

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

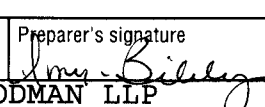
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization RHEUMATOLOGY 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, town, or post office, state, and ZIP code ATLANTA, GA 30319 F Name and address of principal officer: STEVE ECHARD SAME AS C ABOVE	D Employer identification number 58-1654301 E Telephone number 404-633-3777 G Gross receipts \$ 72,005,610. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.RHEUMATOLOGY.ORG/FOUNDATION		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	80
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.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	18,359,528.	12,950,904.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,581,501.	3,129,393.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	57,522.	8,562.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	19,998,551.	16,088,859.
14	Benefits paid to or for members (Part IX, column (A), line 4)	7,781,289.	11,251,190.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	40,000.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,081,339.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,400,762.	2,917,687.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,182,051.	14,208,877.
19	Revenue less expenses. Subtract line 18 from line 12	9,816,500.	1,879,982.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	68,122,057.	70,916,258.
22	Net assets or fund balances. Subtract line 21 from line 20	312,124.	374,379.
		67,809,933.	70,541,879.

Part II Signature Block

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

Sign Here	Signature of officer STEVE ECHARD, EXECUTIVE DIRECTOR Type or print name and title	Date _____
Paid Preparer Use Only	Print/Type preparer's name AMY BIBBY Firm's name ▶ DIXON HUGHES GOODMAN LLP Firm's address ▶ 500 RIDGEFIELD COURT ASHEVILLE, NC 28806	Preparer's signature  Date 12/1/14 Check if self-employed <input type="checkbox"/> PTIN P00445891 Firm's EIN ▶ 56-0747981 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 to any question in this Part III [X]

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 12,446,544. including grants of \$ 11,251,190.) (Revenue \$ 0.) IN FY 2013, THE FOUNDATION SAW CONTINUED SUCCESS WITH THE JOURNEY TO CURE CAMPAIGN. THIS IS A \$60 MILLION MULTIYEAR CAMPAIGN, WHICH SEEKS TO FURTHER INVEST IN EFFORTS TO ADVANCE PATIENT CARE AND ACCELERATE DISCOVERIES IN RHEUMATIC DISEASE RESEARCH.

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

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 12,446,544.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Main form area containing questions 1a through 14b with Yes/No columns and input fields.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (16), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed GA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] 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, physical address, and telephone number of the person who possesses the books and records of the organization: COLLEEN MERKEL - 404-633-3777 2200 LAKE BOULEVARD NE, ATLANTA, GA 30319

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) DAVID DAIKH, MD, PHD PRESIDENT	10.00 12.00	X		X				0.	36,500.	0.
(2) DAVID R. KARP, MD, PHD VICE PRESIDENT	5.00	X		X			40,000.	0.	0.	0.
(3) E. WILLIAM ST. CLAIR, MD TREASURER	5.00 14.00	X		X			0.	40,820.	0.	0.
(4) JOSEPH FLOOD, MD SECRETARY THROUGH OCTOBER 2012	5.00 14.00	X		X			0.	49,717.	0.	0.
(5) JOAN VON FELDT, MD SECRETARY AS OF NOVEMBER 2012	5.00 14.00	X		X			0.	0.	0.	0.
(6) BRUCE CRONSTEIN, MD RESEARCH REPRESENTATIVE	2.00	X					0.	6,300.	0.	0.
(7) EMILY M. ISAACS, MD CHAIR, SCIENTIFIC ADVISORY	2.00	X					0.	0.	0.	0.
(8) ANNE DAVIDSON, MBBS, FRACP CHAIR, SCIENTIFIC ADVISORY	2.00	X					0.	0.	0.	0.
(9) MARCY BOLSTER, MD WORKFORCE AND TRAINING REP	2.00	X					0.	0.	0.	0.
(10) LINDA ERLICH-JONES, PHD ARHP REPRESENTATIVE	2.00	X					0.	0.	0.	0.
(11) WILLIAM ARNOLD, MD BOARD MEMBER	2.00	X					0.	0.	0.	0.
(12) STUART KASSAN, MD BOARD MEMBER	2.00	X					0.	0.	0.	0.
(13) ANDREW KOENIG, MD BOARD MEMBER	2.00	X					0.	0.	0.	0.
(14) ERIC L. MATTHESON, MD BOARD MEMBER	2.00	X					0.	6,000.	0.	0.
(15) WILLIAM PALMER, MD BOARD MEMBER	2.00	X					0.	0.	0.	0.
(16) WILLIAM ROBINSON, MD, PHD BOARD MEMBER	2.00	X					0.	750.	0.	0.
(17) JANE SALMON, MD BOARD MEMBER	2.00	X					0.	0.	0.	0.

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a 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 12,950,904.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		12,950,904.			
	Program Service Revenue	2 a	Business Code			
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)		975,228.		975,228.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	58,070,916.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	55,916,751.			
		c Gain or (loss)	2,154,165.			
	d Net gain or (loss)		2,154,165.		2,154,165.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	8,562.			
		b Less: direct expenses	b 0.			
c Net income or (loss) from fundraising events			8,562.		8,562.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a 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				
11 a	a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		16,088,859.	0.	0.	3,137,955.	

