

Public Inspection Copy

THIS COPY OF FORM 990 SHOULD BE RETAINED FOR PUBLIC INSPECTION. INTERNAL REVENUE CODE SECTION 6104(e) REQUIRES THAT FORM 990 MUST BE MADE AVAILABLE FOR PUBLIC INSPECTION DURING REGULAR BUSINESS HOURS AT THE ORGANIZATION'S PRINCIPAL OFFICE. THE RETURN MUST ALSO BE AVAILABLE FOR PUBLIC INSPECTION AT ANY REGIONAL OR DISTRICT OFFICES HAVING THREE OR MORE EMPLOYEES. INSPECTION OF THIS RETURN MUST BE ALLOWED FOR THREE YEARS FROM THE DUE DATE THE RETURN IS FILED. THE INSPECTION REQUIREMENT APPLIES TO ALL PORTIONS OF THE RETURN EXCEPT FOR THE NAMES AND ADDRESSES OF ANY CONTRIBUTORS TO THE ORGANIZATION. THIS INFORMATION HAS BEEN REMOVED FROM THIS COPY.

EFFECTIVE AUGUST 17, 2006 SECTION 501(C)(3) ORGANIZATIONS MUST MAKE UNRELATED BUSINESS INCOME TAX RETURNS (FORMS 990-T) AVAILABLE FOR PUBLIC INSPECTION. THE RETURN MUST BE AVAILABLE FOR PUBLIC INSPECTION AT ANY REGIONAL OR DISTRICT OFFICES HAVING THREE OR MORE EMPLOYEES. INSPECTION OF THIS RETURN MUST BE ALLOWED FOR THREE YEARS FROM THE DATE THE RETURN IS FILED. THE INSPECTION REQUIREMENT APPLIES TO ALL PORTIONS OF THE RETURN.

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization RHEUMATOLOGY RESEARCH FOUNDATION		D Employer identification number 58-1654301
	Doing Business As		E Telephone number 404-633-3777
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 95,021,683.
	2200 LAKE BOULEVARD NE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30319		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: MARY WHEATLEY SAME AS C ABOVE		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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SUPPORT RESEARCH & TRAINING THAT ADVANCES THE PREVENTION, TREATMENT AND CURE OF RHEUMATIC DISEASES.
	2 Check this box <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 2013 (Part V, line 2a) 5 0
	6 Total number of volunteers (estimate if necessary) 6 0
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34 7b 0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) 8 12,950,904.	12,950,904.	12,365,131.
9 Program service revenue (Part VIII, line 2g) 9 0.	0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 3,129,393.	3,129,393.	5,463,411.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 8,562.	8,562.	6,525.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 16,088,859.	16,088,859.	17,835,067.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 11,251,190.	11,251,190.	11,428,201.
14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0.	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 40,000.	40,000.	44,110.
16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0.	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 962,992.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 2,917,687.	2,917,687.	3,289,834.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 14,208,877.	14,208,877.	14,762,145.
19 Revenue less expenses. Subtract line 18 from line 12 19 1,879,982.	1,879,982.	3,072,922.
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 20 70,916,258.	70,916,258.
	21 Total liabilities (Part X, line 26) 21 374,379.	374,379.
	22 Net assets or fund balances. Subtract line 21 from line 20 22 70,541,879.	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		Date
	MARY WHEATLEY, EXECUTIVE DIRECTOR		
Paid Preparer Use Only	Print/Type preparer's name AMY BIBBY	Preparer's signature	Date
	Firm's name ▶ DIXON HUGHES GOODMAN LLP	Firm's EIN ▶ 56-0747981	Check if self-employed <input type="checkbox"/> PTIN P00445891
	Firm's address ▶ 500 RIDGEFIELD COURT ASHEVILLE, NC 28806	Phone no. (828) 254-2254	

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [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.

4a (Code:) (Expenses \$ 12,831,394. including grants of \$ 11,428,201.) (Revenue \$) DURING THE FISCAL YEAR ENDED JUNE 30, 2014, THE RHEUMATOLOGY RESEARCH FOUNDATION COMMITTED OVER \$13 MILLION DIRECTLY INTO ITS EXTENSIVE PEER-REVIEWED RESEARCH AND TRAINING GRANTS PROGRAMS. THESE PROGRAMS ENSURE A PIPELINE OF QUALIFIED RHEUMATOLOGISTS AND RHEUMATOLOGY HEALTH PROFESSIONALS ARE TRAINED TO ADVANCE PATIENT CARE, AND ACCELERATE RESEARCH IN RHEUMATIC DISEASES AFFECTING NEARLY 50 MILLION AMERICANS. ON AVERAGE, 90 CENTS OF EVERY DOLLAR DONATED GOES DIRECTLY TO RESEARCH AND TRAINING. CHARITY NAVIGATOR HAS AWARDED THE FOUNDATION 4 STARS FOR SIX YEARS IN A ROW AS A RESULT OF ITS COMMITMENT TO TRANSPARENCY AND EFFICIENT UTILIZATION OF FUNDS.

THE FOUNDATION SUPPORTS RESEARCH SPECIFICALLY FOCUSED ON RHEUMATOID

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 12,831,394.

