

PUBLIC DISCLOSURE COPY

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

| | | |
|--|---|--|
| 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 | C Name of organization RHEUMATOLOGY RESEARCH FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2200 LAKE BOULEVARD NE City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30319 F Name and address of principal officer: MARY WHEATLEY SAME AS C ABOVE | D Employer identification number 58-1654301 E Telephone number 404-633-3777 G Gross receipts \$ 35,535,845. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.RHEUMRESEARCH.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1985 M State of legal domicile: IL |

Part I Summary

| | | | | |
|------------------------------------|----------------|--|--|--------------------|
| | 1 | Briefly describe the organization's mission or most significant activities: SUPPORT RESEARCH & TRAINING THAT ADVANCES THE PREVENTION, TREATMENT AND CURE OF RHEUMATIC DISEASES. | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| Activities & Governance | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 18 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 18 |
| | 5 | Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 0 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 214 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| | 7b | Net unrelated business taxable income from Form 990-T, line 39 | 7b | 0. |
| | Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 11,705,590. |
| 9 | | Program service revenue (Part VIII, line 2g) | 0. | 0. |
| 10 | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,822,160. | 1,058,593. |
| 11 | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. | 0. |
| 12 | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 13,527,750. | 10,312,979. |
| Expenses | | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 8,696,210. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 50,082. | 47,300. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,692,655. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 3,967,671. | 4,285,082. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 12,713,963. | 13,475,852. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 813,787. | -3,162,873. |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 73,274,185. | 70,977,667. |
| | 21 | Total liabilities (Part X, line 26) | 753,206. | 660,623. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 72,520,979. | 70,317,044. |

Part II Signature Block

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

| | | |
|-------------------------------|--|--|
| Sign Here | Signature of officer MARY WHEATLEY, EXECUTIVE DIRECTOR Type or print name and title | Date |
| Paid Preparer Use Only | Print/Type preparer's name AMY BIBBY | Preparer's signature AMY BIBBY |
| | Date 03/18/21 | Check if self-employed <input type="checkbox"/> PTIN P00445891 |
| | Firm's name ▶ DIXON HUGHES GOODMAN LLP | Firm's EIN ▶ 56-0747981 |
| | Firm's address ▶ 500 RIDGEFIELD COURT ASHEVILLE, NC 28806 | Phone no. (828) 254-2254 |

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 11,397,944. including grants of \$ 9,143,470.) (Revenue \$) FOUNDATION PROGRAMS SUPPORT RESEARCH INVESTIGATING THE BROAD SPECTRUM OF RHEUMATIC DISEASES, INCLUDING: JUVENILE IDIOPATHIC ARTHRITIS, OSTEOARTHRITIS, PEDIATRIC SYSTEMIC LUPUS ERYTHEMATOSUS, RHEUMATOID ARTHRITIS, SCLERODERMA, SPONDYLOARTHROPATHIES, SYSTEMIC LUPUS ERYTHEMATOSUS, AND VASCULITIS.

PLEASE SEE SCHEDULE O FOR A CONTINUATION OF PROGRAM SERVICES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 11,397,944.

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|----|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | Yes | No |
|--|--|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b | | |
| Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a | | X |
| b | If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders 11a | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? 13a | | |
| Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b | | |
| c | Enter the amount of reserves on hand 13c | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 | | X |
| If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 | | X |
| If "Yes," complete Form 4720, Schedule O. | | | |

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | |
| | 1a 18 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b 18 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | X | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | X |

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **GA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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. See instructions for the order in which to list the persons above.