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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	11,107,940.	11,107,940.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	140,250.	140,250.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	3,000.	3,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	40,000.	20,000.	16,000.	4,000.
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	1,741,476.	810,439.	295,899.	635,138.
b Legal	18,829.		18,829.	
c Accounting	29,600.	13,748.	5,024.	10,828.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	23,950.	11,124.	4,065.	8,761.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	245,388.	9,026.	153,496.	82,866.
12 Advertising and promotion				
13 Office expenses	204,829.	54,592.	47,258.	102,979.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	348,228.	180,113.	62,457.	105,658.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	244,726.	84,080.	43,187.	117,459.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,374.	10,424.	3,475.	3,475.
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	43,287.	1,808.	31,304.	10,175.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	14,208,877.	12,446,544.	680,994.	1,081,339.
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 to any question in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	14,136,005.	2	14,279,043.	
	3 Pledges and grants receivable, net	17,946,163.	3	17,695,397.	
	4 Accounts receivable, net		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 instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	25,492.	9	17,450.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 277,657.			
	b Less: accumulated depreciation	10b 62,598.	68,851.	10c 215,059.	
	11 Investments - publicly traded securities	32,200,761.	11	34,509,492.	
	12 Investments - other securities. See Part IV, line 11	3,744,785.	12	4,199,817.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	68,122,057.	16	70,916,258.		
Liabilities	17 Accounts payable and accrued expenses	312,124.	17	374,379.	
	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	312,124.	26	374,379.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	30,504,680.	27	31,393,571.	
	28 Temporarily restricted net assets	34,999,458.	28	36,842,513.	
	29 Permanently restricted net assets	2,305,795.	29	2,305,795.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	67,809,933.	33	70,541,879.		
34 Total liabilities and net assets/fund balances	68,122,057.	34	70,916,258.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,088,859.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,208,877.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,879,982.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	67,809,933.
5	Net unrealized gains (losses) on investments	5	607,742.
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	244,222.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	70,541,879.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?		X
3b	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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,860,980.	8,363,097.	13,995,938.	18,359,528.	12,959,466.	64,539,009.
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	10,860,980.	8,363,097.	13,995,938.	18,359,528.	12,959,466.	64,539,009.
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)						28,048,340.
6 Public support. Subtract line 5 from line 4.						36,490,669.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	10,860,980.	8,363,097.	13,995,938.	18,359,528.	12,959,466.	64,539,009.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,062,199.	867,321.	796,173.	858,890.	975,228.	4,559,811.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	10,656.	9,071.	7,205.	57,523.		84,455.
11 Total support. Add lines 7 through 10						69,183,275.
12 Gross receipts from related activities, etc. (see instructions)					12	14,575.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	52.74	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	51.93	%
16a 33 1/3% support test - 2012. 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	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2011. 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	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
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	<input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization

Employer identification number

RHEUMATOLOGY RESEARCH FOUNDATION

58-1654301

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization RHEUMATOLOGY RESEARCH FOUNDATION	Employer identification number 58-1654301
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>2,250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>3,075,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>4,300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>2,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

RHEUMATOLOGY RESEARCH FOUNDATION

58-1654301

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization RHEUMATOLOGY RESEARCH FOUNDATION	Employer identification number 58-1654301
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Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

RHEUMATOLOGY RESEARCH FOUNDATION

Employer identification number

58-1654301

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part 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) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

(check all that apply):

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part 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? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	30,437,932.	27,906,194.	22,898,316.	19,229,487.	21,795,597.
b Contributions	57,473.	3,600,000.	1,494,464.	1,500,000.	247,500.
c Net investment earnings, gains, and losses	3,126,774.	-64,985.	4,334,742.	2,374,518.	-2,759,219.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,110,194.	1,003,277.	821,328.	205,689.	54,391.
f Administrative expenses					
g End of year balance	32,511,985.	30,437,932.	27,906,194.	22,898,316.	19,229,487.

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

- a Board designated or quasi-endowment 74.93 %
- b Permanent endowment 7.09 %
- c Temporarily restricted endowment 17.97 %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		277,657.	62,598.	215,059.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				215,059.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	4,199,817.	END-OF-YEAR MARKET VALUE
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	4,199,817.	

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

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

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

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

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

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

2. FIN 48 (ASC 740) Footnote. In Part 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

1	Total revenue, gains, and other support per audited financial statements	1	16,696,601.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	607,742.
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	607,742.
3	Subtract line 2e from line 1	3	16,088,859.
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	16,088,859.

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

1	Total expenses and losses per audited financial statements	1	13,964,655.
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	13,964,655.
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	244,222.
c	Add lines 4a and 4b	4c	244,222.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	14,208,877.

Part XIII Supplemental Information

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

PART V, LINE 4: THE FOUNDATION'S ENDOWMENT CONSISTS OF TWELVE

INDIVIDUALS FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE ENDOWMENT

INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS, A TERM ENDOWMENT AND FUNDS

DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS.

