 748872 LOS ANGELES, CA 900744872	94-6036493	GOVT	75,000				SCIENTIST DEVELOPMENT AWARD (BASIC)
REGENTS OF THE UNIVERSITY OF CALIFORNIA PAYMENT SOLUTIONS AND COMPLIANCE BOX 957089 1125 MURPHY HALL 405 HIL LOS ANGELES, CA 900957089	95-6006143	GOVT	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
REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO UCSF MAIN DEPOSITORY PO BOX 748872 LOS ANGELES, CA 900744872	94-6036493	GOVT	50,000				AMGEN FELLOWSHIP TRAINING AWARD
REGENTS OF THE UNIVERSITY OF COLORADO GRANTS AND CONTRACTS MAIL STOP F428 ANSCHUTZ MEDICAL CAMPUS BUILDING 50 AURORA, CO 80045	84-6000555	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
REGENTS OF THE UNIVERSITY OF COLORADO 1800 GRANT ST SUITE 800 DENVER, CO 80203	84-6000555	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
REGENTS OF THE UNIVERSITY OF COLORADO DENVER GRANTS AND CONTRACTS MAIL STOP F428 ANSCHUTZ MEDICAL CAMPUS BUILDING 50 AURORA, CO 800452571	84-6000555	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
REGENTS OF THE UNIVERSITY OF MINNESOTA SPONSORED PROJECTS ADMINISTRATION 450 MCNAMARA ALUMNI CENTER 200 OAK MINNEAPOLIS, MN 55455	41-6007513	GOVT	200,000				INNOVATIVE RESEARCH AWARD- BASIC
REGENTS OF THE UNIVERSITY OF MINNESOTA NW 5957 PO BOX 1450 MINNEAPOLIS, MN 55485	41-6007513	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
RESEARCH FOUNDATION FOR STATE UNIVERSITY OF NEW YORK PO BOX 9 CASH RECEIPTS DEPARTMENT ALBANY, NY 122010009	14-1368361	501(C)(3)	200,000				INNOVATIVE RESEARCH AWARD- BASIC
SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION ATTN RACHEL LANCASTER FINANCE ACCOUNTING MANAGER 5250 CAMPANILE D SAN DIEGO, CA 921821947	95-6042721	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
SEATTLE CHILDREN'S HOSPITAL FOUNDATION ATTN BRENDA MAJERCIN PO BOX 5731 MS S-200 SEATTLE, WA 981455005	91-1156519	501(C)(3)	100,000				SCIENTIST DEVELOPMENT AWARD (BASIC)
SEATTLE CHILDREN'S HOSPITAL FOUNDATION SEATTLE CHILDRENS HOSPITAL FOUNDATION ATTN BRENDA MAJERCIN PO SEATTLE, WA 981455005	91-0564748	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
SEATTLE INSTITUTE FOR BIOMEDICAL AND CLINICAL RESEARCH 1325 FOURTH AVENUE SUITE 1310 SEATTLE, WA 981012573	91-1452438	501(C)(3)	50,000				SCIENTIST DEVELOPMENT AWARD (CLINICAL)
SOUTHWEST FLORIDA RHEUMATOLOGY 11954 BOYETTE RD RIVERVIEW, FL 33569	20-5385480	501(C)(3)	25,000				MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION

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
SSK PHYSICIAN ASSOCIATES PA 409 GASLIGHT BLVD LUFKIN, TX 75904	46-5185910	501(C)(3)	25,000				MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION
STANFORD UNIVERSITY STANFORD UNIVERSITY LOCKBOX PO BOX 44253 SAN FRANCISCO, CA 941444253	94-1156365	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
STANFORD UNIVERSITY SCHOOL OF MEDICINE STANFORD UNIVERSITY LOCKBOX PO BOX 44253 SAN FRANCISCO, CA 941444253	94-1156365	501(C)(3)	15,000				RESIDENT RESEARCH PRECEPTORSHIP
SUNY UMU FOUNDATION 750 EAST ADAMS STREET SYRACUSE, NY 13210	16-1068101	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 BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM UNIVERSITY OF WISCONSIN-MADISON RESEARCH AND SPONSORED PROGRAMS 21 MADISON, WI 537151218	39-6006492	GOVT	100,000				INNOVATIVE RESEARCH AWARD- BASIC
THE CHILDREN'S HOSPITAL OF PHILADELPHIA 3615 CIVIC CENTER BOULEVARD 1102 ARC PHILADELPHIA, PA 10194	23-1352166	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 - GMO PO BOX 95000-7530 PHILADELPHIA, PA 191957530	11-2673595	501(C)(3)	50,000				SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL)
THE PENNSYLVANIA STATE UNIVERSITYCOLLEGE OF MEDICINE CONTROLLERS OFFICE MAIL CODE G230 PO BOX 850 HERSHEY, PA 17033	24-6000376	GOVT	25,000				MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION

