

# 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

**2014**

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](http://www.irs.gov/form990).

**A** For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>RHEUMATOLOGY RESEARCH FOUNDATION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2200 LAKE BOULEVARD NE</b> City or town, state or province, country, and ZIP or foreign postal code <b>ATLANTA, GA 30319</b>	<b>D</b> Employer identification number <b>58-1654301</b>  <b>E</b> Telephone number <b>404-633-3777</b>
<b>I</b> 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		<b>G</b> Gross receipts \$ <b>52,109,330.</b>
<b>J</b> Website: ▶ <b>WWW.RHEUMRESEARCH.ORG</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1985</b> <b>M</b> State of legal domicile: <b>IL</b>
<b>F</b> Name and address of principal officer: <b>MARY WHEATLEY</b> <b>SAME AS C ABOVE</b>		
<b>H(c)</b> Group exemption number ▶		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SUPPORT RESEARCH &amp; TRAINING THAT ADVANCES THE PREVENTION, TREATMENT AND CURE OF RHEUMATIC DISEASES.</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>18</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>18</b> <b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) ..... <b>5</b> <b>0</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>104</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <b>0.</b>																									
<b>Revenue</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="right">Prior Year</th> <th align="right">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td align="right">12,365,131.</td> <td align="right">2,697,622.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td align="right">5,463,411.</td> <td align="right">2,804,296.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td align="right">6,525.</td> <td align="right">0.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td align="right">17,835,067.</td> <td align="right">5,501,918.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	12,365,131.	2,697,622.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	0.	0.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	5,463,411.	2,804,296.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	6,525.	0.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	17,835,067.	5,501,918.							
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**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.

<b>Sign Here</b>	Signature of officer <b>MARY WHEATLEY, EXECUTIVE DIRECTOR</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AMY BIBBY</b>	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <b>P00445891</b>
	Firm's name ▶ <b>DIXON HUGHES GOODMAN LLP</b> Firm's address ▶ <b>500 RIDGEFIELD COURT</b> <b>ASHEVILLE, NC 28806</b>	Firm's EIN ▶ <b>56-0747981</b> Phone no. (828) <b>254-2254</b>

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 \$ 13,815,050. including grants of \$ 12,393,042. ) (Revenue \$ ) THE FOUNDATION PROVIDES FUNDING TO HELP RECRUIT MEDICAL AND GRADUATE STUDENTS INTO THE SUBSPECIALTY AND SUPPORTS EARLY-CAREER AND ESTABLISHED INVESTIGATORS WORKING IN THE FIELD OF RHEUMATOLOGY TO DEVELOP FUTURE TREATMENTS AND CURES. GRANTS ARE AWARDED FOR DIFFERENT TRAINING OPPORTUNITIES, FROM MEDICAL STUDENTS TO FELLOWS, BUILDING A MORE CAPABLE, ROBUST TEAM OF RHEUMATOLOGY PROFESSIONALS AROUND THE NATION.

PLEASE SEE SCHEDULE O FOR A CONTINUATION OF PROGRAM SERVICES.

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 13,815,050.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>2</b> X	
<b>3</b> 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> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> 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> .....	<b>4</b>	X
<b>5</b> 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> .....	<b>5</b>	X
<b>6</b> 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> .....	<b>6</b>	X
<b>7</b> 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> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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> .....	<b>9</b>	X
<b>10</b> 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> .....	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>11a</b> X	
<b>b</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> .....	<b>11b</b> X	
<b>c</b> 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> .....	<b>11c</b>	X
<b>d</b> 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> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	X
<b>f</b> 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> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</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> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</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> .....	<b>14b</b>	X
<b>15</b> 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> .....	<b>15</b>	X
<b>16</b> 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> .....	<b>16</b>	X
<b>17</b> 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> .....	<b>17</b>	X
<b>18</b> 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> .....	<b>18</b>	X
<b>19</b> 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> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> 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	
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding 'Yes' or 'No' responses.

**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
<b>1a</b>	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.		
	<b>1a</b> 18		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 18		
<b>2</b>	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
<b>3</b>	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	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</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).		
<b>16a</b>	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>b</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?		
<b>16b</b>			

**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, address, and telephone number of the person who possesses the organization's books and records: **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 R. KARP, MD, PHD PRESIDENT	5.00 14.00	X		X				0.	61,622.	0.
(2) ERIC L. MATTESON, MD, MPH VICE PRESIDENT	14.00	X		X				0.	2,810.	0.
(3) SHARAD LAKHANPAL, MBBS, MD TREASURER	5.00 14.00	X		X				0.	43,917.	0.
(4) DAVID DAIKH, MD, PHD SECRETARY 2015	5.00 14.00	X		X				0.	20,000.	0.
(5) JOAN MARIE VON FELDT, MD, MS ED SECRETARY 2014	5.00 14.00	X		X				0.	48,319.	0.
(6) ANNE DAVIDSON, MBBS, FRACP CHAIR, SCIENTIFIC ADV COUNCIL '14	2.00	X						0.	0.	0.
(7) KATHLEEN J. BOS, MD CHAIR, DEVELOPMENT ADVISORY COUNCIL	2.00	X						0.	0.	0.
(8) TIMOTHY NIEWOLD, MD CHAIR, SCIENTIFIC ADV COUNCIL '15	2.00	X						0.	0.	0.
(9) JANE SALMON, MD BOARD MEMBER	2.00	X						0.	0.	0.
(10) WILLIAM PALMER, MD BOARD MEMBER	2.00	X						0.	0.	0.
(11) JUDITH A. JAMES, MD, PHD BOARD MEMBER	2.00	X						0.	0.	0.
(12) VIKAS MAJITHIA, MD BOARD MEMBER	2.00	X						0.	0.	0.
(13) MICHAEL MARICIC, MD BOARD MEMBER	2.00	X						0.	0.	0.
(14) WILLIAM ROBINSON, MD, PHD BOARD MEMBER	2.00	X						0.	0.	0.
(15) STEPHEN RUSSELL, MBA BOARD MEMBER	2.00	X						0.	0.	0.
(16) STUART KASSAN, MD BOARD MEMBER - 2014	2.00	X						0.	0.	0.
(17) MARCY B. BOLSTER, 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) S. LOUIS BRIDGES, III, MD, PHD BOARD MEMBER	2.00	X						0.	0.	0.
(19) BRUCE CRONSTEIN, MD BOARD MEMBER - 2014	2.00 2.00	X						0.	2,500.	0.
(20) LINDA S. EHRLICH-JONES, PHD, RN BOARD MEMBER	2.00	X						0.	0.	0.
(21) SALIL PATEL, PHD BOARD MEMBER	2.00	X						0.	0.	0.
(22) NICOLE SELENKO-GEBAUER, MD, MBA BOARD MEMBER - 2014	2.00	X						0.	0.	0.
(23) MARY WHEATLEY EXECUTIVE DIRECTOR	40.00			X				0.	126,827.	20,537.
(24) COLLEEN MERKEL, CPA VP, OPERATIONS & FINANCE	11.00 40.00			X				0.	145,059.	32,451.
<b>1b Sub-total</b>								0.	451,054.	52,988.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								0.	451,054.	52,988.