PART X, LINE 2: INCOME TAXES- THE FOUNDATION IS RECOGNIZED AS AN

ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE

INTERNAL REVENUE CODE (THE CODE) AS AN ORGANIZATION DESCRIBED IN SECTION

Part XIII Supplemental Information (continued)

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

THE FOUNDATION HAS EVALUATED ITS TAX POSITIONS AND DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2013. FISCAL YEARS ENDING ON AND AFTER JUNE 30, 2011 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECOVERIES OF PRIOR YEAR GRANTS 244,222.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

**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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN COLLEGE OF RHEUMATOLOGY 2200 LAKE BLVD. NE ATLANTA, GA 30319	58-1627547	501C3	251,718.	0.			FELLOWS FUND
ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK AVE. - BRONX, NY 10461	13-1624225	501C3	75,000.	0.			SCIENTIST DEVELOPMENT AWARD
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO - 225 EAST CHICAGO AVENUE BOX 205 - CHICAGO, IL 60611	62-0476822	501C3	60,000.	0.			CLINICIAN SCHOLAR EDUCATOR AWARD
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA BCM HOUSTON, TX 77030	74-1613878	501C3	37,500.	0.			AMGEN FELLOWSHIP TRAINING AWARD
BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA MEDICAL CENTER - 987835 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198	47-0049123	501C3	125,000.	0.			INVESTIGATOR AWARD
BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA MEDICAL CENTER - 987835 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198	47-0049123	501C3	400,000.	0.			WITHIN OUR REACH RA COLLABORATIVE GRANT - CLINICAL RESEARCH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **56.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2012)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA MEDICAL CENTER - 987835 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198	47-0049123	501C3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM - 21 NORTH PARK ST. - MADISON, WI 53715	39-6006492	501C3	75,000.	0.			DISEASE TARGETED RESEARCH - PILOT GRANT - TRANSLATIONAL
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM - 21 NORTH PARK ST. - MADISON, WI 53715	39-6006492	501C3	75,000.	0.			SCIENTIST DEVELOPMENT AWARD
BRIGHAM & WOMENS HOSPITAL 45 FRANCIS ST BOSTON, MA 02115	04-2312909	501C3	250,000.	0.			INVESTIGATOR AWARD
BRIGHAM & WOMENS HOSPITAL 45 FRANCIS ST BOSTON, MA 02115	04-2312909	501C3	15,000.	0.			RESIDENT RESEARCH PRECEPTORSHIP
BRIGHAM & WOMENS HOSPITAL 45 FRANCIS ST BOSTON, MA 02115	04-2312909	501C3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT - TRANSLATIONAL
BRIGHAM & WOMENS HOSPITAL 45 FRANCIS ST BOSTON, MA 02115	04-2312909	501C3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
BRIGHAM & WOMENS HOSPITAL 45 FRANCIS ST BOSTON, MA 02115	04-2312909	501C3	1,000.	0.			MEDICAL STUDENT RESEARCH PRECEPTORSHIP
CHILDREN'S HOSPITAL OF PHILADELPHIA - 3615 CIVIC CENTER BLVD - PHILADELPHIA, PA 19104	23-1352166	501C3	60,000.	0.			CLINICIAN SCHOLAR EDUCATOR AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL OF PHILADELPHIA - 3615 CIVIC CENTER BLVD - PHILADELPHIA, PA 19104	23-1352166	501C3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
CHILDREN'S HOSPITAL OF PHILADELPHIA - 3615 CIVIC CENTER BLVD - PHILADELPHIA, PA 19104	23-1352166	501C3	175,000.	0.			SCIENTIST DEVELOPMENT AWARD
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - 3333 BURNET AVE - CINCINNATI, OH 45229	31-0833936	501C3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
DUKE UNIVERSITY MEDICAL CENTER 2118 SUNSET AVE DURHAM, NC 27705	56-0532129	501C3	60,000.	0.			CLINICIAN SCHOLAR EDUCATOR AWARD
DUKE UNIVERSITY MEDICAL CENTER 2118 SUNSET AVE DURHAM, NC 27705	56-053-2129	501C3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
FLETCHER ALLEN HEALTH CARE 111 COLCHESTER AVENUE BURLINGTON, VT 05401	03-0219309	501C3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
GEORGETOWN UNIVERSITY MEDICAL CENTER - 3300 WHITEHAVE ST. NW - WASHINGTON, DC 20007	53-0196603	501C3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
HACKENSACK UNIVERSITY MEDICAL CENTER - 40 PROSPECT AVE - HACKENSACK, NJ 07601	12-2148756	501C3	75,000.	0.			DISEASE TARGETED RESEARCH - PILOT GRANT - CLINICAL
HEBREW REHABILITATION CENTER IFAR 1200 CENTRE STREET BOSTON, MA 02131	04-2104298	501C3	25,000.	0.			SCIENTIST DEVELOPMENT AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH ST NEW YORK, NY 10021	13-1624135	501C3	57,050.	0.			CLINICIAN SCHOLAR EDUCATOR AWARD