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 UCSF MAIN DEPOSITORY POB 748872 LOS ANGELES, CA 900744872	94-6036493	GOVT	100,000				SCIENTIST DEVELOPMENT AWARD (BASIC)
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA UCSF MAIN DEPOSITORY POB 748872 LOS ANGELES, CA 900744872	94-6036493	GOVT	125,000				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
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA UCSF MAIN DEPOSITORY PO BOX 748872 LOS ANGELES, CA 900744872	94-6036493	GOVT	200,000				INNOVATIVE RESEARCH AWARD- BASIC
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA UCSF MAIN DEPOSITORY PO BOX 748875 LOS ANGELES, CA 900744872	94-6036493	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
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GILMAN DRIVE 0656 MAIL CODE 0656 LA JOLLA, CA 92093	95-6006144	GOVT	50,000				AMGEN FELLOWSHIP TRAINING AWARD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA UCLA PAYMENT SOLUTIONS COMPLIANCE BOX 957089 1125 MURPHY HALL 405 HIL LOS ANGLEES, CA 90095	95-6006143	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
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA OFFICE OF CONTRACT AND GRANT ADMINISTRATION LEVEL 3 WEST 10300 N LA JOLLA, CA 92037	95-6006144	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN DIEGO UCSD CASHIERS OFFICE 9500 GILMAN DRIVE MC 0009 LA JOLLA, CA 92093	95-6006144	GOVT	200,000				INNOVATIVE RESEARCH 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 SAN FRANCISCO UCSF MAIN DEPOSITORY PO BOX 748872 LOS ANGELES, CA 900744872	94-6036493	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO PO BOX 748872 UCSF MAIN DEPOSITORY LOS ANGELES, CA 900744872	94-6036493	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
THE REGENTS OF THE UNIVERSITY OF MICHIGAN C/O BNY MELLON BOX 223131 PITTSBURGH, PA 152512131	38-6006309	GOVT	200,000				INNOVATIVE RESEARCH AWARD- BASIC
THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK (SUNY) UPSTATE MEDICAL UNIV 750 E ADAMS STREET WEISKOTTEN HALL SUITE 1111 SYRACUSE, NY 13202	14-1368361	501(C)(3)	30,000				RHEUMATOLOGY FUTURE PHYSICIAN SCIENTIST 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 630 W 168TH STREET BOX 49 NEW YORK, NY 100323702	13-5598093	501(C)(3)	60,000				CLINICIAN SCHOLAR EDUCATOR AWARD
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK PO BOX 29789 GENERAL POST OFFICE NEW YORK, NY 100879789	13-5598093	501(C)(3)	25,000				MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION