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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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 or other assistance to any domestic organization or government 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 or 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 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
26			X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
27			X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			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
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
29			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
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			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
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
33			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	
34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
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	
36		X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	
38		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 or note to any line 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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	16	
b	Enter the number of voting members included in line 1a, above, who are independent	16	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, 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 or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 FOUNDATION PRESIDENT 2013	10.00 14.00	X		X			0.	70,500.	0.	
(2) DAVID R. KARP, MD FND VP(2013)/PRESIDENT(2014)	5.00 14.00	X		X			44,110.	1,259.	0.	
(3) ERIC L. MATTESON, MD FOUNDATION VP (2014)	5.00 14.00	X		X			0.	2,250.	0.	
(4) JOAN MARIE VON FELDT, MD BOARD SECRETARY	5.00 14.00	X		X			0.	44,443.	0.	
(5) E. WILLIAM ST.CLAIR, MD BOARD TREASURER 2013	5.00 14.00	X		X			0.	48,394.	0.	
(6) SHARAD LAKHANPAL, MD BOARD TREASURER 2014	5.00 14.00	X		X			0.	0.	0.	
(7) ANNE DAVIDSON, MBBS, FRACP CHAIR, SCIENTIFIC ADVISORY COUNCIL	2.00	X					0.	0.	0.	
(8) KATHLEEN J. BOS, MD CHAIR, DEVELOPMENT ADVISORY COUNCIL	2.00	X					0.	0.	0.	
(9) WILLIAM ARNOLD, MD BOARD MEMBER	2.00	X					0.	0.	0.	
(10) MARCY B. BOLSTER, MD BOARD MEMBER	2.00	X					0.	0.	0.	
(11) BRUCE CRONSTEIN, MD BOARD MEMBER	2.00	X					0.	0.	0.	
(12) LINDA S. EHRlich-JONES, PHD, RN BOARD MEMBER	2.00	X					0.	0.	0.	
(13) EMILY M. ISAACS, MD BOARD MEMBER	2.00 2.00	X					0.	0.	0.	
(14) JUDITH A. JAMES, MD BOARD MEMBER	2.00	X					0.	0.	0.	
(15) STUART KASSAN, MD BOARD MEMBER	2.00	X					0.	0.	0.	
(16) ANDREW S. KOENIG, DO BOARD MEMBER	2.00	X					0.	0.	0.	
(17) WILLIAM R. PALMER, MD BOARD MEMBER	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WILLIAM ROBINSON, MD BOARD MEMBER	2.00	X						0.	0.	0.
(19) JANE E. SALMON, MD BOARD MEMBER	2.00	X						0.	0.	0.
(20) NICOLE SELENKO-GEBAUER, MD BOARD MEMBER	2.00	X						0.	0.	0.
(21) VIKAS MAJITHIA, MD BOARD MEMBER	2.00	X						0.	0.	0.
(22) STEVEN ECHARD, IOM, CAE EXECUTIVE DIRECTOR	40.00			X				0.	175,971.	43,044.
(23) COLLEEN MERKEL, CPA VP, OPERATIONS & FINANCE	11.00 40.00			X				0.	150,217.	30,497.
1b Sub-total								44,110.	493,034.	73,541.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								44,110.	493,034.	73,541.

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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 - 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	12,365,131.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		12,365,131.			
	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)		972,457.		972,457.	
	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	81,677,570.			
			(ii) Other				
			b	Less: cost or other basis and sales expenses	77,186,616.		
			c	Gain or (loss)	4,490,954.		
	d	Net gain or (loss)		4,490,954.		4,490,954.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	6,525.			
b			Less: direct expenses	0.			
c			Net income or (loss) from fundraising events		6,525.		6,525.
9 a	Gross income from gaming activities. See Part IV, line 19	a					
		b	Less: direct expenses				
		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				
		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.		17,835,067.	0.	0.	5,469,936.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	11,234,501.	11,234,501.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	190,700.	190,700.		
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	44,110.	11,028.	30,877.	2,205.
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	1,924,616.	973,914.	357,620.	593,082.
b Legal	45,683.		45,683.	
c Accounting	34,269.		34,269.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	44,937.		44,937.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	377,846.	25,900.	248,120.	103,826.
12 Advertising and promotion				
13 Office expenses	175,165.	39,761.	43,536.	91,868.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	373,605.	232,258.	68,011.	73,336.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	238,668.	97,821.	57,301.	83,546.
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	57,671.	12,087.	33,930.	11,654.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	14,762,145.	12,831,394.	967,759.	962,992.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	14,279,043.	2	10,655,761.	
	3 Pledges and grants receivable, net	17,695,397.	3	20,062,870.	
	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	17,450.	9	161,877.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 277,657.			
	b Less: accumulated depreciation	10b 79,971.	215,059.	10c 197,686.	
	11 Investments - publicly traded securities	34,509,492.	11	38,872,242.	
	12 Investments - other securities. See Part IV, line 11	4,199,817.	12	4,652,933.	
	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)	70,916,258.	16	74,603,369.		
Liabilities	17 Accounts payable and accrued expenses	374,379.	17	414,934.	
	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	374,379.	26	414,934.	
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	31,393,571.	27	35,632,481.	
	28 Temporarily restricted net assets	36,842,513.	28	35,260,813.	
	29 Permanently restricted net assets	2,305,795.	29	3,295,141.	
	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	70,541,879.	33	74,188,435.	
34 Total liabilities and net assets/fund balances	70,916,258.	34	74,603,369.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,835,067.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,762,145.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,072,922.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	70,541,879.
5	Net unrealized gains (losses) on investments	5	128,108.
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	445,526.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	74,188,435.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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.

OMB No. 1545-0047

2013

Open to Public Inspection

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

Name of the organization RHEUMATOLOGY RESEARCH FOUNDATION	Employer identification number 58-1654301
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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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,363,097.	13,995,938.	18,359,528.	12,959,466.	12,371,657.	66,049,686.
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	8,363,097.	13,995,938.	18,359,528.	12,959,466.	12,371,657.	66,049,686.
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)						29,733,798.
6 Public support. Subtract line 5 from line 4.						36,315,888.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	8,363,097.	13,995,938.	18,359,528.	12,959,466.	12,371,657.	66,049,686.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	867,321.	796,173.	858,890.	975,228.	972,457.	4,470,069.
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.)	9,071.	7,205.	57,523.			73,799.
11 Total support. Add lines 7 through 10						70,593,554.
12 Gross receipts from related activities, etc. (see instructions)					12	5,245.
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 2013 (line 6, column (f) divided by line 11, column (f))	14	51.44	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	52.74	%
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 - 2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

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 its Form 990-PF, Part I, line 2, 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) (2013)

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>2,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____ _____ _____	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____ _____ _____	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	_____ _____ _____	\$ <u>2,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	_____ _____ _____	\$ <u>1,162,508.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	_____ _____ _____	\$ <u>2,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

OMB No. 1545-0047

2013

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	32,511,985.	30,437,932.	27,906,194.	22,898,316.	19,229,487.
b Contributions	992,516.	57,473.	3,600,000.	1,494,464.	1,500,000.
c Net investment earnings, gains, and losses	4,650,774.	3,126,774.	-64,985.	4,334,742.	2,374,518.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,325,660.	1,110,194.	1,003,277.	821,328.	205,689.
f Administrative expenses					
g End of year balance	36,829,615.	32,511,985.	30,437,932.	27,906,194.	22,898,316.

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

- a Board designated or quasi-endowment **▶ 86.65 %**
- b Permanent endowment **▶ 8.95 %**
- c Temporarily restricted endowment **▶ 4.40 %**

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.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		277,657.	79,971.	197,686.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				197,686.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	4,652,933.	END-OF-YEAR MARKET VALUE
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	4,652,933.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	17,963,175.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	128,108.
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	128,108.
3	Subtract line 2e from line 1	3	17,835,067.
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	17,835,067.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	14,316,619.
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	14,316,619.
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	445,526.
c	Add lines 4a and 4b	4c	445,526.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	14,762,145.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENT CONSISTS OF TWELVE INDIVIDUAL 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 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

Part XIII Supplemental Information (continued)

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, 2014. FISCAL YEARS ENDING ON AND AFTER JUNE 30, 2012 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECOVERIES OF PRIOR YEAR GRANTS 445,526.