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) S. LOUIS BRIDGES, JR., MD, PHD FOUNDATION PRESIDENT 2019-2021 | 14.00 5.00 | X | | X | | | | 47,300. | 0. | 0. |
| (2) V. MICHAEL HOLERS, MD FOUNDATION VICE PRESIDENT 2019-2021 | 14.00 5.00 | X | | X | | | | 0. | 0. | 0. |
| (3) DOUGLAS WHITE, MD, PHD TREASURER - 2019-2021 | 14.00 5.00 | X | | X | | | | 0. | 0. | 0. |
| (4) VIKAS MAJITHIA, MD, MPH, FACR, CHAIR, DEVELOPMENT ADVISORY COUNCIL | 2.00 5.00 | X | | | | | | 0. | 0. | 0. |
| (5) BRYCE BINSTADT, MD, PHD CHAIR, SCIENTIFIC ADVISORY COUNCIL - | 2.00 5.00 | X | | | | | | 0. | 0. | 2,000. |
| (6) KENNETH SAAG, MD, MSC ACR/FOUNDATION SECRETARY 2018-2020 | 2.00 14.00 | X | | | | | | 0. | 0. | 52,937. |
| (7) JODY HARGROVE, MD MEMBER AT LARGE - 2019 - 2022 | 2.00 5.00 | X | | | | | | 0. | 0. | 0. |
| (8) ERIN ARNOLD, MD MEMBER AT LARGE - 2017 - 2020 | 2.00 5.00 | X | | | | | | 0. | 0. | 0. |
| (9) JON GILES, MD, MPH MEMBER AT LARGE - 2018 - 2020 | 2.00 5.00 | X | | | | | | 0. | 0. | 1,500. |
| (10) KEVIN DEANE, MD MEMBER AT LARGE - 2019 - 2022 | 2.00 5.00 | X | | | | | | 0. | 0. | 2,102. |
| (11) MARA BECKER, MD, MSCE MEMBER AT LARGE - 2019 - 2022 | 2.00 5.00 | X | | | | | | 0. | 0. | 0. |
| (12) STEVE RUSSELL, MBA MEMBER AT LARGE - 2019 - 2022 | 2.00 5.00 | X | | | | | | 0. | 0. | 0. |
| (13) BEVERLY GUIN MEMBER AT LARGE - 2018 - 2021 | 2.00 5.00 | X | | | | | | 0. | 0. | 0. |
| (14) ELIZABETH MCKELVEY MEMBER AT LARGE - 2018 - 2020 | 2.00 5.00 | X | | | | | | 0. | 0. | 0. |
| (15) ANNE-MARIE MALFAIT, MD, PHD ACR RESEARCH REPRESENTATIVE - 2017 - | 2.00 5.00 | X | | | | | | 0. | 0. | 0. |
| (16) BETH JONAS, MD ACR TRAINING REPRESENTATIVE 2018 - 2 | 2.00 5.00 | X | | | | | | 0. | 0. | 0. |
| (17) MARY WHEATLEY EXECUTIVE DIRECTOR | 40.00 5.00 | | | X | | | | 0. | 182,143. | 29,930. |

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) COLLEEN MERKEL, CPA VP, OPERATIONS & FINANCE | 11.00 29.00 | | | X | | | | 0. | 194,146. | 37,362. |
| (19) FAITH MCGOWN SR. DEVELOPMENT OFFICER, CENTRAL REG | 40.00 | | | | | X | | 0. | 120,114. | 27,746. |
| (20) ERYN MARCHIOLO SR. DIRECTOR - RESEARCH AND TRAINING | 40.00 | | | | | X | | 0. | 106,350. | 20,658. |
| (21) RHONDA ARMSTRONG SR. DIRECTOR - FINANCE | 40.00 | | | | | X | | 0. | 103,576. | 20,427. |
| (22) CHARLES GOLDSMITH SR. DIRECTOR - DEVELOPMENT | 40.00 | | | | | X | | 0. | 102,752. | 23,434. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 47,300. | 809,081. | 218,096. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 47,300. | 809,081. | 218,096. |