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 UNIVERSITY OF ALABAMA AT BIRMINGHAM ATTN RHEUMATOLOGY FINANCE GROUP 1825 UNIVERSITY BLVD SHEL 176 BIRMINGHAM, AL 352942182	63-6005396	GOVT	50,000				AMGEN FELLOWSHIP TRAINING AWARD
THE UNIVERSITY OF CHICAGO ATTN NANCY GORMLEY DIRECTOR GIFT ADMINISTRATION AND BUSINESS DATA 52 CHICAGO, IL 60615	36-2177139	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
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL ATTN BANK OF AMERICA LCOKBOX SERVICES PO BOX 402420 ATLANTA, GA 303842420	56-6001393	GOVT	200,000				INNOVATIVE RESEARCH AWARD- CLINICAL
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET P221 FRANKLIN BUILDING PHILADELPHIA, PA 191046205	23-1352685	GOVT	31,250				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 THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET P-221 FRANKLIN BLDG ATTN JENNIFER ROWAN PHILADELPHIA, PA 191046205	23-1352685	GOVT	50,000				AMGEN FELLOWSHIP TRAINING AWARD
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 422 CURIE BLVD 709C STELLAR CHANCE PHILADELPHIA, PA 19104	23-1352685	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
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 422 CURIE BLD 706 STELLAR CHANCE PHILADELPHIA, PA 19104	23-1352685	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
TUFTS MEDICAL CENTER 800 WASHINGTON STREET BOX 453 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 BOX 406 BOSTON, MA 02111	04-3400617	501(C)(3)	500				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UC REGENTS BOX 957089 1125 MURPHY HALL 405 HILGARD AVE LOS ANGELES, CA 90095	95-6006143	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
UC SAN FRANCISCO 34 MORNING STAR COURSE CORTE MADERA, CA 94925	57-1658333	GOVT	750				EDMUND L DUBOIS, MD MEMORIAL LECTURESHIP
UK DIVISION OF RHEUMATOLOGY KENTUCKY CLINIC J503 740 S LIMESTONE LEXINGTON, KY 40535	61-6001218	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
UNIV OF NC AT CHAPEL HILL THURSTON ARTHR RES 3300 DOC J THURSTON BLDG CB 7280 CHAPEL HILL, NC 27599	56-6001393	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY AT BUFFALO 1001 MAIN STREET 5TH FLOOR BUFFALO, NY 14203	16-1238821	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
UNIVERSITY AT BUFFALO 1001 MAIN STREET 5TH FLOOR ATTENTION JENNIFER HOSMER BUFFALO, NY 14203	16-1238821	GOVT	500				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF ALABAMA AT BIRMINGHAM 701 20TH STREET SOUTH ADMINISTRATIO BUILDING 1170 BIRMINGHAM, AL 35233	63-6005396	GOVT	200,000				INNOVATIVE RESEARCH AWARD-TRANASLATIONAL

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 BUFFALO 1001 MAIN STREET 5TH FLOOR BUFFALO, NY 14203	16-1238821	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF CALIFORNIA SAN FRANCISCO 513 PARNASSUS AVENUE 8TH FLOOR ROOM S-857 BOX 0500 SAN FRANCISCO, CA 94117	94-6036493	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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UNIVERSITY OF CALIFORNIA SAN FRANCISCO 513 PARNASSUS AVENUE 8TH FLOOR ROOM S-857 BOX 0500 SAN FRANCISCO, CA 94117	94-6036493	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF COLORADO GRANTS AND CONTRACTS MS F428 ANSCHUTZ MEDICAL CAMPUS BLDG 500 13 AUROA, CO 800452571	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 1775 AURORA COURT MAIL STOP B115 AURORA, CO 80045	84-6000555	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF COLORADO 1775 AURORA COURT MAIL STOP B115 AURORA, CO 80045	84-6000555	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 COLORADO DENVER GRANTS AND CONTRACTS 191668 J CHRISTENSEN PO BOX 910238 DENVER, CO 80291	84-6000555	GOVT	12,000				LAWREN H DALTROY HEALTH PROFESSIONAL PRECEPTORSHIP
UNIVERSITY OF COLORADO DENVER 1775 AURORA COURT MAIL STOP B115 ROOM 3105 AURORA, CO 80045	84-6000555	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 COLORADO SCHOOL OF MEDICINE 13001 E 17TH PLACE AURORA, CO 80045	84-6000555	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE 1775 AURORA COURT MAIL STOP B115 AURORA, CO 80045	84-6000555	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 DELAWARE 540 S COLLEGE AVE 210L NEWARK, DE 19713	51-6000297	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF DELAWARE 540 S COLLEGE AVENUE 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 DELAWARE 540 S COLLEGE AVENUE NEWARK, DE 19713	51-6000297	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF IOWA 200 HAWKINS DR IOWA CITY, IA 52245	42-6004813	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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UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RAINBOW BLVD MS 1039 KANSAS CITY, KS 66160	48-1108830	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF MARYLAND BALTIMORE PO BOX 41428 BALTIMORE, MD 212036428	52-6002033	GOVT	44,063				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
UNIVERSITY OF NEBRASKA MEDICAL CENTER 985100 NEBRASKA MEDICAL CENTER OMAHA, NE 681985100	47-0049123	GOVT	50,000				SCIENTIST DEVELOPMENT AWARD (CLINICAL)
UNIVERSITY OF NEBRASKA MEDICAL CENTER C/O MS JODI PARROCK 983025 NEBRASKA MEDICAL CENTER OMAHA, NE 681983025	47-0049123	GOVT	200,000				INNOVATIVE RESEARCH AWARD- HEALTH SERVICES