**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

2013

Open to Public
Inspection

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

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
FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC. - 9650 ROCKVILLE PIKE NO 3411 - BETHESDA, MD 20814	52-1986675	501(C)3	25,000.	0.			FNIH ACCELERATING MEDICINES PARTNERSHIP
AMERICAN COLLEGE OF RHEUMATOLOGY 2200 LAKE BLVD. NE ATLANTA, GA 30319	58-1627547	501(C)6	371,523.	0.			GRANT: FELLOWS EDUCATION
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO - 225 EAST CHICAGO AVENUE, BOX 205 - CHICAGO, IL 60611	36-2170833	501(C)3	60,000.	0.			CLINICIAN SCHOLAR EDUCATOR AWARD
ARTHRITIS RESEARCH CENTER FOUNDATION, INC. - 123 UNIVERSITY PLACE - PITTSBURGH, PA 15213	48-1223461	501(C)3	75,000.	0.			DISEASE TARGETED RESEARCH - PILOT GRANT - TRANSLATIONAL
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	17-4161387	501(C)3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA MEDICAL CENTER - 987835 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198-7835	47-0049123	501(C)3	1,000.	0.			HEALTH PROFESSIONAL RESEARCH PRECEPTORSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 147.

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

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

Schedule I (Form 990) (2013)

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 68198-7835	47-0049123	501(C)3	1,000.	0.			MEDICAL STUDENT RESEARCH PRECEPTORSHIP
BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA MEDICAL CENTER - 987835 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198-7835	47-0049123	501(C)3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA MEDICAL CENTER - 987835 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198-7835	47-0049123	501(C)3	125,000.	0.			INVESTIGATOR AWARD
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM - 21 NORTH PARK ST. - MADISON, WI 53715	39-6006492	501(C)3	100,000.	0.			SCIENTIST DEVELOPMENT AWARD
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM - 21 NORTH PARK ST. - MADISON, WI 53715	39-6006492	501(C)3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT (TRANSLATIONAL)
BRIGHAM & WOMENS HOSPITAL 45 FRANCIS ST BOSTON, MA 02115	04-2312909	501(C)3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
BRIGHAM & WOMENS HOSPITAL 45 FRANCIS ST BOSTON, MA 02115	04-2312909	501(C)3	25,000.	0.			BRIDGE FUNDING AWARD: K SUPPLEMENT
BRIGHAM & WOMENS HOSPITAL 45 FRANCIS ST BOSTON, MA 02115	04-2312909	501(C)3	75,000.	0.			DISEASE TARGETED RESEARCH - PILOT GRANT - BASIC
BRIGHAM & WOMENS HOSPITAL 45 FRANCIS ST BOSTON, MA 02115	04-2312909	501(C)3	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
BRIGHAM & WOMENS HOSPITAL 45 FRANCIS ST BOSTON, MA 02115	04-2312909	501(C)3	75,000.	0.			DISEASE TARGETED RESEARCH - PILOT GRANT - CLINICAL
BRIGHAM & WOMENS HOSPITAL 45 FRANCIS ST BOSTON, MA 02115	04-2312909	501(C)3	125,000.	0.			INVESTIGATOR AWARD
BRIGHAM & WOMENS HOSPITAL 45 FRANCIS ST BOSTON, MA 02115	04-2312909	501(C)3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT (BASIC)
BRIGHAM & WOMENS HOSPITAL 45 FRANCIS ST BOSTON, MA 02115	04-2312909	501(C)3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT (TRANSLATIONAL)
BRIGHAM & WOMENS HOSPITAL 45 FRANCIS ST BOSTON, MA 02115	04-2312909	501(C)3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT (TRANSLATIONAL)
BRIGHAM AND WOMEN'S HOSPITAL 45 FRANCIS ST BOSTON, MA 02115	04-2312909	501(C)3	11,499.	0.			INVESTIGATOR AWARD
CALIFORNIA PACIFIC MEDICAL CENTER RESEARCH INSTITUTE - 475 BRANNAN ST, SUITE #220 - SAN FRANCISCO, CA 94107	74-2427577	501(C)3	15,000.	0.			RESIDENT RESEARCH PRECEPTORSHIP
CHILDREN'S MERCY HOSPITAL 2401 GILHAM RD. KANSAS CITY, MO 64108	44-0605373	501(C)3	113,905.	0.			INVESTIGATOR AWARD
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - 3333 BURNET AVE - CINCINNATI, OH 45229	31-0833936	501(C)3	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
DARTMOUTH COLLEGE 11 ROPE FERRY RD HANOVER, NH 03755	02-0222111	501(C)3	75,000.	0.			DISEASE TARGETED RESEARCH - PILOT GRANT - BASIC
DUKE UNIVERSITY 2118 SUNSET AVE DURHAM, NC 27705	52-0532129	501(C)3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
DUKE UNIVERSITY 2118 SUNSET AVE DURHAM, NC 27705	52-0532129	501(C)3	60,000.	0.			CLINICIAN SCHOLAR EDUCATOR AWARD
EMORY UNIVERSITY 1599 CLIFTON RD. NE, 4TH FLOOR ATLANTA, GA 30322	58-0566256	501(C)3	1,000.	0.			MEDICAL STUDENT RESEARCH PRECEPTORSHIP
EMORY UNIVERSITY 1599 CLIFTON RD. NE, 4TH FLOOR ATLANTA, GA 30322	58-0566256	501(C)3	59,648.	0.			CLINICIAN SCHOLAR EDUCATOR AWARD
FLETCHER ALLEN HEALTH CARE 111 COLCHESTER AVENUE, MAILSTOP 130 BURLINGTON, VT 05401	03-0219309	501(C)3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
GEORGETOWN UNIVERSITY 3300 WHITEHAVE ST. NW, STE 1100 HARRIS BUILDING - WASHINGTON, DC 20007	53-0196603	501(C)3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
GEORGIA REGENTS UNIVERSITY 1120 15TH STREET CJ3301 AUGUSTA, GA 30912	58-6002053	501(C)3	15,000.	0.			RESIDENT RESEARCH PRECEPTORSHIP
HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH ST NEW YORK, NY 10021	13-1624135	501(C)3	1,000.	0.			MEDICAL STUDENT RESEARCH PRECEPTORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH ST NEW YORK, NY 10021	13-1624135	501(C)3	1,000.	0.			MEDICAL STUDENT RESEARCH PRECEPTORSHIP
HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH ST NEW YORK, NY 10021	13-1624135	501(C)3	57,050.	0.			CLINICIAN SCHOLAR EDUCATOR AWARD
HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH ST NEW YORK, NY 10021	13-1624135	501(C)3	75,000.	0.			SCIENTIST DEVELOPMENT AWARD
HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH ST NEW YORK, NY 10021	13-1624135	501(C)3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT (BASIC)
JOHNS HOPKINS UNIVERSITY BROADWAY RESEARCH BUILDING 733 N. BROADWAY/ SUITE 117 - BALTIMORE, MD 21205	52-0595110	501(C)3	75,000.	0.			SCIENTIST DEVELOPMENT AWARD
JOHNS HOPKINS UNIVERSITY BROADWAY RESEARCH BUILDING 733 N. BROADWAY/ SUITE 117 - BALTIMORE, MD 21205	52-0595110	501(C)3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
JOHNS HOPKINS UNIVERSITY BROADWAY RESEARCH BUILDING 733 N. BROADWAY/ SUITE 117 - BALTIMORE, MD 21205	52-0595110	501(C)3	25,000.	0.			CAREER DEVELOPMENT SUPPLEMENT IN GERIATRIC MEDICINE
JOHNS HOPKINS UNIVERSITY BROADWAY RESEARCH BUILDING 733 N. BROADWAY/ SUITE 117 - BALTIMORE, MD 21205	52-0595110	501(C)3	37,500.	0.			SCIENTIST DEVELOPMENT AWARD
LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER NEW ORLEANS - 433 BOLIVAR STREET - NEW ORLEANS, LA 70112	72-6087770	501(C)3	15,000.	0.			RESIDENT RESEARCH PRECEPTORSHIP