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

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| AMERICAN COLLEGE OF RHEUMATOLOGY 2200 LAKE BOULEVARD NE, ATLANTA, GA 30319 | MANAGEMENT SERVICES | 2,789,375. |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|---|---|----------------------|----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 9,254,386. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 561. | | | | |
| | h Total. Add lines 1a-1f | | 9,254,386. | | | | |
| Program Service Revenue | 2 a _____ | Business Code | | | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 965,562. | | | 965,562. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses ... | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 25,315,897. | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 25,222,866. | | | | |
| | c Gain or (loss) | 7c | 93,031. | | | | |
| | d Net gain or (loss) | | 93,031. | | | 93,031. | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a _____ | Business Code | | | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See instructions | | | 10,312,979. | 0. | 0. | 1,058,593. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 8,931,642. | 8,931,642. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 211,828. | 211,828. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 47,300. | 47,300. | | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 2,789,375. | 1,254,669. | 260,243. | 1,274,463. |
| b Legal | 27,966. | 6,390. | 5,064. | 16,512. |
| c Accounting | 18,265. | 10,959. | 3,653. | 3,653. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 106,681. | 96,013. | 10,668. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 648,230. | 471,849. | 23,254. | 153,127. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 125,591. | 75,794. | 14,560. | 35,237. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | 250,547. | 177,318. | 24,975. | 48,254. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 261,647. | 89,977. | 17,884. | 153,786. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 38,130. | 23,338. | 7,396. | 7,396. |
| 23 Insurance | | | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a MISCELLANEOUS | 18,650. | 867. | 17,556. | 227. |
| b _____ | | | | |
| c _____ | | | | |
| d _____ | | | | |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 13,475,852. | 11,397,944. | 385,253. | 1,692,655. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

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

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 8,103,460. | 2 | 10,316,034. |
| | 3 Pledges and grants receivable, net | 20,641,123. | 3 | 17,051,600. |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 71,541. | 9 | 40,762. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 210,332. | | |
| | b Less: accumulated depreciation | 10b 159,207. | 89,255. | 10c 51,125. |
| | 11 Investments - publicly traded securities | 40,092,175. | 11 | 40,541,222. |
| | 12 Investments - other securities. See Part IV, line 11 | 2,872,536. | 12 | 2,976,924. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 1,404,095. | 15 | 0. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 73,274,185. | 16 | 70,977,667. | |
| Liabilities | 17 Accounts payable and accrued expenses | 753,206. | 17 | 660,623. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 753,206. | 26 | 660,623. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 43,996,340. | 27 | 46,057,904. |
| | 28 Net assets with donor restrictions | 28,524,639. | 28 | 24,259,140. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 72,520,979. | 32 | 70,317,044. |
| | 33 Total liabilities and net assets/fund balances | 73,274,185. | 33 | 70,977,667. |

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 | 10,312,979. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 13,475,852. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -3,162,873. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 72,520,979. |
| 5 | Net unrealized gains (losses) on investments | 5 | 714,201. |
| 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 on Schedule O) | 9 | 244,736. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 70,317,043. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-----------|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b | Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____ | | X |
| 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 on Schedule O and describe any steps taken to undergo such audits _____ | | |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions.
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support.

Total

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|-----------|-----------|-----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 3554779. | 14568184. | 27525009. | 11705590. | 9254386. | 66607948. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 3554779. | 14568184. | 27525009. | 11705590. | 9254386. | 66607948. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 39082400. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 27525548. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|-----------|-----------|-----------|----------|--------------------------|
| 7 Amounts from line 4 | 3554779. | 14568184. | 27525009. | 11705590. | 9254386. | 66607948. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 942,916. | 951,734. | 908,590. | 961,274. | 965,562. | 4730076. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 71338024. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 38.58 % |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14 | 15 | 38.25 % |
| 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2019. 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 - 2018. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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> | | |
| 2 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> | | |
| 3a 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 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> | | |
| c 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> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| 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> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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> | | |
| 5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 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 or 990-EZ).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i> | | |
| 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 |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

| Section C - Distributable Amount | | (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 | Distributable Amount. 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). | | |

Schedule A (Form 990 or 990-EZ) 2019

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

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019 | | | |
| a From 2014 | | | |
| b From 2015 | | | |
| c From 2016 | | | |
| d From 2017 | | | |
| e From 2018 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015 | | | |
| b Excess from 2016 | | | |
| c Excess from 2017 | | | |
| d Excess from 2018 | | | |
| e Excess from 2019 | | | |

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

OMB No. 1545-0047

2019

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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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>2,500,000.</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>2,500,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ <u>2,200,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ <u>200,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ <u>200,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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 regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 7/25/06), and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures under FASB ASC 958, with sub-rows for revenue and assets.