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 983332 NEBRASKA MEDICAL CENTER OMAHA, NE 68198	47-0049123	GOVT	14,995				RESIDENT RESEARCH PRECEPTORSHIP
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - THURSTON ARTHRITIS RESEARCH C 3300 THURSTON BUILDING CB 7280 CHAPEL HILL, NC 27599	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 OKLAHOMA HEALTH SCIENCES CENTER GRANTS CONTRACTS ACCOUNTING URP 865 STE 490 POB 26901 OKLAHOMA CITY, OK 731260901	73-1563627	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF PENNSYLVANIA 3400 SPRUCE ST WHITE BUILDING ROOM 524 PHILADELPHIA, PA 19104	23-1352685	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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UNIVERSITY OF PITTSBURGH 4401 PENN AVENUE RANGOS RESEARCH CENTER 8131 PITTSBURGH, PA 15224	25-0965591	GOVT	50,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD K SUPPLEMENT
UNIVERSITY OF ROCHESTER BROOKS LANDING BUSINESS CENTER 910 GENESEE ST SUITE 200 ROCHESTER, NY 146113847	16-0743209	GOVT	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
UNIVERSITY OF ROCHESTER 518 HYLAN BUILDING ROCHESTER, NY 146270140	16-0743209	GOVT	60,000				CLINICIAN SCHOLAR EDUCATOR AWARD
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER PO BOX 841753 DALLAS, TX 752841753	75-6002868	GOVT	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
UNIVERSITY OF VERMONT MEDICAL CENTER 111 COLCHESTER AVE BURLINGTON, VT 05401	03-0219309	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF WASHINGTON 4300 ROOSEVELT WAY NE SUITE 300 BOX 354966 SEATTLE, WA 981954966	91-6001537	GOVT	200,000				INNOVATIVE RESEARCH AWARD-TRANASLATIONAL

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 N 4333 BROOKLYN AVE NE BOX 359472 SEATTLE, WA 981959472	91-6001537	GOVT	100,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD R BRIDGE
UNMC DEPARTMENT OF RHEUMATOLOGY 986270 NEBRASKA MEDICAL CENTER OMAHA, NE 681986270	47-0049123	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
UT SOUTHWESTERN MEDICAL CENTER UT SOUTHWESTERN CASH MANAGEMENT PO BOX 841765 DALLAS, TX 752841753	75-2556007	GOVT	50,000				SCIENTIST DEVELOPMENT AWARD (BASIC)
UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD DALLAS, TX 753909020	75-2556007	GOVT	25,000				MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION

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 MEDICAL CENTER OFFICE OF SPONSORED PROGRAMS 3319 WEST END AVENUE STE 970 NASHVILLE, TN 37203	35-2528741	501(C)(3)	15,000				RESIDENT RESEARCH PRECEPTORSHIP
VANDERBILT UNIVERSITY MEDICAL CENTER FINANCIAL MAGEMENT DEPT 1236 PO BOX 121236 DALLAS, TX 753121236	35-2528741	501(C)(3)	50,000				FELLOWSHIP TRAINING AWARD- WORKFORCE EXPANSION

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 STATE UNIVERSITY PO BOX 641060 LIGHTY 280 PULLMAN, WA 991641060	91-6001108	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
WASHINGTON UNIVERSITY ATTN JOSEPH M GINDHART ASSOC VICE CHANCELLOR FOR FINANCE AND SPONSORE ST LOUIS, MO 631121408	43-0653611	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
WASHINGTON UNIVERSITY IN ST LOUIS 700 ROSEDALE AVENUE BOX 1034 ST LOUIS, MO 631221408	43-0653611	GOVT	50,000				AMGEN FELLOWSHIP TRAINING AWARD
YALE UNIVERSITY OFFICE OF SPONSORED PROGRAMS PO BOX 1873 NEW HAVEN, CT 06508	06-0646973	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
YALE UNIVERSITY OFFICE OF SPONSORED PROJECTS PO BOX 1873 NEW HAVEN, CT 065081873	06-0646973	501(C)(3)	191,092				INNOVATIVE RESEARCH AWARD- HEALTH SERVICES

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			
HEALTH PROFESSIONAL ONLINE EDUCATION GRANT	4	5,082			
HENCH LECTURE	1	2,500			
MARSHALL J SCHIFF, MD MEMORIAL FELLOW RESEARCH AWARD	2	3,000			
MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP	69	196,000			

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	5	3,750			
MEMORIAL LECTURESHIP CHARLES M PLOTZ, MD	1	1,000			
OSCAR S GLUCK, MD MEMORIAL LECTURESHIP	1	1,500			
PEDIATRIC RESEARCH AWARD	2	2,000			
PEDIATRIC VISITING PROFESSORSHIP	4	8,000			