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 <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	2,697,622.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		24,262.				
	<b>h Total.</b> Add lines 1a-1f .....			2,697,622.			
<b>Program Service Revenue</b>	<b>2 a</b> _____ <b>Business Code</b> _____						
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			1,000,568.			1,000,568.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		48,411,140.					
		<b>b</b> Less: cost or other basis and sales expenses .....					
		46,607,412.					
	<b>c</b> Gain or (loss) .....						
	<b>d</b> Net gain or (loss) .....			1,803,728.			1,803,728.
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions. ....			5,501,918.	0.	0.	2,804,296.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,086,422.	12,086,422.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	306,620.	306,620.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	2,128,389.	879,178.	349,085.	900,126.
<b>b</b> Legal	18,982.		18,982.	
<b>c</b> Accounting	47,874.		47,874.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	107,474.		107,474.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	920,725.	99,368.	656,965.	164,392.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	133,002.	38,628.	12,724.	81,650.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	449,697.	245,140.	81,374.	123,183.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	310,241.	137,322.	36,550.	136,369.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	25,551.	15,331.	5,110.	5,110.
<b>23</b> Insurance				
<b>24</b> 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.)				
<b>a</b> MISCELLANEOUS	47,372.	7,041.	31,573.	8,758.
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	16,582,349.	13,815,050.	1,347,711.	1,419,588.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	10,655,761.	<b>2</b>	5,286,208.
	<b>3</b> Pledges and grants receivable, net .....	20,062,870.	<b>3</b>	14,099,952.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	503.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	161,877.	<b>9</b>	52,661.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 332,551.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 105,523.	197,686.	<b>10c</b> 227,028.
	<b>11</b> Investments - publicly traded securities .....	38,872,242.	<b>11</b>	39,010,188.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	4,652,933.	<b>12</b>	4,456,911.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	74,603,369.	<b>16</b>	63,133,451.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	414,934.	<b>17</b>	918,896.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	414,934.	<b>26</b>	918,896.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	35,632,481.	<b>27</b>	34,393,438.
	<b>28</b> Temporarily restricted net assets .....	35,260,813.	<b>28</b>	24,521,032.
	<b>29</b> Permanently restricted net assets .....	3,295,141.	<b>29</b>	3,300,085.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	74,188,435.	<b>33</b>	62,214,555.	
<b>34</b> Total liabilities and net assets/fund balances .....	74,603,369.	<b>34</b>	63,133,451.	

**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	5,501,918.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,582,349.
3	Revenue less expenses. Subtract line 2 from line 1	3	-11,080,431.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	74,188,435.
5	Net unrealized gains (losses) on investments	5	-1,564,131.
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	670,682.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	62,214,555.

**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?		X
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			
b	Were the organization's financial statements audited by an independent accountant?	X	
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			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		



**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	13,995,938.	18,359,528.	12,959,466.	12,371,657.	2,697,622.	60,384,211.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	13,995,938.	18,359,528.	12,959,466.	12,371,657.	2,697,622.	60,384,211.
<b>5</b> 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) .....						30,882,308.
<b>6 Public support.</b> Subtract line 5 from line 4.						29,501,903.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....	13,995,938.	18,359,528.	12,959,466.	12,371,657.	2,697,622.	60,384,211.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	796,173.	858,890.	975,228.	972,457.	1,000,568.	4,603,316.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	7,205.	57,523.				64,728.
<b>11 Total support.</b> Add lines 7 through 10						65,052,255.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	5,245.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	45.35 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	51.44 %
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2013.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>18 Private foundation.</b> 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

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

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

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

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

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014



**Schedule A Identification of Excess Contributions Included on Part II, Line 5 2014**

**\*\* Do Not File \*\***  
**\*\*\* Not Open to Public Inspection \*\*\***

Contributor's Name	Total Contributions	Excess Contributions
AMGEN	5,750,250.	4,449,205.
ASTRA ZENECA	4,040,000.	2,738,955.
CELGENE	1,500,000.	198,955.
CENTOCOR	5,075,000.	3,773,955.
ELI LILLY	4,425,000.	3,123,955.
GENENTECH	6,502,508.	5,201,463.
JANSSEN BIOTECH, INC	1,575,000.	273,955.
PFIZER INC.	7,800,000.	6,498,955.
SERLEPHARMACIAPFIZER	3,225,000.	1,923,955.
UCB, INC.	4,000,000.	2,698,955.
Total Excess Contributions to Schedule A, Part II, Line 5 .....		30,882,308.

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Name of the organization

RHEUMATOLOGY RESEARCH FOUNDATION

Employer identification number

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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) (2014)

<b>Name of organization</b>  <b>RHEUMATOLOGY RESEARCH FOUNDATION</b>	<b>Employer identification number</b>  <b>58-1654301</b>
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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
1	<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.)
2	<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/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>RHEUMATOLOGY RESEARCH FOUNDATION</b>	Employer identification number  <b>58-1654301</b>
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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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization  <b>RHEUMATOLOGY RESEARCH FOUNDATION</b>	Employer identification number  <b>58-1654301</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. 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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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.

OMB No. 1545-0047

2014

Open to Public Inspection

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution...
3 Number of conservation easements modified, transferred, released, extinguished, or terminated...
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...
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements...
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements...
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)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet...

Table with 2 columns: Question, Held at the End of the Tax Year. Rows 2a, 2b, 2c, 2d.

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) Revenue 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 Revenue 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, for escrow or custodial account liability?  Yes  No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	36,829,615.	32,511,985.	30,437,932.	27,906,194.	22,898,316.
b Contributions		992,516.	57,473.	3,600,000.	1,494,464.
c Net investment earnings, gains, and losses	1,024,105.	4,650,774.	3,126,774.	-64,985.	4,334,742.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,463,898.	1,325,660.	1,110,194.	1,003,277.	821,328.
f Administrative expenses					
g End of year balance	36,389,822.	36,829,615.	32,511,985.	30,437,932.	27,906,194.

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

- a Board designated or quasi-endowment  86.38 %
- b Permanent endowment  9.07 %
- c Temporarily restricted endowment  4.55 %

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				
e Other		332,551.	105,523.	227,028.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				227,028.

**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 .....	4,456,911.	END-OF-YEAR MARKET VALUE
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	4,456,911.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	3,937,787.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-1,564,131.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-1,564,131.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	5,501,918.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	5,501,918.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	15,911,667.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	15,911,667.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	670,682.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	670,682.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	16,582,349.