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LOYOLA UNIVERSITY MEDICAL CENTER 2160 SOUTH FIRST AVE. MAYWOOD, IL 60153	36-4015560	501(C)3	500.	0.			MEDICAL STUDENT CLINICAL PRECEPTORSHIP
LOYOLA UNIVERSITY MEDICAL CENTER 2160 SOUTH FIRST AVE. MAYWOOD, IL 60153	36-4015560	501(C)3	53,550.	0.			CLINICIAN SCHOLAR EDUCATOR AWARD
LSUHSC, SHREVEPORT 1501 KINGS HIGHWAY SHREVEPORT, LA 71103	72-0702002	501(C)3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE, SUITE 300 BOSTON, MA 02116	04-1564655	501(C)3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT (BASIC)
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE, SUITE 300 BOSTON, MA 02116	04-1564655	501(C)3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT (TRANSLATIONAL)
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(C)3	1,000.	0.			MEDICAL STUDENT RESEARCH PRECEPTORSHIP
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(C)3	75,000.	0.			DISEASE TARGETED RESEARCH - PILOT GRANT - BASIC
MONTEFIORE MEDICAL CENTER 111 E. 210TH ST. BRONX, NY 10467	13-1740114	501(C)3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
NEW YORK UNIVERSITY 665 BROADWAY, SUITE 801 NEW YORK, NY 10012	13-5562308	501(C)3	1,000.	0.			MEDICAL STUDENT RESEARCH PRECEPTORSHIP

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NEW YORK UNIVERSITY 665 BROADWAY, SUITE 801 NEW YORK, NY 10012	13-5562308	501(C)3	75,000.	0.			SCIENTIST DEVELOPMENT AWARD
NEW YORK UNIVERSITY 665 BROADWAY, SUITE 801 NEW YORK, NY 10012	13-5562308	501(C)3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT (BASIC)
NEW YORK UNIVERSITY 665 BROADWAY, SUITE 801 NEW YORK, NY 10012	13-5562308	501(C)3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT (CLINICAL)
NORTHWESTERN UNIVERSITY 750 N. LAKE SHORE DRIVE CHICAGO, IL 60611	36-2167817	501(C)3	50,000.	0.			SCIENTIST DEVELOPMENT AWARD
OFFICE OF RESEARCH UNIVERSITY OF PITTSBURGH - 123 UNIVERSITY PLACE - PITTSBURGH, PA 15213-2303	25-0965591	501(C)3	75,000.	0.			DISEASE TARGETED RESEARCH - PILOT GRANT - TRANSLATIONAL
OREGON HEALTH AND SCIENCE UNIVERSITY - 3181 SW SAM JACKSON PARK ROAD - PORTLAND, OR 97239	93-1176109	501(C)3	50,000.	0.			TRAINING PROGRAM DEVELOPMENT AWARD
OREGON HEALTH AND SCIENCE UNIVERSITY - 3181 SW SAM JACKSON PARK ROAD - PORTLAND, OR 97239	93-1176109	501(C)3	199,260.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT (BASIC)
PALO ALTO INSTITUTE FOR RESEARCH AND EDUCATION, INC. - 3801 MIRANDA AVENUE, PO BOX V-38 - PALO ALTO, CA 94304	77-0207331	501(C)3	25,000.	0.			BRIDGE FUNDING AWARD: K SUPPLEMENT
REGENTS OF THE UNIVERSITY OF MINNESOTA - 200 OAK STREET SE, SUITE 450 - MINNEAPOLIS, MN 55455-2070	41-6007513	501(C)3	1,000.	0.			MEDICAL STUDENT RESEARCH PRECEPTORSHIP

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REGENTS OF THE UNIVERSITY OF MINNESOTA - 200 OAK STREET SE, SUITE 450 - MINNEAPOLIS, MN 55455-2070	41-6007513	501(C)3	1,000.	0.			MEDICAL STUDENT RESEARCH PRECEPTORSHIP
REGENTS OF THE UNIVERSITY OF MINNESOTA - 200 OAK STREET SE, SUITE 450 - MINNEAPOLIS, MN 55455-2070	41-6007513	501(C)3	15,000.	0.			RESIDENT RESEARCH PRECEPTORSHIP
REGENTS OF THE UNIVERSITY OF MINNESOTA - 200 OAK STREET SE, SUITE 450 - MINNEAPOLIS, MN 55455-2070	41-6007513	501(C)3	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	501(C)3	125,000.	0.			INVESTIGATOR AWARD
REGENTS OF UNIVERSITY OF CALIFORNIA-SAN DIEGO - 9500 GILMAN DRIVE MC 0012 - LA JOLLA, CA 92093	95-6006144	501(C)3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
REGENTS OF UNIVERSITY OF CALIFORNIA-SAN DIEGO - 9500 GILMAN DRIVE MC 0012 - LA JOLLA, CA 92093	95-6006144	501(C)3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT (BASIC)
SAINT LOUIS UNIVERSITY FUSZ MEMORIAL HALL, 3700 WEST PINE ST. LOUIS, MO 63108	43-0654872	501(C)3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
SEATTLE CHILDREN'S HOSPITAL MAILSTOP S-200, PO BOX 5371 SEATTLE, WA 98145	91-1156519	501(C)3	75,000.	0.			SCIENTIST DEVELOPMENT AWARD
STANFORD UNIVERSITY 1000 WELCH RD STE 203 PALO ALTO, CA 94304	94-1156365	501(C)3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD