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE - 733 N. BROADWAY SUITE 117 - BALTIMORE, MD 21205	52-0595110	501C3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE - 733 N. BROADWAY SUITE 117 - BALTIMORE, MD 21205	52-0595110	501C3	125,000.	0.			SCIENTIST DEVELOPMENT AWARD
LOYOLA UNIVERSITY MEDICAL CENTER 2160 SOUTH FIRST AVE. MAYWOOD, IL 60153	36-1408475	501C3	53,750.	0.			CLINICIAN SCHOLAR EDUCATOR AWARD
LOYOLA UNIVERSITY MEDICAL CENTER 2160 SOUTH FIRST AVE. MAYWOOD, IL 60153	36-1408475	501C3	500.	0.			MEDICAL STUDENT CLINICAL PRECEPTORSHIP
LSUHSC SHREVEPORT OFFICE 1501 KINGS HIGHWAY SHREVEPORT, LA 71103	72-0702002	501C3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
MASSACHUSETTS GENERAL HOSPITAL RESEARCH MANAGEMENT - 101 HUNTINGTON AVE. SUITE 300 - BOSTON, MA 02116	04-2697983	501C3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT - TRANSLATIONAL
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 96 JONATHAN LUCAS STREET SUITE 912 - CHARLESTON, SC 29425	57-6000722	501C3	4,500.	0.			MEDICAL STUDENT RESEARCH & CLINICAL PRECEPTORSHIP
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 96 JONATHAN LUCAS STREET - CHARLESTON, SC 29425	57-6000722	501C3	2,000.	0.			HEALTH PROFESSIONAL RESEARCH PRECEPTORSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDSTAR HEALTH RESEARCH INSTITUTE 6525 BELCREST ROAD SUITE 700 HYATTSVILLE, MD 20782	52-6056274	501C3	998,363.	0.			WITHIN OUR REACH RA CLINICAL TRIAL
METROHEALTH MEDICAL CENTER PO BOX 73308 CLEVELAND, OH 44193	34-6004382	501C3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
NORTHWESTERN UNIVERSITY 750 N. LAKE SHORE DRIVE RUBLOFF 7TH CHICAGO, IL 60611	36-2167817	501C3	100,000.	0.			SCIENTIST DEVELOPMENT AWARD
NORTHWESTERN UNIVERSITY 750 N. LAKE SHORE DRIVE RUBLOFF 7TH CHICAGO, IL 60611	36-2167817	501C3	1,000.	0.			MEDICAL STUDENT RESEARCH PRECEPTORSHIP
NYU HOSPITAL FOR JOINT DISEASES RHEUMATOLOGY/MEDICINE - 301 E. 17TH STREET RM 1410 - NEW YORK, NY 10003	13-5562308	501C3	50,000.	0.			SCIENTIST DEVELOPMENT AWARD
NYU HOSPITAL FOR JOINT DISEASES RHEUMATOLOGY/MEDICINE - 301 E. 17TH STREET RM 1410 - NEW YORK, NY 10003	13-5562308	501C3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT - BASIC
NYU HOSPITAL FOR JOINT DISEASES RHEUMATOLOGY/MEDICINE - 301 E. 17TH STREET RM 1410 - NEW YORK, NY 10003	13-5562308	501C3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT - TRANSLATIONAL
NYU HOSPITAL FOR JOINT DISEASES RHEUMATOLOGY/MEDICINE - 301 E. 17TH STREET RM 1410 - NEW YORK, NY 10003	13-3971298	501C3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
OFFICE OF RESEARCH UNIVERSITY OF PITTSBURGH - 123 UNIVERSITY PLACE - PITTSBURGH, PA 15213	25-0965591	501C3	84,325.	0.			SCIENTIST DEVELOPMENT AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF CALIFORNIA LOS ANGELES - 1000 VETERAN AVE - LOS ANGELES, CA 90095	95-6006143	501C3	75,000.	0.			SCIENTIST DEVELOPMENT AWARD
REGENTS OF THE UNIVERSITY OF CALIFORNIA LOS ANGELES - 1000 VETERAN AVE - LOS ANGELES, CA 90095	95-6006143	501C3	4,500.	0.			HEALTH PROFESSIONAL RESEARCH PRECEPTORSHIP
REGENTS OF THE UNIVERSITY OF CALIFORNIA LOS ANGELES - 1000 VETERAN AVE - LOS ANGELES, CA 90095	95-6006143	501C3	250,000.	0.			INVESTIGATOR AWARD
REGENTS OF THE UNIVERSITY OF CALIFORNIA LOS ANGELES - 1000 VETERAN AVE - LOS ANGELES, CA 90095	95-6006143	501C3	37,500.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD
REGENTS OF THE UNIVERSITY OF CALIFORNIA LOS ANGELES - 1000 VETERAN AVE - LOS ANGELES, CA 90095	95-6006143	501C3	50,000.	0.			TRAINING PROGRAM DEVELOPMENT AWARD
REGENTS OF UNIVERSITY OF CALIFORNIA SAN DIEGO - 9500 GILMAN DRIVE MC 0012 - LA JOLLA, CA 92093	95-6006144	501C3	125,000.	0.			INVESTIGATOR AWARD
REGENTS OF UNIVERSITY OF CALIFORNIA SAN DIEGO - 9500 GILMAN DRIVE MC 0012 - LA JOLLA, CA 92093	95-6006144	501C3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT - BASIC
REGENTS OF UNIVERSITY OF CALIFORNIA SAN DIEGO - 9500 GILMAN DRIVE MC 0012 - LA JOLLA, CA 92093	95-6006144	501C3	12,500.	0.			AMGEN FELLOWSHIP TRAINING AWARD
SAINT LOUIS UNIVERSITY 3700 WEST PINE MALL ST. LOUIS, MO 63108	43-0654872	501C3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEATTLE CHILDREN'S HOSPITAL PO BOX 5371 SEATTLE, WA 98145	91-0564748	501C3	50,000.	0.			SCIENTIST DEVELOPMENT AWARD
SEATTLE CHILDREN'S HOSPITAL PO BOX 5371 SEATTLE, WA 98145	91-6001537	501C3	15,000.	0.			EPHRAIM P. ENGLEMAN ENDOWED RESIDENT RESEARCH PRECEPTORSHIP
SEATTLE CHILDREN'S HOSPITAL PO BOX 5371 SEATTLE, WA 98145	91-1156519	501C3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
STANFORD UNIVERSITY 1000 WELCH RD STE 203 PALO ALTO, CA 94304	94-1156365	501C3	60,000.	0.			CLINICIAN SCHOLAR EDUCATOR AWARD