**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 THIRTEEN INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS, 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 INCOME TAXES

**Part XIII** Supplemental Information (continued)

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, 2015. FISCAL YEARS ENDING ON AND AFTER JUNE 30, 2013 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECOVERIES OF PRIOR YEAR GRANTS	670,682.
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**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.**

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN COLLEGE OF RHEUMATOLOGY 2200 LAKE BOULEVARD NE ATLANTA, GA 30319	58-1627547		426,719.	0.			FELLOWS FUND
ANN & ROBERT H. LURIE CHILDRENS HOSPITAL OF CHICAGO - 225 EAST CHICAGO AVENUE, BOX 205 - CHICAGO, IL 60611-2605	36-2170833		60,000.	0.			CLINICIAN SCHOLAR EDUCATOR
BAYLOR COLLEGE OF MEDICINE P.O. BOX 301207 DALLAS, TX 75303	74-1613878		25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE - BOSTON, MA 02215	04-2103881		50,000.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE - BOSTON, MA 02215	04-2103881		75,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD
BOARD OF THE REGENTS OF THE UNIVERSITY OF NEBRASKA MEDICAL CENTER - 985100 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198-5100	47-0049123		125,000.	0.			INVESTIGATOR AWARD (TRANSLATIONAL / CLINICAL)

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **77.**

**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) (2014)



**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
BOSTON CHILDREN'S HOSPITAL PO BOX 414413 BOSTON, MA 02241-4413	04-2774441		75,000.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441		15,000.	0.			RESIDENT RESEARCH PRECEPTORSHIP
BRIGHAM AND WOMEN'S HOSPITAL PO BOX 3149 BOSTON, MA 02241-3149	04-2312909		50,000.	0.			SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL / CLINICAL)
BRIGHAM AND WOMEN'S HOSPITAL PO BOX 3149 BOSTON, MA 02241-3149	04-2312909		75,000.	0.			DISEASE TARGETED RESEARCH - PILOT GRANT - BASIC
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909		200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909		200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
BRIGHAM AND WOMEN'S HOSPITAL PO BOX 3149 BOSTON, MA 02241-3149	04-2312909		199,999.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909		25,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: K SUPPLEMENT
BRIGHAM AND WOMEN'S HOSPITAL PO BOX 3887 BOSTON, MA 02241-3887	04-2312909		25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHAM AND WOMEN'S HOSPITAL PO BOX 3149 BOSTON, MA 02241-3149	04-2312909		50,000.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
BRIGHAM AND WOMEN'S HOSPITAL PO BOX 3887 BOSTON, MA 02241	04-2312909		125,000.	0.			INVESTIGATOR AWARD (BASIC)
BRIGHAM AND WOMEN'S HOSPITAL PO BOX 3149 BOSTON, MA 02241-3149	04-2312909		75,000.	0.			DISEASE TARGETED RESEARCH - PILOT GRANT - TRANSLATIONAL
CHILDREN'S MERCY HOSPITAL 2401 GILLHAM RD KANSAS CITY, MO 64113	44-0605373		100,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: R BRIDGE
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - 3333 BURNET AVE - CINCINNATI, OH 45229	31-0833936		25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
DUKE UNIVERSITY PO BOX 602651 CHARLOTTE, NC 28260-2651	56-0532129		49,986.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
DUKE UNIVERSITY 2280 W. MAIN ST. DURHAM, NC 27705	56-0532129		25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
DUKE UNIVERSITY PO BOX 602651 CHARLOTTE, NC 28260-2651	56-0532129		25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
EMORY UNIVERSITY 1599 CLIFTON RD NE, 4TH FLOOR ATLANTA, GA 30322	58-0566256		54,472.	0.			CLINICIAN SCHOLAR EDUCATOR

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLETCHER ALLEN HEALTH CARE, INC. 111 COLCHESTER AVE BURLINGTON, VT 05401	03-0219309		25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
FOUNDATION FOR THE NATIONAL INSTITUTE OF HEALTH - 9650 ROCKVILLE PIKE - BETHESDA, MD 20814	52-1986675		25,000.	0.			ACCELERATING MEDICINES PARTNERSHIP
GEORGETOWN UNIVERSITY 2121 WISCONSIN AVENUE, NW, 4TH FLOOR WASHINGTON, DC 20007	53-0196603		25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
GEORGIA REGENTS UNIVERSITY 1120 15TH ST, BI 5086 AUGUSTA, GA 30907	58-6002053		15,000.	0.			RESIDENT RESEARCH PRECEPTORSHIP
HEBREW SENIOR LIFE 1200 CENTRE STREET ROSLINDALE, MA 02131	04-2104298		50,000.	0.			SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL / CLINICAL)
HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH STREET NEW YORK, NY 10021	13-1624135		200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH STREET NEW YORK, NY 10021	13-1624135		200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS DR. CHICAGO, IL 60693	52-0595110		100,000.	0.			SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL / CLINICAL)
JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS DR. CHICAGO, IL 60693	52-0595110		200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS DR. CHICAGO, IL 60693	52-0595110		25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS DR. CHICAGO, IL 60693	52-0595110		50,000.	0.			SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL / CLINICAL)
JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS DR. CHICAGO, IL 60693	52-0595110		25,000.	0.			ASP CAREER DEVELOPMENT IN GERIATRIC MEDICINE AWARD
LA JOLLA INSTITUTE FOR ALLERGY AND IMMUNOLOGY - 9420 ATHENA CIRCLE - LA JOLLA, CA 92037	33-0328688		200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
LSUMSC-SHREVEPORT 1501 KINGS HIGHWAY SHREVEPORT, LA 71103	72-0702002		50,000.	0.			TRAINING PROGRAM DEVELOPMENT AWARD
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE, SUITE 300 BOSTON, MA 02199	04-2697983		200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 BOSTON, MA 02241-4876	04-2697983		199,887.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 BOSTON, MA 02241-4876	04-2697983		60,000.	0.			CLINICIAN SCHOLAR EDUCATOR
MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 BOSTON, MA 02241-4876	04-2697983		25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD

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MASSACHUSETTS GENERAL HOSPITAL P.O. BOX 414876 BOSTON, MA 02241-4876	04-2697983		38,542.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
MAYO CLINIC 200 1ST ST. SW ROCHESTER, MN 55905	41-6011702		200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
MEDICAL UNIVERSITY OF SOUTH CAROLINA - MSC 951 - CHARLESTON, SC 29412	57-6000722		7,075.	0.			RESIDENT RESEARCH PRECEPTORSHIP
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 19 HAGOOD AVENUE, SUITE 805 - CHARLESTON, SC 29425-8040	57-6000722		37,500.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD
MEDSTAR WASHINGTON HOSPITAL CENTER 110 IRVING ST. NW WASHINGTON, DC 20010	52-1272129		25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
MGH INSTITUTE OF HEALTH PROFESSIONS - 36 1ST AVENUE - BOSTON, MA 02129-4557	04-2868893		119,844.	0.			INVESTIGATOR AWARD (TRANSLATIONAL / CLINICAL)
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - PO BOX 415026 - BOSTON, MA 02241	13-5562308		125,000.	0.			INVESTIGATOR AWARD (BASIC)
NORTHWESTERN UNIVERSITY 750 N. LAKE SHORE DRIVE CHICAGO, IL 60611	36-2167817		200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
OREGON HEALTH AND SCIENCE UNIVERSITY - 3181 SW SAM JACKSON PARK RD - PORTLAND, OR 97239-3098	93-1176109		199,260.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT