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STANFORD UNIVERSITY 1000 WELCH RD STE 203 PALO ALTO, CA 94304	94-1156365	501(C)3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT (BASIC)
THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH - 350 COMMUNITY DRIVE - MANHASSET, NY 11030-2816	11-2673595	501(C)3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - PAYMENT SOLUTIONS AND COMPLIANCE BOX 951432 1125 MURPHY HALL 405 HILGARD AVE - LOS	95-6006143	501(C)3	1,000.	0.			HEALTH PROFESSIONAL RESEARCH PRECEPTORSHIP
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - PAYMENT SOLUTIONS AND COMPLIANCE BOX 951432 1125 MURPHY HALL 405 HILGARD AVE - LOS	95-6006143	501(C)3	1,000.	0.			HEALTH PROFESSIONAL RESEARCH PRECEPTORSHIP
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - PAYMENT SOLUTIONS AND COMPLIANCE BOX 951432 1125 MURPHY HALL 405 HILGARD AVE - LOS	95-6006143	501(C)3	1,000.	0.			MEDICAL STUDENT RESEARCH PRECEPTORSHIP
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1855 FOLSOM STREET, SUITE 425 - SAN FRANCISCO, CA 94143-0812	94-6036493	501(C)3	15,000.	0.			RESIDENT RESEARCH PRECEPTORSHIP
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - LOS ANGELES - 3500 S. FIGUERA STREET, SUITE 102 - LOS ANGELES, CA 90089	95-6006143	501(C)3	1,000.	0.			MEDICAL STUDENT RESEARCH PRECEPTORSHIP
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - LOS ANGELES - 1000 VETERAN AVE - LOS ANGELES, CA 90095	95-6006143	501(C)3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - LOS ANGELES - 1000 VETERAN AVE - LOS ANGELES, CA 90095	95-6006143	501(C)3	125,000.	0.			INVESTIGATOR AWARD

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THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - LOS ANGELES - 1001 VETERAN AVE - LOS ANGELES, CA 90096	95-6006143	501(C)3	125,000.	0.			INVESTIGATOR AWARD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCO - PO BOX 0795 - SAN FRANCISCO, CA 94143	94-6036493	501(C)3	1,000.	0.			HEALTH PROFESSIONAL RESEARCH PRECEPTORSHIP
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCO - PO BOX 0795 - SAN FRANCISCO, CA 94143	94-6036493	501(C)3	1,000.	0.			HEALTH PROFESSIONAL RESEARCH PRECEPTORSHIP
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCO - PO BOX 0795 - SAN FRANCISCO, CA 94143	94-6036493	501(C)3	1,000.	0.			MEDICAL STUDENT RESEARCH PRECEPTORSHIP
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCO - PO BOX 0795 - SAN FRANCISCO, CA 94143	94-6036493	501(C)3	2,000.	0.			HEALTH PROFESSIONAL RESEARCH PRECEPTORSHIP
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCO - PO BOX 0795 - SAN FRANCISCO, CA 94143	94-6036493	501(C)3	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	501(C)3	50,000.	0.			SCIENTIST DEVELOPMENT AWARD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCO - PO BOX 0795 - SAN FRANCISCO, CA 94143	94-6036493	501(C)3	50,000.	0.			SCIENTIST DEVELOPMENT AWARD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCO - PO BOX 0795 - SAN FRANCISCO, CA 94143	94-6036493	501(C)3	125,000.	0.			INVESTIGATOR AWARD

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THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCO - PO BOX 0795 - SAN FRANCISCO, CA 94143	94-6036493	501(C)3	189,170.	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	501(C)3	200,000.	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	501(C)3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT (CLINICAL)
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCO - PO BOX 0795 - SAN FRANCISCO, CA 94143	94-6036493	501(C)3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT (CLINICAL)
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCO - PO BOX 0795 - SAN FRANCISCO, CA 94143	94-6036493	501(C)3	580,043.	0.			WITHIN OUR REACH RA COLLABORATIVE GRANT - CLINICAL RESEARCH
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 5520 MSRB - ANN ARBOR, MI 48109	38-6006309	501(C)3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 5520 MSRB - ANN ARBOR, MI 48109	38-6006309	501(C)3	50,000.	0.			SCIENTIST DEVELOPMENT AWARD
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 5520 MSRB - ANN ARBOR, MI 48109	38-6006309	501(C)3	75,000.	0.			SCIENTIST DEVELOPMENT AWARD
THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10065	11-3162415	501(C)3	37,500.	0.			BRIDGE FUNDING AWARD

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THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 630 W168 STREET, BOX 49 - NEW YORK, NY 10032-3702	52-0595110	501(C)3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT (CLINICAL)
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 630 W168 STREET, BOX 49 - NEW YORK, NY 10032-3702	52-0595110	501(C)3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT (TRANSLATIONAL)
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET P221 - PHILADELPHIA, PA 19104	23-1352685	501(C)3	62,500.	0.			INVESTIGATOR AWARD
THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER - 62 S. DUNLAP, STE 300 - MEMPHIS, TN 38163	62-6001636	501(C)3	1,000.	0.			MEDICAL STUDENT CLINICAL PRECEPTORSHIP
THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER - 62 S. DUNLAP, STE 300 - MEMPHIS, TN 38163	62-6001636	501(C)3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
TRUSTEES OF BOSTON UNIVERSITY EVANS 501 715 ALBANY ST BOSTON, MA 02118	04-2103547	501(C)3	37,500.	0.			BRIDGE FUNDING AWARD
TRUSTEES OF BOSTON UNIVERSITY EVANS 501 715 ALBANY ST BOSTON, MA 02118	04-2103547	501(C)3	48,191.	0.			SCIENTIST DEVELOPMENT AWARD
TRUSTEES OF BOSTON UNIVERSITY EVANS 501 715 ALBANY ST BOSTON, MA 02118	04-2103547	501(C)3	75,000.	0.			SCIENTIST DEVELOPMENT AWARD
TRUSTEES OF BOSTON UNIVERSITY EVANS 501 715 ALBANY ST BOSTON, MA 02118	04-2103547	501(C)3	125,000.	0.			INVESTIGATOR AWARD