STANFORD UNIVERSITY 1000 WELCH RD STE 203 PALO ALTO, CA 94304	94-1156365	501C3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
THE CHILDREN'S MERCY HOSPITAL 2401 GILLHAM ROAD KANSAS CITY, MO 64108	44-0605373	501C3	124,095.	0.			INVESTIGATOR AWARD
THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH - 350 COMMUNITY DRIVE - MANHASSET, NY 11030	11-2673595	501C3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO - PO BOX 0795 - SAN FRANCISCO, CA 94143	94-6036493	501C3	100,000.	0.			SCIENTIST DEVELOPMENT AWARD
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 5520 MSRB - ANN ARBOR, MI 48109	38-6006309	501C3	75,000.	0.			SCIENTIST DEVELOPMENT AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 5520 MSRB - ANN ARBOR, MI 48109	38-6006309	501C3	1,500.	0.			MEDICAL STUDENT CLINICAL PRECEPTORSHIP
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO - PO BOX 0795 - SAN FRANCISCO, CA 94143	94-6036493	501C3	271,614.	0.			INVESTIGATOR AWARD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO - PO BOX 0795 - SAN FRANCISCO, CA 94143	94-6036493	501C3	569,780.	0.			WITHIN OUR REACH RA CLINICAL TRIAL
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO - PO BOX 0795 - SAN FRANCISCO, CA 94143	94-6036493	501C3	75,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO - PO BOX 0795 - SAN FRANCISCO, CA 94143	94-6036493	501C3	182,517.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT - BASIC
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO - PO BOX 0795 - SAN FRANCISCO, CA 94143	94-6036493	501C3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT - TRANSLATIONAL
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 5520 MSRB - ANN ARBOR, MI 48109	38-6006309	501C3	50,000.	0.			SCIENTIST DEVELOPMENT AWARD
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 5520 MSRB - ANN ARBOR, MI 48109	38-6006309	501C3	143,626.	0.			INVESTIGATOR AWARD
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 5520 MSRB - ANN ARBOR, MI 48109	38-6006309	501C3	75,000.	0.			DISEASE TARGETED RESEARCH - PILOT GRANT - BASIC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 5520 MSRB - ANN ARBOR, MI 48109	38-6006309	501C3	60,000.	0.			CLINICIAN SCHOLAR EDUCATOR AWARD
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 5520 MSRB - ANN ARBOR, MI 48109	38-6006309	501C3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 5520 MSRB - ANN ARBOR, MI 48109	38-6006309	501C3	1,500.	0.			MEDICAL STUDENT RESEARCH PRECEPTORSHIP
THE TRUSTEES OF COLUMBIA UNIVERSITY - 630 W168 STREET - NEW YORK, NY 10032	52-0595110	501C3	398,240.	0.			WITHIN OUR REACH RA COLLABORATIVE GRANT - TRANSLATIONAL RESEARCH
THE TRUSTEES OF COLUMBIA UNIVERSITY - 630 W168 STREET - NEW YORK, NY 10032	52-0595110	501C3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT - TRANSLATIONAL
THE TRUSTEES OF COLUMBIA UNIVERSITY - 630 W168 STREET - NEW YORK, NY 10032	13-5598093	501C3	25,000.	0.			PAULA DE MERIEUX RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
TRUSTEES OF BOSTON UNIVERSITY EVANS 501 - 715 ALBANY ST - BOSTON, MA 02118	04-2103547	501C3	175,000.	0.			SCIENTIST DEVELOPMENT AWARD
TRUSTEES OF BOSTON UNIVERSITY EVANS 501 - 715 ALBANY ST - BOSTON, MA 02118	04-2103547	501C3	50,000.	0.			SCIENTIST DEVELOPMENT AWARD
TRUSTEES OF BOSTON UNIVERSITY EVANS 501 - 715 ALBANY ST - BOSTON, MA 02118	04-2103547	501C3	125,000.	0.			INVESTIGATOR AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF BOSTON UNIVERSITY EVANS 501 - 715 ALBANY ST - BOSTON, MA 02118	04-2103547	501C3	59,540.	0.			CLINICIAN SCHOLAR EDUCATOR AWARD
TRUSTEES OF BOSTON UNIVERSITY EVANS 501 - 715 ALBANY ST - BOSTON, MA 02118	04-2103547	501C3	74,884.	0.			SCIENTIST DEVELOPMENT AWARD
TUFTS MEDICAL CENTER 800 WASHINGTON STREET BOSTON, MA 02111	04-3400617	501C3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1530 3RD AVENUE SOUTH - BIRMINGHAM, AL 35294	16-3600539	501C3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT - BASIC
UNIVERSITY OF CHICAGO 970 E. 58TH STREET CHICAGO, IL 60637	36-2177139	501C3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
UNIVERSITY OF COLORADO AT DENVER 777 BANNOCK ST DENVER, CO 80204	84-6000555	501C3	50,000.	0.			SCIENTIST DEVELOPMENT AWARD
UNIVERSITY OF COLORADO AT DENVER 777 BANNOCK ST DENVER, CO 80204	84-6000555	501C3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT - BASIC
UNIVERSITY OF COLORADO AT DENVER 777 BANNOCK ST DENVER, CO 80204	84-6000555	501C3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT - TRANSLATIONAL