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PALO ALTO INSTITUTE FOR RESEARCH & EDUCATION, INC. - 3801 MIRANDA AVENUE - PALO ALTO, CA 94304	77-0207331		200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
PALO ALTO INSTITUTE FOR RESEARCH AND EDUCATION, INC. - 3801 MIRANDA AVENUE - PALO ALTO, CA 94304	77-0207331		50,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: K SUPPLEMENT
REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 405 HILGRAD AVE - LOS ANGELES, CA 90095-9000	95-6006143		15,000.	0.			RESIDENT RESEARCH PRECEPTORSHIP
REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 405 HILGRAD AVE - LOS ANGELES, CA 90095-9000	95-6006143		125,000.	0.			INVESTIGATOR AWARD (BASIC)
REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 405 HILGRAD AVE - LOS ANGELES, CA 90095-9000	95-6006143		125,000.	0.			INVESTIGATOR AWARD (BASIC)
REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 405 HILGRAD AVE - LOS ANGELES, CA 90095-9000	95-6006143		25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - REGENTS OF UNIVERSITY OF CALIFORNIA, SAN DIEGO - LA JOLLA, CA 92093	95-6006144		62,500.	0.			INVESTIGATOR AWARD (BASIC)
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109	38-6006309		75,000.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109-1274	38-6006309		25,000.	0.			PAULA DE MERIEUX FELLOWSHIP TRAINING AWARD

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REGENTS OF THE UNIVERSITY OF MINNESOTA - P.O. BOX 1450, NW 5957 - MINNEAPOLIS, MN 55485-5957	41-6007513		25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
REGENTS OF THE UNIVERSITY OF MINNESOTA - P.O. BOX 1450, NW 5957 - MINNEAPOLIS, MN 55485-5957	41-6007513		25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10065	13-1624158		37,500.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD
SEATTLE CHILDREN'S HOSPITAL M/S, RC-507 SEATTLE, WA 98145-5005	91-0564748		25,000.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 94144-4253	94-1156365		25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH - 350 COMMUNITY DRIVE - MANHASSET, NY 11030-3816	11-2673595		50,000.	0.			TRAINING PROGRAM DEVELOPMENT AWARD
THE METROHEALTH SYSTEM PO BOX 73308 CLEVELAND, OH 44193	34-6004382		25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE, MC 0934 - LA JOLLA, CA 92093	95-6006144		200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM ST. - SAN FRANCISCO, CA 94143-0812	94-6036493		50,000.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)

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THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM STREET, MCB 425, BOX 0897 - SAN FRANCISCO, CA 94143-0897	94-6036493		60,000.	0.			CLINICIAN SCHOLAR EDUCATOR
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM STREET - SAN FRANCISCO, CA 94143-0812	94-6036493		75,000.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM ST., MCB 425, BOX 0812 - SAN FRANCISCO, CA 94143-0812	94-6036493		75,000.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM ST., SUITE 425, BOX 0897 - SAN FRANCISCO, CA 94143-0897	94-6036493		125,000.	0.			INVESTIGATOR AWARD (BASIC)
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM ST., MCB 425, BOX 0897 - SAN FRANCISCO, CA 94143-0897	94-6036493		294,927.	0.			WITHIN OUR REACH - CLINICAL TRIALS
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM STREET, MCB 425, BOX 0897 - SAN FRANCISCO, CA 94143	94-6036493		200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM STREET, MCB 425, BOX 0897 - SAN FRANCISCO, CA 94103	94-6036493		37,500.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE, MC 0009 - LA JOLLA, CA 92093-0009	95-6006144		75,000.	0.			DISEASE TARGETED RESEARCH - PILOT GRANT - BASIC
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE, MC 0009 - LA JOLLA, CA 92093-0009	95-6006144		75,000.	0.			DISEASE TARGETED RESEARCH - PILOT GRANT - BASIC

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THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE, MC 0041 - LA JOLLA, CA 92093-0012	95-6006144		25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM STREET - SAN FRANCISCO, CA 94143-0812	94-6036493		25,000.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM STREET - SAN FRANCISCO, CA 94143-0812	94-6036493		25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM STREET, MCB 425, BOX 0897 - SAN FRANCISCO, CA 94103	94-6036493		99,838.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: R BRIDGE
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM STREET, MCB 425, BOX 0897 - SAN FRANCISCO, CA 94103	94-6036493		50,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: K SUPPLEMENT
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET, RM 1054 - ANN ARBOR, MI 48109-1274	38-6006309		50,000.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 S STATE STREET, 1ST FLOOR - ANN ARBOR, MI 48109-1287	38-6006309		200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET, P221 - PHILADELPHIA, PA 19104-6205	23-1352685		50,000.	0.			SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL / CLINICAL)
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - SPF, PO BOX 29789 - NEW YORK, NY 10087-9789	13-5598093		25,000.	0.			SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL / CLINICAL)

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THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - SPF, PO BOX 29789 - NEW YORK, NY 10087-9789	13-5598093		10,000.	0.			RESIDENT RESEARCH PRECEPTORSHIP
THE TRUSTEES OF INDIANA UNIVERSITY P.O. BOX 66057 INDIANAPOLIS, IN 46266-6057	35-6001673		25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET, P221 - PHILADELPHIA, PA 19104	23-1352685		50,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: K SUPPLEMENT
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET, P221 - PHILADELPHIA, PA 19104	23-1352685		25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET, P-221 FRANKLIN BLDG - PHILADELPHIA, PA 19104-6205	23-1352685		11,000.	0.			EPHRAIM P. ENGLEMAN ENDOWED RESIDENT RESEARCH PRECEPTORSHIP
THE UNIVERSITY OF CHICAGO 1427 E. 60TH STREET, SUITE 120 CHICAGO, IL 60637	36-2177139		25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - PO BOX 402420 - ATLANTA, GA 30384-2420	56-6001393		25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - PO BOX 301418 - DALLAS, TX 75303-1418	17-4176309		50,000.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - PO BOX 301418 - DALLAS, TX 75303-1418	17-4176309		99,902.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: R BRIDGE

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THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER - P.O. BOX 4390 - HOUSTON, TX 77210	74-6001118		199,726.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
THOMAS JEFFERSON UNIVERSITY ROOM 824 PHILADELPHIA, PA 19107	23-1352685		60,000.	0.			CLINICIAN SCHOLAR EDUCATOR
TRUSTEES OF BOSTON UNIVERSITY 25 BUICK ST. BOSTON, MA 02215	04-2103547		124,998.	0.			INVESTIGATOR AWARD (TRANSLATIONAL / CLINICAL)
TRUSTEES OF BOSTON UNIVERSITY 25 BUICK ST. BOSTON, MA 02215	04-2103547		15,000.	0.			RESIDENT RESEARCH PRECEPTORSHIP
TRUSTEES OF BOSTON UNIVERSITY 85 EAST NEWTON STREET, M-921 BOSTON, MA 02118-2340	04-2103547		125,000.	0.			INVESTIGATOR AWARD (TRANSLATIONAL / CLINICAL)
TRUSTEES OF COLUMBIA UNIVERSITY 630 WEST 168TH STREET, BOX 49 NEW YORK, NY 10032	13-5598093		200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
TUFTS MEDICAL CENTER, INC. TUFTS BOX #453 BOSTON, MA 02111	04-3400617		25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
UNIVERSITY OF ROCHESTER 518 HYLAN BUILDING ROCHESTER, NY 14627	16-0743209		200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 701 SOUTH 20TH STREET, AB 990 - BIRMINGHAM, AL 35294-0109	63-6005396		115,741.	0.			INVESTIGATOR AWARD (BASIC)