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TRUSTEES OF BOSTON UNIVERSITY EVANS 501 715 ALBANY ST BOSTON, MA 02118	04-2103547	501(C)3	125,000.	0.			INVESTIGATOR AWARD
TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - PO BOX 44253 - SAN FRANCISCO, CA 94144	94-1156365	501(C)3	60,000.	0.			CLINICIAN SCHOLAR EDUCATOR AWARD
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET P221 - PHILADELPHIA, PA 19104	23-1352685	501(C)3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
TUFTS MEDICAL CENTER, INC. 800 WASHINGTON STREET, TUFTS BOX 81 BOSTON, MA 02111	04-3400617	501(C)3	500.	0.			MEDICAL STUDENT CLINICAL PRECEPTORSHIP
TUFTS MEDICAL CENTER, INC. 800 WASHINGTON STREET, TUFTS BOX 81 BOSTON, MA 02111	04-3400617	501(C)3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1530 3RD AVENUE SOUTH, AB 1170 - BIRMINGHAM, AL 35294-0111	63-6006396	501(C)3	125,000.	0.			INVESTIGATOR AWARD
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1530 3RD AVENUE SOUTH, AB 1170 - BIRMINGHAM, AL 35294-0111	63-6006396	501(C)3	176,638.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT (CLINICAL)
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1530 3RD AVENUE SOUTH, AB 1170 - BIRMINGHAM, AL 35294-0111	63-6006396	501(C)3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT (BASIC)
UNIVERSITY OF CHICAGO 970 E. 58TH STREET CHICAGO, IL 60637	36-2177139	501(C)3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD

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UNIVERSITY OF COLORADO AT DENVER 777 BANNOCK ST DENVER, CO 80204	84-6000555	501(C)3	1,000.	0.			MEDICAL STUDENT RESEARCH PRECEPTORSHIP
UNIVERSITY OF COLORADO AT DENVER 777 BANNOCK ST DENVER, CO 80204	84-6000555	501(C)3	46,624.	0.			SCIENTIST DEVELOPMENT AWARD
UNIVERSITY OF COLORADO AT DENVER 777 BANNOCK ST DENVER, CO 80204	84-6000555	501(C)3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT (BASIC)
UNIVERSITY OF COLORADO AT DENVER 777 BANNOCK ST DENVER, CO 80204	84-6000555	501(C)3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT (TRANSLATIONAL)
UNIVERSITY OF COLORADO AT DENVER 777 BANNOCK ST DENVER, CO 80204	84-6000555	501(C)3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT (TRANSLATIONAL)
UNIVERSITY OF COLORADO DENVER 777 BANNOCK ST DENVER, CO 80204	84-6000555	501(C)3	100,000.	0.			SCIENTIST DEVELOPMENT AWARD
UNIVERSITY OF FLORIDA 123 GRINTER HALL GAINESVILLE, FL 32605	59-6002052	501(C)3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 109 KINKEAD HALL - LEXINGTON, KY 40506	61-6033693	501(C)3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
UNIVERSITY OF MARYLAND, BALTIMORE PO BOX 41428 BALTIMORE, MD 21203	52-6002033	501(C)3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD

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UNIVERSITY OF MARYLAND, BALTIMORE PO BOX 41428 BALTIMORE, MD 21203	52-6002033	501(C)3	59,998.	0.			CLINICIAN SCHOLAR EDUCATOR AWARD
UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE - 1400 NW 10TH AVE. - MIAMI, FL 33136	59-0624458	501(C)3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
UNIVERSITY OF NEBRASKA MEDICAL CENTER - 985100 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198-5100	47-0049123	501(C)3	15,000.	0.			EPHRAIM P. ENGLEMAN ENDOWED RESIDENT RESEARCH PRECEPTORSHIP
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - CB# 1350, 104 AIRPORT DR., STE 2200 - CHAPEL HILL, NC 27599-1350	56-6001393	501(C)3	1,000.	0.			MEDICAL STUDENT RESEARCH PRECEPTORSHIP
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - CB# 1350, 104 AIRPORT DR., STE 2200 - CHAPEL HILL, NC 27599-1350	56-6001393	501(C)3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - CB# 1350, 104 AIRPORT DR., STE 2200 - CHAPEL HILL, NC 27599-1350	56-6001393	501(C)3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT (BASIC)
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET, P221 FRANKLIN B PHILADELPHIA, PA 19104	23-1352685	501(C)3	25,000.	0.			BRIDGE FUNDING AWARD: K SUPPLEMENT
UNIVERSITY OF SOUTH FLORIDA 3802 SPECTRUM BLVD., SUITE 100 TAMPA, FL 33612	59-3102112	501(C)3	15,000.	0.			EPHRAIM P. ENGLEMAN ENDOWED RESIDENT RESEARCH PRECEPTORSHIP
UNIVERSITY OF UTAH 201 PRESIDENTS CIRCLE, RM 406 SALT LAKE CITY, UT 84112	95-1642394	501(C)3	37,500.	0.			BRIDGE FUNDING 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 WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-6001537	501(C)3	50,000.	0.			SCIENTIST DEVELOPMENT AWARD
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-6001537	501(C)3	50,000.	0.			TRAINING PROGRAM DEVELOPMENT AWARD
UT SOUTHWESTERN MEDICAL CENTER PO BOX 841753 DALLAS, TX 75284	17-6002868	501(C)3	25,000.	0.			CAREER DEVELOPMENT SUPPLEMENT IN GERIATRIC MEDICINE
VANDERBILT UNIVERSITY DEPARTMENT OF FINANCE, DEPT. AT 403 ATLANTA, GA 31192-0305	62-0476822	501(C)3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
VANDERBILT UNIVERSITY DEPARTMENT OF FINANCE, DEPT. AT 403 ATLANTA, GA 31192-0303	62-0476822	501(C)3	60,000.	0.			CLINICIAN SCHOLAR EDUCATOR AWARD
VANDERBILT UNIVERSITY DEPARTMENT OF FINANCE, DEPT. AT 403 ATLANTA, GA 31192-0304	62-0476822	501(C)3	200,000.	0.			DISEASE TARGETED INNOVATIVE RESEARCH GRANT (TRANSLATIONAL)
VIRGINIA COMMONWEALTH UNIVERSITY GRANTS AND CONTRACTS ACCOUNTING, PO RICHMOND, VA 23284	54-6001758	501(C)3	15,000.	0.			RESIDENT RESEARCH PRECEPTORSHIP
WASHINGTON UNIVERSITY 660 SOUTH EUCLID, CAMPUS BOX 8018 ST. LOUIS, MO 63110	43-0653611	501(C)3	1,000.	0.			MEDICAL STUDENT RESEARCH PRECEPTORSHIP
WASHINGTON UNIVERSITY 660 SOUTH EUCLID, CAMPUS BOX 8018 ST. LOUIS, MO 63110	43-0653611	501(C)3	1,000.	0.			MEDICAL STUDENT RESEARCH PRECEPTORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON UNIVERSITY 660 SOUTH EUCLID, CAMPUS BOX 8018 ST. LOUIS, MO 63110	43-0653611	501(C)3	25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
WASHINGTON UNIVERSITY 660 SOUTH EUCLID, CAMPUS BOX 8018 ST. LOUIS, MO 63110	43-0653611	501(C)3	50,000.	0.			SCIENTIST DEVELOPMENT AWARD
WASHINGTON UNIVERSITY 660 SOUTH EUCLID, CAMPUS BOX 8018 ST. LOUIS, MO 63110	43-0653611	501(C)3	100,144.	0.			SCIENTIST DEVELOPMENT AWARD
YALE UNIVERSITY 47 COLLEGE STREET, STE 203, PO BOX NEW HAVEN, CT 06520-8047	06-0646973	501(C)3	50,000.	0.			SCIENTIST DEVELOPMENT AWARD
YALE UNIVERSITY 47 COLLEGE STREET, STE 203, PO BOX NEW HAVEN, CT 06520-8047	06-0646973	501(C)3	75,000.	0.			SCIENTIST DEVELOPMENT AWARD
YALE UNIVERSITY 47 COLLEGE STREET, STE 203, PO BOX NEW HAVEN, CT 06520-8047	06-0646973	501(C)3	100,000.	0.			SCIENTIST DEVELOPMENT AWARD
YALE UNIVERSITY 47 COLLEGE STREET, STE 203, PO BOX NEW HAVEN, CT 06520-8047	06-0646973	501(C)3	176,258.	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	11	43,500.	0.		
MEDICAL STUDENT RESEARCH PRECEPTORSHIP	21	54,000.	0.		
MEDICAL STUDENT CLINICAL PRECEPTORSHIP	11	25,500.	0.		
STUDENT ACHIEVEMENT AWARD	12	9,000.	0.		
MEDICAL AND PEDIATRIC RESIDENT RESEARCH AWARD	7	5,250.	0.		