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 39,051,276. | 38,685,437. | 36,936,465. | 34,351,990. | 36,389,822. |
| b Contributions | 500. | 1,000. | 1,224,804. | 250,000. | |
| c Net investment earnings, gains, and losses | 1,548,139. | 1,990,000. | 2,412,361. | 3,814,820. | -413,655. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 1,399,530. | 1,625,161. | 1,888,193. | 1,480,345. | 1,624,177. |
| f Administrative expenses | | | | | |
| g End of year balance | 39,200,385. | 39,051,276. | 38,685,437. | 36,936,465. | 34,351,990. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 81.65 %
 - b Permanent endowment 11.56 %
 - c Term endowment 6.79 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 210,332. | 159,207. | 51,125. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 51,125. |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 11,027,180. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 714,201. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 714,201. |
| 3 | Subtract line 2e from line 1 | 3 | 10,312,979. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 10,312,979. |

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

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

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 13,231,115. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 13,231,115. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | 244,737. |
| c | Add lines 4a and 4b | 4c | 244,737. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 13,475,852. |

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 ENDOWMENTS CONSIST OF FOURTEEN INDIVIDUAL FUNDS ESTABLISHED TO SUPPORT THE FOUNDATION'S MISSION THROUGH PROGRAMS OF RESEARCH AND TRAINING. ENDOWMENTS INCLUDE BOTH DONOR-RESTRICTED ENDOWMENT FUNDS, AND FUNDS DESIGNED BY THE BOARD OF DIRECTORS TO FUNCTION AS A GENERAL ENDOWMENT.

PART X, LINE 2:

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

Part XIII Supplemental Information (continued)

FEDERAL INCOME TAX. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED.

THE FOUNDATION HAS EVALUATED ITS TAX POSITIONS AND DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2020.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECOVERIES OF PRIOR YEAR GRANTS 244,737.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|---------------------------------|--|--|--|--|
| ADVANCED RHEUMATOLOGY 10857 KUYKENDAHL ROAD, SUITE 120 THE WOODLANDS, TX 77382 | 90-0855769 | 501(C)(3) | 25,000. | 0. | | | MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION |
| ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK AVE FORCHHEIMER 107N - BRONX, NY 10461 | 47-2209056 | 501(C)(3) | 60,000. | 0. | | | CLINICIAN SCHOLAR EDUCATOR AWARD |
| AMERICAN COLLEGE OF RHEUMATOLOGY 2200 LAKE BLVD NE ATLANTA, GA 30319 | 58-1627547 | 501(C)(6) | 350,000. | 0. | | | FELLOWS FUND |
| AUGUSTA UNIVERSITY 1120 15TH STREET AUGUSTA, GA 30912 | 58-6002053 | GOVT | 500. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |
| BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA HOUSTON, TX 77030-3411 | 74-1613878 | 501(C)(3) | 50,000. | 0. | | | AMGEN FELLOWSHIP TRAINING AWARD |
| BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA HOUSTON, TX 77030 | 74-1613878 | 501(C)(3) | 1,000. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **50.**

3 Enter total number of other organizations listed in the line 1 table ▶ **97.**

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

Schedule I (Form 990) (2019)