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UNIVERSITY OF ALABAMA AT BIRMINGHAM - 701 SOUTH 20TH STREET, AB 990 - BIRMINGHAM, AL 35294-0109	63-6005396		9,259.	0.			INVESTIGATOR AWARD (BASIC)
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 701 SOUTH 20TH STREET, AB 990 - BIRMINGHAM, AL 35294-0109	63-6005396		189,397.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH, AB1170 - BIRMINGHAM, AL 35294	63-6005396		175,862.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
UNIVERSITY OF COLORADO DENVER 13001 E. 17TH PL, ROOM W1126 AURORA, CO 80045	84-6000555		200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
UNIVERSITY OF COLORADO, DENVER PO BOX 910238 DENVER, CO 80291-0238	84-6000555		74,988.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
UNIVERSITY OF COLORADO, DENVER 13001 E 17TH PLACE, ROOM W1126 AURORA, CO 80045-2571	84-6000555		200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
UNIVERSITY OF DELAWARE 210 HULLIHEN HALL NEWARK, DE 19716	51-6000297		37,500.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD
UNIVERSITY OF FLORIDA PO BOX 113001 GAINESVILLE, FL 32611	59-6002052		25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
UNIVERSITY OF MARYLAND, BALTIMORE 220 ARCH STREET BALTIMORE, MD 21203-6428	52-6002033		50,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: K SUPPLEMENT

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UNIVERSITY OF MARYLAND, BALTIMORE 220 ARCH STREET BALTIMORE, MD 21203-6428	52-6002033		60,000.	0.			CLINICIAN SCHOLAR EDUCATOR
UNIVERSITY OF MARYLAND, BALTIMORE 220 ARCH STREET BALTIMORE, MD 21203-6428	52-6002033		25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - 55 LAKE AVENUE N. - WORCESTER, MA 01655	04-3167352		200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER - 2500 NORTH STATE STREET - JACKSON, MS 39216	64-6008520		25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
UNIVERSITY OF NEBRASKA MEDICAL CENTER - 985100 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198-5100	47-0049123		200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
UNIVERSITY OF NEBRASKA MEDICAL CENTER - 985100 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198-5100	47-0049123		25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
UNIVERSITY OF NORTH CAROLINA 104 AIRPORT DRIVE, SUITE 2200 CHAPEL HILL, NC 27599-1350	56-6001393		100,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: R BRIDGE
UNIVERSITY OF PITTSBURGH P.O. BOX 371220 PITTSBURGH, PA 15251-7220	25-0965591		25,000.	0.			SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL / CLINICAL)
UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE PITTSBURGH, PA 15213	25-0965591		50,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: K SUPPLEMENT

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UNIVERSITY OF UTAH 30N 1900E 4B200 SOM SALT LAKE CITY, UT 84132	87-6000525		50,000.	0.			SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL / CLINICAL)
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE. NE, BOX 359472 SEATTLE, WA 98195	91-6001537		75,000.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
UNIVERSITY OF WASHINGTON GRANT AND CONTRACT ACCOUNTING - 12455 COLLECTIONS DR - CHICAGO, IL 60693-0001	91-6001537		25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
UNIVERSITY OF WISCONSIN-MADISON 21 N. PARK STREET, SUITE 6401 MADISON, WI 53715	39-6006492		200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
UT SOUTHWESTERN MEDICAL CENTER PO BOX 841765 DALLAS, TX 75390-1765	17-6002868		12,500.	0.			ASP CAREER DEVELOPMENT IN GERIATRIC MEDICINE AWARD
VANDERBILT UNIVERSITY MEDICAL CENTER - 1400 18TH AVENUE SOUTH - NASHVILLE, TN 37212-2809	62-0476822		200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
VANDERBILT UNIVERSITY MEDICAL CENTER - DEPT. AT 40303 - ATLANTA, GA 31192-0303	62-0476822		60,000.	0.			CLINICIAN SCHOLAR EDUCATOR
VANDERBILT UNIVERSITY MEDICAL CENTER - DEPT. AT 40303 - ATLANTA, GA 31192	62-0476822		25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
VANDERBILT UNIVERSITY MEDICAL CENTER - 1400 18TH AVENUE SOUTH - NASHVILLE, TN 37212	62-0476822		200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON UNIVERSITY 700 ROSEDALE AVE ST LOUIS, MO 63122	43-0653611		25,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE ST. LOUIS, MO 63130-4862	43-0653611		75,000.	0.			DISEASE TARGETED RESEARCH - PILOT GRANT - TRANSLATIONAL
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE ST. LOUIS, MO 63130-4862	43-0653611		50,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: R BRIDGE
WASHINGTON UNIVERSITY 700 ROSEDALE AVE ST LOUIS, MO 63122	43-0653611		15,000.	0.			RESIDENT RESEARCH PRECEPTORSHIP
WASHINGTON UNVIERSITY 700 ROSEDALE AVE ST. LOUIS, MO 63112-1408	43-0653611		125,000.	0.			INVESTIGATOR AWARD (BASIC)
YALE UNIVERSITY 47 COLLEGE STREET NEW HAVEN, CT 06508-1873	06-0646973		100,000.	0.			SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL / CLINICAL)
YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 06508-1873	06-0646973		75,000.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
YALE UNIVERSITY 47 COLLEGE STREET NEW HAVEN, CT 06510-3209	06-0646973		200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
MEDICAL STUDENT RESEARCH PRECEPTORSHIP	23	89,000.	0.	FMV	THIS AWARD INTRODUCES STUDENTS TO THE SPECIALTY OF RHEUMATOLOGY BY SUPPORTING A FULL-TIME RESEARCH EXPERIENCE.
HEALTH PROFESSIONAL RESEARCH PRECEPTORSHIP	14	50,961.	0.	FMV	THIS AWARD INTRODUCES STUDENTS TO THE SPECIALTY OF RHEUMATOLOGY BY SUPPORTING A FULL-TIME RESEARCH EXPERIENCE.
MEDICAL STUDENT CLINICAL PRECEPTORSHIP	14	39,884.	0.	FMV	THIS AWARD INTRODUCES STUDENTS TO THE SPECIALTY OF RHEUMATOLOGY BY SUPPORTING A FULL-TIME CLINICAL EXPERIENCE.
STUDENT AND RESIDENT ACR/ARHP ANNUAL MEETING SCHOLARSHIP	26	37,875.	0.	FMV	THE PURPOSE OF STUDENT AND RESIDENT ACR/ARHP ANNUAL MEETING SCHOLARSHIP IS TO ENCOURAGE STUDENTS AND
PEDIATRIC VISITING PROFESSORSHIP	13	26,000.	0.	FMV	THE PURPOSE OF THE PEDIATRIC VISITING PROFESSORSHIP AWARD IS TO PROVIDE AN EDUCATIONAL FORUM IN PEDIATRIC