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

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

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	3.	3,000.	0.		
MARSHALL J. SCHIFF, MD MEMORIAL FELLOW RESEARCH AWARD	2.	3,000.	0.		
AMGEN PEDIATRIC VISITING PROFESSORSHIP	11.	22,000.	0.		
HEALTH PROFESSIONAL ONLINE EDUCATION GRANT	7.	8,700.	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

RECOMMENDATIONS ARE SENT TO THE FOUNDATION'S SCIENTIFIC ADVISORY COUNCIL FOR QUALIFICATION BEFORE BEING PRESENTED (BLINDED) TO THE FOUNDATION BOARD OF DIRECTORS FOR FINAL APPROVAL. AFTER THE AWARDS ARE MADE, ALL RECIPIENTS ARE REQUIRED TO COMPLETE FUNDING CONTRACTS WITH INSTITUTIONAL SIGN-OFF, AND MUST ALSO SUBMIT ANNUAL REPORTS ON THEIR PROGRESS, INCLUDING FINANCIAL RECONCILIATION AND ASSURANCE OF COMPLIANCE WITH FOUNDATION POLICIES (AVAILABLE ON THE WEBSITE). ALL REPORTS ARE REVIEWED BY THE FOUNDATION'S SCIENTIFIC ADVISORY COUNCIL TO ENSURE COMPLIANCE WITH PROGRAMMATIC, SCIENTIFIC, AND FISCAL AND ADMINISTRATIVE POLICES AND REQUIREMENTS. IF A RECIPIENT IS FOUND TO BE IN COMPLIANCE AND MAKING REASONABLE PROGRESS (I.E., MEETING PROJECT BENCHMARKS), THE NEXT YEAR OF FUNDING IS APPROVED FOR DISBURSEMENT. IF NOT, THE AWARD MAY BE TERMINATED. SUCH PROGRAMMATIC OVERSIGHT ALLOWS FOR EXCELLENT STEWARDSHIP OF FOUNDATION FUNDS. IN ADDITION TO REGULAR OVERSIGHT AS DESCRIBED ABOVE, PORTFOLIO REVIEWS ARE CONDUCTED EVERY FIVE YEARS TO ENSURE THAT FUNDING MECHANISMS ARE EFFECTIVELY MEETING THE FOUNDATION'S GOALS OUTLINED IN THE STRATEGIC PLAN.

IN ADDITION, THE RHEUMATOLOGY RESEARCH FOUNDATION ABIDES BY THE FOLLOWING CONFLICT OF INTEREST GUIDELINES: GUIDELINES FOR AWARDING OF FOUNDATION AWARDS AND GRANTS

- I. THE COLLEGE WILL NOT PERMIT ANY EXTERNAL ENTITIES TO SELECT (OR INFLUENCE THE SELECTION OF) RECIPIENTS OF FOUNDATION AWARDS OR GRANTS.
- II. THE COLLEGE WILL APPOINT INDEPENDENT COMMITTEES TO SELECT RECIPIENTS OF FOUNDATION AWARDS OR GRANTS BASED ON PEER REVIEW OF GRANT APPLICATIONS.
- III. THE COLLEGE WILL NOT REQUIRE RECIPIENTS OF FOUNDATION AWARDS OR GRANTS TO MEET WITH EXTERNAL ENTITIES.
- IV. THE COLLEGE WILL NOT PERMIT ANY EXTERNAL ENTITY THAT SUPPORTS

Part IV Supplemental Information

FOUNDATION AWARDS OR GRANTS TO REQUIRE INTELLECTUAL PROPERTY RIGHTS OR ROYALTIES ARISING OUT OF THE GRANT-FUNDED RESEARCH.

V. THE COLLEGE WILL NOT PERMIT ANY EXTERNAL ENTITY THAT SUPPORTS FOUNDATION AWARDS OR GRANTS TO CONTROL OR INFLUENCE MANUSCRIPTS THAT ARISE FROM THE GRANT-FUNDED RESEARCH.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 directors, trustees, and officers, including 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 checked="" 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)	175,971.	0.	0.	17,988.	25,056.	219,015.	0.
(2) COLLEEN MERKEL, CPA VP, OPERATIONS & FINANCE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	142,937.	0.	7,280.	13,305.	17,192.	180,714.	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.