UNIVERSITY OF COLORADO AT DENVER 777 BANNOCK ST DENVER, CO 80204	84-6000555	501C3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF COLORADO AT DENVER 777 BANNOCK ST DENVER, CO 80204	84-6000555	501C3	75,000.	0.			SCIENTIST DEVELOPMENT AWARD
UNIVERSITY OF COLORADO AT DENVER 777 BANNOCK ST DENVER, CO 80204	84-6000555	501C3	2,000.	0.			HEALTH PROFESSIONAL RESEARCH PRECEPTORSHIP
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 109 KINKEAD HALL - LEXINGTON, KY 40506	61-6033693	501C3	100,000.	0.			SCIENTIST DEVELOPMENT AWARD
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 109 KINKEAD HALL - LEXINGTON, KY 40506	61-6033693	501C3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
UNIVERSITY OF MASSACHUSETTS 55 LAVE AVE. NORTH WORCESTER, MA 01655	04-3167352	501C3	15,000.	0.			RESIDENT RESEARCH PRECEPTORSHIP
UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE - PO BOX 016960 (R64) - MIAMI, FL 33101	59-0624458	501C3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
UNIVERSITY OF MINNESOTA 200 OAK STREET SE SUITE 450 MINNEAPOLIS, MN 55455	41-6007513	501C3	387,372.	0.			WITHIN OUR REACH RA COLLABORATIVE GRANT - TRANSLATIONAL RESEARCH
UNIVERSITY OF MINNESOTA 200 OAK STREET SE SUITE 450 MINNEAPOLIS, MN 55455	41-6007513	501C3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT - BASIC
UNIVERSITY OF MINNESOTA 200 OAK STREET SE SUITE 450 MINNEAPOLIS, MN 55455	41-6007513	501C3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER - 2500 N. STATE ST. - JACKSON, MS 39216	64-6008520	501C3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER - 2500 N. STATE ST. - JACKSON, MS 39216	64-6008520	501C3	500.	0.			MEDICAL STUDENT CLINICAL PRECEPTORSHIP
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DR. STE 2200 - CHAPEL HILL, NC 27599	56-6001393	501C3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT - BASIC
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DR. STE 2200 - CHAPEL HILL, NC 27599	56-6001393	501C3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER - PO BOX 26901 - OKLAHOMA CITY, OK 73123	27-2906942	501C3	7,500.	0.			EPHRAIM P. ENGLEMAN ENDOWED RESIDENT RESEARCH PRECEPTORSHIP
UNIVERSITY OF PENNSYLVANIA FRANKLIN BUILDING - 3451 WALNUT STREET P221 - PHILADELPHIA, PA 19104	23-1352685	501C3	1,000.	0.			MEDICAL STUDENT RESEARCH PRECEPTORSHIP
UNIVERSITY OF PENNSYLVANIA FRANKLIN BUILDING - 3451 WALNUT STREET P221 - PHILADELPHIA, PA 19104	23-1352685	501C3	125,000.	0.			INVESTIGATOR AWARD
UNIVERSITY OF PENNSYLVANIA FRANKLIN BUILDING - 3451 WALNUT STREET P221 - PHILADELPHIA, PA 19104	23-1352685	501C3	7,500.	0.			EPHRAIM P. ENGLEMAN ENDOWED RESIDENT RESEARCH PRECEPTORSHIP
UNIVERSITY OF PENNSYLVANIA FRANKLIN BUILDING - 3451 WALNUT STREET P221 - PHILADELPHIA, PA 19104	23-1352685	501C3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF UTAH 201 SOUTH PRESIDENTS CIRCLE SALT LAKE CITY, UT 84112	87-6000525		125,000.	0.			INVESTIGATOR AWARD
UT SOUTHWESTERN MEDICAL CENTER PO BOX 841753 DALLAS, TX 75284	17-6002868		12,500.	0.			CAREER DEVELOPMENT SUPPLEMENT IN GERIATRIC MEDICINE
VANDERBILT UNIVERSITY DEPARTMENT OF FINANCE - VANDERBILT UNIVERSITY MEDICAL CENTER DEPT AT 40303 - ATLANTA, GA 31192	36-2170833		60,000.	0.			CLINICIAN SCHOLAR EDUCATOR AWARD
VANDERBILT UNIVERSITY DEPARTMENT OF FINANCE - VANDERBILT UNIVERSITY MEDICAL CENTER DEPT AT 40303 - ATLANTA, GA 31192	62-0476822		25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
WASHINGTON HOSPITAL CENTER 110 IRVING ST. NW WASHINGTON, DC 20010	52-1272129		50,000.	0.			TRAINING PROGRAM DEVELOPMENT AWARD
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - 700 ROSEDALE AVE. - ST. LOUIS, MO 63110	14-3065361		25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - 700 ROSEDALE AVE. - ST. LOUIS, MO 63110	14-3065361		7,000.	0.			LAWREN H. DALTRY FELLOWSHIP IN PATIENT-CLINICAN COMMUNICATION
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - 700 ROSEDALE AVE. - ST. LOUIS, MO 63110	14-3065361		75,000.	0.			SCIENTIST DEVELOPMENT AWARD
YALE UNIVERSITY GRANT AND CONTRACT ADMINISTRATION - 47 COLLEGE STREET STE 203 - NEW HAVEN, CT 06520	06-0646973		75,000.	0.			SCIENTIST DEVELOPMENT AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY GRANT AND CONTRACT ADMINISTRATION - 47 COLLEGE STREET STE 203 - NEW HAVEN, CT 06520	06-0646973		50,000.	0.			SCIENTIST DEVELOPMENT AWARD
YALE UNIVERSITY GRANT AND CONTRACT ADMINISTRATION - 47 COLLEGE STREET STE 203 - NEW HAVEN, CT 06520	06-0646973		75,000.	0.			DISEASE TARGETED RESEARCH - PILOT GRANT - BASIC
YALE UNIVERSITY GRANT AND CONTRACT ADMINISTRATION - 47 COLLEGE STREET STE 203 - NEW HAVEN, CT 06520	06-0646973		171,066.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT - CLINICAL