**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 RECOMMENDATIONS ARE SENT TO THE



**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
HEALTH PROFESSIONAL ONLINE EDUCATION GRANT	22.	24,900.	0.	FMV	THE PURPOSE OF THIS AWARD IS TO INCREASE THE KNOWLEDGE AND SKILLS OF RHEUMATOLOGY HEALTH PROFESSIONALS TO MEET THE
STUDENT ACHIEVEMENT AWARD	13.	9,750.	0.	FMV	THIS AWARD RECOGNIZES OUTSTANDING MEDICAL AND GRADUATE STUDENTS FOR SIGNIFICANT WORK IN THE FIELD
MEMORIAL LECTURESHIPS	4.	6,250.	0.	FMV	THE FOUNDATION MEMORIAL LECTURESHIPS WERE ESTABLISHED THROUGH THE GENEROSITY OF THOSE WHO RECOGNIZED THE
ACR PRESIDENTIAL GOLD MEDAL	1.	5,000.	0.	FMV	THE HIGHEST AWARD THAT THE ACR CAN BESTOW, THE PRESIDENTIAL GOLD MEDAL IS AWARDED IN RECOGNITION OF OUTSTANDING
MEDICAL AND PEDIATRIC RESIDENT RESEARCH AWARD	6.	4,500.	0.	FMV	THIS AWARD MOTIVATES OUTSTANDING RESIDENTS TO PURSUE SUBSPECIALTY TRAINING IN RHEUMATOLOGY AND ALLOWS
PEDIATRIC RESEARCH AWARD	4.	4,000.	0.	FMV	THIS AWARD RECOGNIZES AND PROMOTES SCHOLARSHIP IN THE FIELD OF PEDIATRIC RHEUMATOLOGY.
MARSHALL J. SCHIFF, MD MEMORIAL FELLOW RESEARCH AWARD	2.	3,000.	0.	FMV	THE PURPOSE OF THE MARSHALL J. SCHIFF, MD, MEMORIAL FELLOW RESEARCH AWARD RECOGNIZE OUTSTANDING SCHOLARSHIP IN THE
ACR EXCELLENCE IN INVESTIGATIVE MENTORING AWARD	1.	3,000.	0.	FMV	THROUGH THE ACR EXCELLENCE IN INVESTIGATIVE MENTORING AWARD, THE FOUNDATION HONORS AN ACTIVE ACR OR ARHP MEMBER FOR
HENCH LECTURE	1.	2,500.	0.	FMV	THIS LECTURESHIP WAS ORIGINALLY ESTABLISHED BY THE HENCH SOCIETY AT THE MAYO CLINIC IN MEMORY OF DR. HENCH,

**Part IV Supplemental Information**

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.

(F) DESCRIPTION OF NON-CASH ASSISTANCE: THE PURPOSE OF STUDENT AND RESIDENT ACR/ARHP ANNUAL MEETING SCHOLARSHIP IS TO ENCOURAGE STUDENTS AND RESIDENTS IN AREAS OF THE UNITED STATES UNDERSERVED BY RHEUMATOLOGY PROFESSIONALS\* TO CONSIDER A CAREER IN THE FIELD IN ORDER TO BETTER SERVE PATIENTS WITH RHEUMATIC DISEASE.

(F) DESCRIPTION OF NON-CASH ASSISTANCE: THE PURPOSE OF THE PEDIATRIC VISITING PROFESSORSHIP AWARD IS TO PROVIDE AN EDUCATIONAL FORUM IN PEDIATRIC RHEUMATOLOGY TO ALL DISCIPLINES INVOLVED IN THE CARE OF CHILDREN WITH RHEUMATIC DISEASES AND OPPORTUNITIES FOR MEDICAL STUDENTS, RESIDENTS AND FELLOWS IN INSTITUTIONS WHERE THERE IS NO PEDIATRIC RHEUMATOLOGY PROGRAM.

(F) DESCRIPTION OF NON-CASH ASSISTANCE: THE PURPOSE OF THIS AWARD IS TO INCREASE THE KNOWLEDGE AND SKILLS OF RHEUMATOLOGY HEALTH PROFESSIONALS TO MEET THE NEEDS OF A GROWING RHEUMATOLOGY PATIENT POPULATION BY PROVIDING REGISTRATION COSTS TO COMPLETE EITHER THE ADVANCED RHEUMATOLOGY COURSE OR THE FUNDAMENTALS OF RHEUMATOLOGY COURSE.

(F) DESCRIPTION OF NON-CASH ASSISTANCE: THIS AWARD RECOGNIZES OUTSTANDING MEDICAL AND GRADUATE STUDENTS FOR SIGNIFICANT WORK IN THE

**Part IV** Supplemental Information

FIELD OF RHEUMATOLOGY AND ALLOWS THEM TO ATTEND THE ANNUAL MEETING.

(F) DESCRIPTION OF NON-CASH ASSISTANCE: THE FOUNDATION MEMORIAL LECTURESHIPS WERE ESTABLISHED THROUGH THE GENEROSITY OF THOSE WHO RECOGNIZED THE REMARKABLE IMPACT DR. EDMUND L. DUBOIS, OSCAR S. GLUCK, PAUL KLEMPERER HAD ON THE FIELD OF RHEUMATOLOGY. DISTINGUISHED LECTURERS ARE SELECTED BY THE ACR/ARHP ANNUAL MEETING PLANNING COMMITTEE TO PRESENT ENRICHING LECTURES AT THE ACR/ARHP ANNUAL MEETING. THE FOUNDATION MEMORIAL LECTURESHIP WAS ESTABLISHED BY THE FOUNDATION AND IS PRESENTED TO AN OUTSTANDING INVESTIGATOR IN THE FIELD OF RHEUMATOLOGY.

(F) DESCRIPTION OF NON-CASH ASSISTANCE: THE HIGHEST AWARD THAT THE ACR CAN BESTOW, THE PRESIDENTIAL GOLD MEDAL IS AWARDED IN RECOGNITION OF OUTSTANDING ACHIEVEMENTS IN RHEUMATOLOGY OVER AN ENTIRE CAREER.

(F) DESCRIPTION OF NON-CASH ASSISTANCE: THIS AWARD MOTIVATES OUTSTANDING RESIDENTS TO PURSUE SUBSPECIALTY TRAINING IN RHEUMATOLOGY AND ALLOWS THEM TO ATTEND THE ANNUAL MEETING.