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

OMB No. 1545-0047

2013

**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:

ARTHRITIS AND SIMILAR INFLAMMATORY DISEASES THROUGH ITS TARGETED

RESEARCH PROGRAM. THE ORGANIZATION ALSO FUNDS RESEARCH INTO A WIDE

RANGE OF RHEUMATIC DISEASES THROUGH ITS CAREER DEVELOPMENT AWARDS.

THESE GRANTS SERVE THE DUAL PURPOSE OF FUNDING INNOVATIVE RHEUMATOLOGY

RESEARCH WHILE PROVIDING THE SUPPORT YOUNG INVESTIGATORS NEED ALONG THE

PATH TO BECOMING ESTABLISHED PROFESSIONALS.

THE FOUNDATION'S PEER REVIEW PROCESS IS THE CORNERSTONE OF

HIGH-QUALITY, SCIENTIFIC RESEARCH. MODELED AFTER THE NATIONAL

INSTITUTES OF HEALTH, RESEARCH PROPOSALS ARE EXAMINED BY OTHER

SCIENTISTS AND EXPERTS FOR RIGOR, INTEGRITY AND QUALITY. SIMPLY PUT:

ONLY THE BEST OF THE BEST ARE FUNDED.

THE FOUNDATION IS DEDICATED TO INCREASING THE NUMBER OF WELL-TRAINED

AND QUALIFIED RHEUMATOLOGY PROFESSIONALS AVAILABLE TO HELP THE PATIENTS

WHO NEED THEM. WITH AN EVER GROWING DEMAND FOR RHEUMATOLOGY SERVICES,

IT IS IMPERATIVE THAT MORE DOCTORS AND HEALTH PROFESSIONALS ARE

PREPARED TO TREAT PEOPLE WITH RHEUMATIC DISEASES. NEARLY HALF OF THE

FOUNDATION'S AWARDS AND GRANTS FUNDING IS GEARED TOWARD BUILDING

INTEREST IN THE FIELD AND PROVIDING STUDENTS, RESIDENTS AND FELLOWS

WITH THE NECESSARY EDUCATION AND TRAINING.

THROUGH ITS PRECEPTORSHIPS, THE FOUNDATION GIVES STUDENTS AND RESIDENTS

THE OPPORTUNITY TO EXPERIENCE RHEUMATOLOGY AND EXPLORE DIFFERENT

ASPECTS OF THE FIELD. THE ORGANIZATION ALSO OFFERS A VARIETY OF

Name of the organization RHEUMATOLOGY RESEARCH FOUNDATION	Employer identification number 58-1654301
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EDUCATION AND TRAINING AWARDS THAT OFFER SUPPORT DURING TRAINING AND CONTINUED EDUCATION. THE FOUNDATION ENCOURAGES EDUCATORS TO CREATE INNOVATIVE AND EFFECTIVE TEACHING TECHNIQUES, AND INTRODUCE PEDIATRIC RESIDENTS TO RHEUMATIC DISEASES THAT AFFECT CHILDREN SO THEY ARE BETTER PREPARED TO DIAGNOSE AND TREAT YOUNG PATIENTS.

THE FOUNDATION IS WORKING TO ACCELERATE IMPORTANT BREAKTHROUGHS AND IMPROVE PATIENT CARE. BECAUSE OF THE GENEROUS SUPPORT OF THE RHEUMATOLOGY COMMUNITY, THE ORGANIZATION CONTINUES TO ADVANCE RESEARCH AND TRAINING TO IMPROVE THE HEALTH OF PEOPLE WITH RHEUMATIC DISEASES.

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 18 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 \$1,924,616 FOR THE FISCAL YEAR ENDING JUNE 30, 2014 AND ARE INCLUDED IN MANAGEMENT FEES IN THE ACCOMPANYING STATEMENTS OF FUNCTIONAL EXPENSES.

Name of the organization RHEUMATOLOGY RESEARCH FOUNDATION	Employer identification number 58-1654301
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FORM 990, PART VI, SECTION A, LINE 4:

THE NUMBER OF DIRECTORS SHALL BE EIGHTEEN. THE BOARD SHALL CONSIST OF THE FOUNDATION PRESIDENT AND VICE-PRESIDENT, THE SECRETARY, AND TREASURER OF THE ACR, WHO SHALL ALSO SERVE AS THE CHAIRPERSON OF THE COMMITTEE ON FINANCE, A REPRESENTATIVE OF THE ACR COMMITTEE ON RESEARCH, A REPRESENTATIVE OF THE ACR COMMITTEE ON RHEUMATOLOGY TRAINING AND WORKFORCE ISSUES, A REPRESENTATIVE OF THE ASSOCIATION OF RHEUMATOLOGY HEALTH PROFESSIONALS ("ARHP"), THE CHAIRPERSON OF THE SCIENTIFIC ADVISORY COUNCIL, THE CHAIRPERSON OF THE FOUNDATION DEVELOPMENT ADVISORY COUNCIL, AND NINE MEMBERS-AT-LARGE ONE OF WHOM SHALL BE A CURRENT MEMBER OF THE CORPORATE ROUNDTABLE AND TWO OF WHOM WILL BE PUBLIC REPRESENTATIVES.

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

THE BOARD OF DIRECTORS OF THE FOUNDATION SHALL BE NOMINATED BY THE ACR COMMITTEE ON NOMINATIONS AND APPOINTMENTS AND CONFIRMED BY THE BOARD OF DIRECTORS OF THE FOUNDATION.

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

A DRAFT COPY OF THE FORM 990 WAS 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 DIRECTOR SIGNED THE RETURN AFTER CONSIDERING COMMENTS.

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

ALL BOARD MEMBERS ANNUAL SUBMISSION OF DISCLOSURE STATEMENTS

Name of the organization RHEUMATOLOGY RESEARCH FOUNDATION	Employer identification number 58-1654301
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ARE ON FILE WITH LEGAL COUNSEL. ANY INDIVIDUAL WHO GIVES NOTICE OF POTENTIAL CONFLICT IS TO ABSTAIN FROM PARTICIPATING IN ANY ITEM OF BUSINESS WHICH COMES BEFORE THE BOARD.

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

THE RHEUMATOLOGY RESEARCH FOUNDATION HAS A MANAGEMENT AGREEMENT WITH AMERICAN COLLEGE OF 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.

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

RECOVERIES OF PRIOR YEAR GRANTS	445,526.
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FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

RHEUMATOLOGY RESEARCH FOUNDATION

Employer identification number

58-1654301

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	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

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

Schedule R (Form 990) 2013

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN COLLEGE OF RHEUMATOLOGY	M	1,924,616.	CASH
(2) AMERICAN COLLEGE OF RHEUMATOLOGY	B	396,523.	CASH
(3)			
(4)			
(5)			
(6)			