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
HEALTH PROFESSIONAL RESEARCH PRECEPTORSHIP	8	31,000.	0.		
MEDICAL STUDENT RESEARCH PRECEPTORSHIP	12	36,000.	0.		
MEDICAL STUDENT CLINICAL PRECEPTORSHIP	11	20,000.	0.		
STUDENT ACHIEVEMENT AWARD	7	5,250.	0.		
MEDICAL AND PEDIATRIC RESIDENT RESEARCH AWARD	1	750.	0.		

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

SCHEDULE I, 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.RHEUMATOLOGY.ORG/FOUNDATION). 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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
AMGEN PEDIATRIC RESEARCH AWARD	2.	2,000.	0.		
MARSHALL J. SCHIFF, MD MEMORIAL FELLOW RESEARCH AWARD	2.	3,000.	0.		
AMGEN PEDIATRIC VISITING PROFESSORSHIP	12.	24,000.	0.		
HEALTH PROFESSIONAL ONLINE EDUCATION GRANT	1.	1,500.	0.		
MEMORIAL LECTURESHIPS	4.	6,250.	0.		
ACR EXCELLENCE IN INVESTIGATIVE MENTORING AWARD	1.	3,000.	0.		
HENCH LECTURE	1.	2,500.	0.		
ACR PRESIDENTIAL GOLD MEDAL	1.	5,000.	0.		

Part IV Supplemental Information

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

Part IV Supplemental Information

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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

RHEUMATOLOGY RESEARCH FOUNDATION

Employer identification number

58-1654301

Part I Questions Regarding Compensation

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

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

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

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

(A) Name 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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STEVEN ECHARD, IOM, CAE EXECUTIVE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	158,962.	0.	375.	16,263.	18,815.	194,415.	0.
(2) COLLEEN MERKEL, CPA VP, OPERATIONS & FINANCE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	138,896.	0.	7,062.	12,950.	12,564.	171,472.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

RHEUMATOLOGY RESEARCH FOUNDATION

Employer identification number

58-1654301

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

THE FOUNDATION'S MISSION OBJECTIVES ARE AS FOLLOWS:

ADVANCING TREATMENTS: RECRUIT AND TRAIN FUTURE RHEUMATOLOGISTS AND RHEUMATOLOGY EDUCATORS AND DEVELOP FUTURE RESEARCHERS AND FOSTER THE BEST NOVEL RESEARCH IDEAS IN EACH NICHE OF RHEUMATOLOGY. MORE THAN \$5,000,000 WAS PROVIDED FOR OVER 100 CAREER DEVELOPMENT AND TRAINING AWARDS.