(F) DESCRIPTION OF NON-CASH ASSISTANCE: THE PURPOSE OF THE MARSHALL J. SCHIFF, MD, MEMORIAL FELLOW RESEARCH AWARD RECOGNIZE OUTSTANDING SCHOLARSHIP IN THE FIELD OF RHEUMATOLOGY AND PROVIDE FELLOWS-IN-TRAINING WHO ARE AUTHORS OR CO-AUTHORS OF ABSTRACTS SUBMITTED TO THE ACR/ARHP ANNUAL MEETING AN OPPORTUNITY TO ATTEND THE MEETING TO PRESENT THEIR ABSTRACT.

(F) DESCRIPTION OF NON-CASH ASSISTANCE: THROUGH THE ACR EXCELLENCE IN INVESTIGATIVE MENTORING AWARD, THE FOUNDATION HONORS AN ACTIVE ACR OR

**Part IV** Supplemental Information

ARHP MEMBER FOR THEIR CONTRIBUTIONS TO THE RHEUMATOLOGY PROFESSION THROUGH OUTSTANDING AND ONGOING MENTORING.

(F) DESCRIPTION OF NON-CASH ASSISTANCE: THIS LECTURESHIP WAS ORIGINALLY ESTABLISHED BY THE HENCH SOCIETY AT THE MAYO CLINIC IN MEMORY OF DR. HENCH, THE NOBEL LAUREATE WHO DESCRIBED THE USE OF GLUCOCORTICIDS IN RA. THE SUPPORT FOR THE LECTURESHIP IS NOW MANAGED BY THE FOUNDATION. THE AMPC ASSIGNS A SPEAKER FROM THE FINAL SCHEDULE THAT HAS RELEVANCE TO STEROIDS AND DESIGNATES THE SESSION AS THE HENCH LECTURE.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**RHEUMATOLOGY RESEARCH FOUNDATION**

Employer identification number

**58-1654301**

**Part I Questions Regarding Compensation**

**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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <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 .....

**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? .....

**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 type="checkbox"/> Compensation committee                         | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <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? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- 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), 501(c)(4), and 501(c)(29) 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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 .....

**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 .....

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2014

**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 in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) COLLEEN MERKEL, CPA VP, OPERATIONS & FINANCE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	137,824.	0.	7,235.	13,915.	18,536.	177,510.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

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:

IN THE LAST FIVE YEARS, RESEARCHERS RECEIVING FOUNDATION FUNDING HAVE PUBLISHED 770 PAPERS, RECEIVED \$76M IN RELATED NIH FUNDING AND GIVEN 501 SCIENTIFIC PRESENTATIONS ON THEIR PROJECTS WORLDWIDE.

THE FOUNDATION IS A 501(C)(3) CHARITABLE ORGANIZATION DEDICATED TO ADVANCING TREATMENT FOR PEOPLE LIVING WITH RHEUMATIC DISEASE, AND IS THE LARGEST PRIVATE FUNDING SOURCE OF RHEUMATOLOGY RESEARCH AND TRAINING IN THE UNITED STATES. ON AVERAGE, 90 CENTS OF EVERY DOLLAR DONATED IS USED TO SUPPORT ITS AWARDS AND GRANTS PROGRAM. THIS STATISTIC IS BASED ON A FIVE-YEAR ROLLING AVERAGE OF PROGRAM EXPENSES VS. ADMINISTRATIVE EXPENSES. FOR THE PAST FIVE YEARS (FY 2010-2014), THE AVERAGE IS 89.48% OF EXPENSES TO SUPPORT PROGRAMS AND 10.52% OF EXPENSES TO SUPPORT ADMINISTRATIVE AND FUNDRAISING COSTS. THE ORGANIZATION HAS RECEIVED A 4-STAR RATING, THE HIGHEST OFFERED BY CHARITY NAVIGATOR, FOR SEVEN CONSECUTIVE YEARS BASED ON GOOD GOVERNANCE, SOUND FISCAL MANAGEMENT AND COMMITMENT TO ACCOUNTABILITY AND TRANSPARENCY. THE ORGANIZATION HAS COMMITTED OVER \$143M DIRECTLY TO RESEARCH AND TRAINING SINCE IT WAS FOUNDED IN 1985 BY THE GRANTING OF 3,097 INDIVIDUAL AWARDS.

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

Name of the organization

RHEUMATOLOGY RESEARCH FOUNDATION

Employer identification number

58-1654301

PROVIDES EMPLOYEES WHO PERFORM SERVICES FOR THE ORGANIZATION. THE ORGANIZATION PAYS A MANAGEMENT FEE TO ACR WHICH INCLUDES SALARIES EXPENSE FOR THE EMPLOYEES THAT PROVIDED SERVICES FOR THE YEAR. DURING THE YEAR THERE WERE APPROXIMATELY 20 FULL TIME EMPLOYEES WHO PROVIDED SERVICES FOR THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 3:

THE AMERICAN COLLEGE OF RHEUMATOLOGY PROVIDES MANAGEMENT AND ADMINISTRATIVE SERVICES FOR THE FOUNDATION. MANAGEMENT FEES CHARGED TO THE FOUNDATION BY THE COLLEGE AMOUNTED TO \$2,128,389 FOR THE FISCAL YEAR ENDING JUNE 30, 2015 AND ARE INCLUDED IN MANAGEMENT FEES IN THE ACCOMPANYING STATEMENTS OF FUNCTIONAL EXPENSES.

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

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

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

A DRAFT COPY OF THE FORM 990 WAS PROVIDED TO THE FULL BOARD FOR THEIR REVIEW AND COMMENT 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:

Name of the organization

RHEUMATOLOGY RESEARCH FOUNDATION

Employer identification number

58-1654301

ALL BOARD MEMBERS ANNUAL SUBMISSION OF DISCLOSURE STATEMENTS ARE ON FILE WITH LEGAL COUNSEL. ANY INDIVIDUAL WHO GIVES NOTICE OF POTENTIAL CONFLICT IS TO ABSTAIN FROM PARTICIPATING IN ANY ITEM OF BUSINESS WHICH COMES BEFORE THE BOARD.