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
PRESIDENTIAL GOLD MEDAL	1	5,000			
STUDENT ACHIEVEMENT AWARD	9	6,750			
STUDENT AND RESIDENT ACR/ARHP ANNUAL MEETING SCHOLARSHIP	24	36,000			

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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.**

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

OMB No 1545-0047

2018

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 appropiate 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 nonfixed 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)	175,050	0	216	16,908	11,737	203,911	0
2 COLLEEN MERKEL CPA VP, OPERATIONS & FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	170,898	0	552	16,486	17,006	204,942	0
3 CHARLIE GOLDSMITH SR DIRECTOR - DEVELOPMENT	(i)	0	0	0	0	0	0	0
	(ii)	119,470	0	3,048	10,809	22,351	155,678	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
PART I, LINE 1A	PARTNER OR SIGNIFICANT OTHER TRAVEL COSTS ARE REIMBURSED FOR EXECUTIVE COMMITTEE MEMBERS ONLY, UNDER THE FOLLOWING CIRCUMSTANCES TRAVEL COVERED FOR UP TO 3 MEETINGS PER YEAR, INCLUDING ONE INTERNATIONAL TRIP, TO BE USED ANYTIME DURING THE OFFICIAL YEAR FOR THE INTERNATIONAL MEETING PARTNER OR SIGNIFICANT OTHERS MAY TRAVEL BUSINESS CLASS

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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.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

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Name of the organization
RHEUMATOLOGY RESEARCH FOUNDATION

Employer identification number
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 AGREEMENT WIT H RELATED ORGANIZATION, AMERICAN COLLEGE OF RHEUMATOLOGY (ACR), UNDER WHICH ACR PROVIDES A VARIETY OF MANAGEMENT SERVICES, INCLUDING EXECUTIVE PERSONNEL AND OTHER APPROPRIATE STAFF ING THE ORGANIZATION PAYS A MANAGEMENT FEE TO THE ACR FOR THESE SERVICES, WHICH INCLUDES SALARY EXPENSES FOR ALL STAFF DEVOTING EFFORT TO THE ORGANIZATION'S PROGRAMS AND SERVICES, AS WELL AS ADMINISTRATIVE AND FUNDRAISING ACTIVITIES DURING THE FILING YEAR, THERE WERE APPROXIMATELY 20 FULL TIME EQUIVALENT STAFF WHO DEVOTED EFFORT TO THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	THE AMERICAN COLLEGE OF RHEUMATOLOGY PROVIDES MANAGEMENT AND ADMINISTRATIVE SERVICES FOR T HE FOUNDATION MANAGEMENT FEES CHARGED TO THE FOUNDATION BY THE COLLEGE AMOUNTED TO $2,337 ,575 00 FOR THE FISCAL YEAR ENDING JUNE 30, 2019 AND ARE INCLUDED IN MANAGEMENT FEES IN TH E 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 NOMINA TIONS AND APPOINTMENTS AND CONFIRMED BY THE BOARD OF DIRECTORS OF THE FOUNDATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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 COUNSE L ANY INDIVIDUAL WHO GIVES NOTICE OF POTENTIAL CONFLICT IS TO ABSTAIN FROM PARTICIPATING IN ANY ITEM OF BUSINESS WHICH COMES BEFORE THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE RHEUMATOLOGY RESEARCH FOUNDATION HAS A MANAGEMENT AGREEMENT WITH AMERICAN COLLEGE OF RHEUMATOLOGY AMERICAN COLLEGE OF RHEUMATOLOGY'S POLICIES APPLY TO THE FOUNDATION THE EXECUTIVE DIRECTOR AND DIRECTOR OF HUMAN RESOURCES USES COMPARABILITY DATA TO DEVELOP COMPENSATION RANGES AND TARGETS THE DIRECTOR OF HUMAN RESOURCES CONTEMPORANEOUSLY DOCUMENTS AND MAINTAINS CONFIDENTIAL RECORDS OF ALL DECISIONS AFFECTING COLLEGE AND FOUNDATION EMPLOYEES

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RECOVERIES OF PRIOR YEAR GRANTS 455,536

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

OMB No 1545-0047

2018

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part 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	(i) 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		No
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	B	350,000	CASH
(2)AMERICAN COLLEGE OF RHEUMATOLOGY	M	2,337,575	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