FINDING CURES: ADVANCE RESEARCH LEADING TO CURES IN THE MOST SERIOUS OF THE RHEUMATIC DISEASES—RHEUMATOID ARTHRITIS—AND OTHER CONDITIONS WHERE INFLAMMATORY ARTHRITIS IS A MAJOR PATHOLOGY, INCLUDING THE SPONDYLOARTHROPATHIES. IN FY 2013, THE FOUNDATION PROVIDED OVER \$5.7 MILLION IN TARGETED RESEARCH FUNDING. PLANS FOR THE NEXT FISCAL YEAR (JULY 1, 2013 - JUNE 30, 2014) INCLUDE A BUDGET OF MORE THAN \$6.3 MILLION.

THE FOUNDATION IS THE LARGEST PRIVATE FUNDING SOURCE OF RHEUMATOLOGY TRAINING AND RESEARCH PROGRAMS IN THE UNITED STATES AND HAS PROVIDED MORE THAN \$100 MILLION OF RESEARCH SUPPORT OVER ITS 27-YEAR HISTORY. FOR FIVE CONSECUTIVE YEARS, THE FOUNDATION HAS RECEIVED A 4-STAR RATING—THE HIGHEST AVAILABLE—FROM CHARITY NAVIGATOR, AND ON AVERAGE MORE THAN 90 CENTS OF EVERY DOLLAR RAISED IS DIRECTLY INVESTED IN CAREER DEVELOPMENT RESEARCH GRANTS AND RHEUMATOLOGY TRAINING. NO OTHER ORGANIZATION IS BETTER POSITIONED TO ADDRESS UPCOMING CHALLENGES TO THE RHEUMATOLOGY COMMUNITY THAN THE FOUNDATION.

Name of the organization RHEUMATOLOGY RESEARCH FOUNDATION	Employer identification number 58-1654301
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FORM 990, PART V, LINE 2A

EXPLANATION OF FULL TIME EMPLOYEES:

THE FILING ORGANIZATION HAS A MANAGEMENT CONTRACT WITH RELATED ORGANIZATION, AMERICAN COLLEGE OF RHEUMATOLOGY (ACR), UNDER WHICH ACR PROVIDES EMPLOYEES WHO PERFORM SERVICES FOR THE ORGANIZATION. THE ORGANIZATION PAYS A MANAGEMENT FEE TO ACR WHICH INCLUDES SALARIES EXPENSE FOR THE EMPLOYEES THAT PROVIDED SERVICES FOR THE YEAR. DURING THE YEAR THERE WERE APPROXIMATELY 17 FULL TIME EMPLOYEES WHO PROVIDED SERVICES FOR THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 3: THE AMERICAN COLLEGE OF RHEUMATOLOGY PROVIDES MANAGEMENT AND ADMINISTRATIVE SERVICES FOR THE FOUNDATION. MANAGEMENT FEES CHARGED TO THE FOUNDATION BY THE COLLEGE AMOUNTED TO \$1,741,476 IN 2012 AND ARE INCLUDED IN MANAGEMENT FEES IN THE ACCOMPANYING STATEMENTS OF FUNCTIONAL EXPENSES.

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

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT COPY OF THE FORM 990 WAS

Name of the organization RHEUMATOLOGY RESEARCH FOUNDATION	Employer identification number 58-1654301
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SENT TO THE FULL BOARD FOR THEIR REVIEW AND COMMENT PRIOR TO FILING OF THE RETURN. THE QUESTION AND ANSWER PERIOD OF THE MEETING WAS HELD WITH ASSISTANCE FROM THE VICE PRESIDENT, OPERATIONS AND FINANCE, AND THE TAX PREPARER AND WAS DOCUMENTED IN THE MINUTES. THE EXECUTIVE VICE PRESIDENT SIGNED THE RETURN AFTER CONSIDERING COMMENTS.

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

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.

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.

Name of the organization
RHEUMATOLOGY RESEARCH FOUNDATION

Employer identification number
58-1654301

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

RECOVERIES OF PRIOR YEAR GRANTS 244,222.

FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Related Organizations and Unrelated Partnerships

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

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

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN COLLEGE OF RHEUMATOLOGY	M	1,741,476.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions RHEUMATOLOGY RESEARCH FOUNDATION	Employer identification number (EIN) or 58-1654301
	Number, street, and room or suite no. If a P.O. box, see instructions. 2200 LAKE BOULEVARD NE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30319	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

COLLEEN MERKEL

• The books are in the care of **2200 LAKE BOULEVARD NE - ATLANTA, GA 30319**
 Telephone No. **404-633-3777** FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2014**.

5 For calendar year , or other tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
MORE TIME IS NEEDED IN ORDER TO HAVE A COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions RHEUMATOLOGY RESEARCH FOUNDATION	Employer identification number (EIN) or 58-1654301
	Number, street, and room or suite no. If a P.O. box, see instructions. 2200 LAKE BOULEVARD NE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30319	

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Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date