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

THE RHEUMATOLOGY RESEARCH FOUNDATION HAS A MANAGEMENT AGREEMENT WITH AMERICAN COLLEGE OF 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	670,682.
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FORM 990, PART XI, LINE 3:

EXPLANATION FOR CURRENT YEAR LOSS:

THE RHEUMATOLOGY RESEARCH FOUNDATION IS THE LARGEST PRIVATE FUNDING SOURCE OF RHEUMATOLOGY RESEARCH AND TRAINING IN THE UNITED STATES. IN 2012, THE FOUNDATION EMBARKED ON A COMPREHENSIVE CAMPAIGN, JOURNEY TO

Name of the organization

RHEUMATOLOGY RESEARCH FOUNDATION

Employer identification number

58-1654301

CURE, WITH A GOAL OF RAISING \$60 MILLION OVER AN ESTIMATED FIVE YEAR PERIOD. IN 2014, THE FOUNDATION RAISED 92 PERCENT OF THAT GOAL, AND COMMITTED OVER \$30 MILLION FROM THE CAMPAIGN TO SUPPORT ITS MISSION PRIORITIES OF RHEUMATOLOGY RESEARCH AND TRAINING. GIVEN THE NATURE OF THE CAMPAIGN, WHICH INCLUDED GENEROUS DONATIONS FROM A VARIETY OF DONOR CONSTITUENCIES, THE MAJORITY OF FUNDS WERE RAISED EARLY IN THE CAMPAIGN, WITH GRANT FUNDING OF \$8 - 12 MILLION DISTRIBUTED ANNUALLY THROUGHOUT THE FIVE-YEAR PERIOD. IN ORDER TO FUND MISSION PRIORITIES, NET ASSETS FROM THE FOUNDATION (FROM PREVIOUSLY RAISED FUNDS) WERE RELEASED TO SUPPORT THESE IMPORTANT PROGRAMS.

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 926

RHEUMATOLOGY RESEARCH FOUNDATION

EIN: 58-1654301

FISCAL YEAR END JUNE 30, 2015

STATEMENT PURSUANT TO 1.6038B-1T BY RHEUMATOLOGY RESEARCH FOUNDATION

AS REQUIRED PER UNITED STATES TREASURY REGULATION 1.6038B-1T, RHEUMATOLOGY RESEARCH FOUNDATION, THE TRANSFEROR CORPORATION, DISCLOSES THE FOLLOWING INFORMATION WITH RESPECT TO THE TRANSFER OF CASH/PROPERTY TO GROSVENOR INSTITUTIONAL PARTNERS MASTER FUND, LTD., THE TRANSFEREE CORPORATION IN PARAGRAPHS THAT CORRESPOND TO UNITED STATES TREASURY

Name of the organization RHEUMATOLOGY RESEARCH FOUNDATION	Employer identification number 58-1654301
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REGULATION 1.6038B-1T(C) AND (D):

(C)(1) TRANSFEROR: RHEUMATOLOGY RESEARCH FOUNDATION

EIN: 58-1654301

ADDRESS: 2200 LAKE BOULEVARD NE, ATLANTA, GA 30319

(C)(2) (I) TRANSFEREE: GROSVENOR INSTITUTIONAL PARTNERS MASTER FUND,  
LTD.

EIN: FOREIGN

ADDRESS: P.O BOX 309, UGLAND HOUSE, GRAND CAYMAN, CAYMAN  
ISLANDS

(II) DESCRIPTION OF TRANSFER: RHEUMATOLOGY RESEARCH FOUNDATION  
TRANSFERRED CASH IN THE AMOUNT OF \$795,866 TO GROSVENOR INSTITUTIONAL  
PARTNERS MASTER FUND, LTD., IN A TRANSACTION THAT QUALIFIES UNDER IRC  
351.

(C)(3) CONSIDERATION RECEIVED: A 0.0000% INTEREST IN GROSVENOR  
INSTITUTIONAL PARTNERS MASTER FUND, LTD.

(C)(4) PROPERTY TRANSFERRED:

(I) ACTIVE BUSINESS PROPERTY - NOT APPLICABLE

(II) STOCK OR SECURITIES NOT APPLICABLE

(III) DEPRECIATED PROPERTY NOT APPLICABLE

(IV) PROPERTY TO BE LEASED NOT APPLICABLE

(V) PROPERTY TO BE SOLD - NOT APPLICABLE.

(VI) TRANSFERS TO FOREIGN SALES CORPORATION - NOT APPLICABLE.

(VII) TAINTED PROPERTY NOT APPLICABLE

A. INVENTORY, ETC. PROPERTY DESCRIBED IN 1.367(A)-5T(B)

- NOT APPLICABLE

B. INSTALLMENT OBLIGATIONS, ETC. PROPERTY DESCRIBED IN

1.367(A)-5T(C) - NOT APPLICABLE

Name of the organization RHEUMATOLOGY RESEARCH FOUNDATION	Employer identification number 58-1654301
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C. FOREIGN CURRENCY, ETC. PROPERTY DESCRIBED IN

1.367(A)-5T(D) - NOT APPLICABLE

D. INTANGIBLE PROPERTY. PROPERTY DESCRIBED IN

1.367(A)-5T(E) - NOT APPLICABLE

E. LEASED PROPERTY. PROPERTY DESCRIBED IN

1.367(A)-4T(F) - NOT APPLICABLE

(VIII) FOREIGN LOSS BRANCH - NOT APPLICABLE.

(IX) OTHER INTANGIBLES NOT APPLICABLE.

(C)(5) TRANSFER OF FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED LOSSES: NOT APPLICABLE.

(C)(6) APPLICATION OF SECTION 367(A)(5) - NOT APPLICABLE.

(D) TRANSFER SUBJECT TO SECTION 367(D) NOT APPLICABLE

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2014**

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) 2014





**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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> 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	2,128,389.	CASH
(2) AMERICAN COLLEGE OF RHEUMATOLOGY	B	426,719.	CASH
(3)			
(4)			
(5)			
(6)			





**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Information about Form 926 and its separate instructions is at [www.irs.gov/form926](http://www.irs.gov/form926).  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>RHEUMATOLOGY RESEARCH FOUNDATION</b>	Identifying number (see instructions) <b>58-1654301</b>
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- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
<b>GROSVENOR INSTITUTIONAL PARTNERS, LP</b>	<b>36-4336976</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

3 Name of transferee (foreign corporation) <b>GROSVENOR INSTITUTIONAL PARTNERS MASTER FUND, LTD.</b>	4a Identifying number, if any
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5 Address (including country) <b>PO BOX 309, UGLAND HOUSE GRAND CAYMAN CAYMAN ISLANDS</b>	4b Reference ID number <b>2022</b>
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6 Country code of country of incorporation or organization  
**CJ**

7 Foreign law characterization (see instructions)  
**EXEMPTED COMPANY**

- 8** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III** Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	03/01/2014		795,866.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

**Supplemental Information Required To Be Reported** (see instructions):

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Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .0000 % (b) After .0000 %

10 Type of nonrecognition transaction (see instructions) IRC SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)
b Gain recognition under section 904(f)(5)(F)
c Recapture under section 1503(d)
d Exchange gain under section 987

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property
b Depreciation recapture
c Branch loss recapture
d Any other income recognition provision contained in the above-referenced regulations

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?

15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred \$

16 Was cash the only property transferred?

17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Horizontal lines for providing details for question 17b.

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

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

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

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

Enter filer's identifying number, see instructions

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

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

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

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

**COLLEEN MERKEL**

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

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

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

**4** I request an additional 3-month extension of time until **MAY 15, 2016**.

**5** For calendar year       , or other tax year beginning **JUL 1, 2014**, and ending **JUN 30, 2015**.

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

**7** State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO PREPARE AN ACCURATE RETURN.**

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

**Signature and Verification must be completed for Part II only.**

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

Signature  Title  **EXECUTIVE DIRECTOR** Date