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| BERKSHIRE MEDICAL CENTER 725 NORTH ST PITTSFIELD, MA 01201 | 04-2791396 | 501(C)(3) | 197,262. | 0. | | | INNOVATIVE RESEARCH AWARD- HEALTH SERVICES |
| BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE CLS-948 - BOSTON, MA 02215 | 04-2103881 | 501(C)(3) | 60,000. | 0. | | | CLINICIAN SCHOLAR EDUCATOR AWARD |
| BETH ISRAEL DEACONESS MEDICAL CENTER / VAISHALI MOULTON - 330 BROOKLINE AVENUE CLS-948 - BOSTON, MA 02215 | 04-2103881 | 501(C)(3) | 1,000. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |
| BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA - ATTN: LINDA COMBS 985100 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198-5100 | 47-0049123 | GOVT | 125,000. | 0. | | | INVESTIGATOR AWARD (CLINICAL) |
| BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - STANFORD UNIVERSITY LOCKBOX P.O. BOX 44253 SPO 136600 - SAN | 94-1156365 | GOVT | 50,000. | 0. | | | AMGEN FELLOWSHIP TRAINING AWARD |
| BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02215 | 04-2774441 | 501(C)(3) | 75,000. | 0. | | | SCIENTIST DEVELOPMENT AWARD (BASIC) |
| BOSTON CHILDREN'S HOSPITAL P.O.BOX 414413 ATTN: RESEARCH FINAN BOSTON, MA 02241-4413 | 04-2774441 | 501(C)(3) | 62,500. | 0. | | | INVESTIGATOR AWARD (BASIC) |
| BOSTON UNIVERSITY SCHOOL OF MEDICINE - 85 EAST NEWTON STREET, M-921 - BOSTON, MA 02118 | 04-2103547 | GOVT | 99,720. | 0. | | | INNOVATIVE RESEARCH AWARD- CLINICAL |
| BRIGHAM & WOMEN'S HOSPITAL RESEARCH - BANK OF AMERICA N.A. P.O. BOX 3887 - BOSTON, MA 02241-3887 | 04-2312909 | 501(C)(3) | 125,000. | 0. | | | INVESTIGATOR AWARD (TRANSLATIONAL) |

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 BANK OF AMERICA N.A. P.O. BOX 3149 MEMO: PS# 115739; BWH PI: RAO - BOSTON, M | 04-2312909 | 501(C)(3) | 12,500. | 0. | | | SCIENTIST DEVELOPMENT AWARD (BASIC) |
| BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02215 | 04-2312909 | 501(C)(3) | 1,000. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |
| BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02215 | 04-2312909 | 501(C)(3) | 49,998. | 0. | | | SCIENTIST DEVELOPMENT AWARD (CLINICAL) |
| BRIGHAM AND WOMEN'S HOSPITAL DIVISION OF RHEUMATOLOGY ATTN: A. DONNELLY-BTM6016S 75 FRANCIS STREET - BOST | 04-2312909 | 501(C)(3) | 50,000. | 0. | | | CAREER DEVELOPMENT BRIDGE FUNDING AWARD: K SUPPLEMENT |
| BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET DIVISION OF RHEUMATOLOGY- HBTM6016 - BOSTON, MA 02115 | 04-2312909 | 501(C)(3) | 75,000. | 0. | | | CAREER DEVELOPMENT BRIDGE FUNDING AWARD: K BRIDGE |
| BRIGHAM AND WOMEN'S HOSPITAL- RESEARCH - BANK OF AMERICA N.A. P.O. BOX 3149 - BOSTON, MA 02241-3149 | 04-2312909 | 501(C)(3) | 125,000. | 0. | | | INVESTIGATOR AWARD (CLINICAL) |
| CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD. LOS ANGELES, CA 90027 | 95-1690977 | 501(C)(3) | 50,000. | 0. | | | AMGEN FELLOWSHIP TRAINING AWARD |
| CHILDREN'S HOSPITAL OF PHILADELPHIA - 3615 CIVIC CENTER BLVD., ARC 142D - PHILADELPHIA, PA 19104 | 23-1352166 | 501(C)(3) | 60,000. | 0. | | | CLINICIAN SCHOLAR EDUCATOR AWARD |
| CHILDREN'S HOSPITAL OF PHILADELPHIA - LOCKBOX #1457 CHOP RESEARCH INSTITUTE PO BOX 8500 - PHILADELPHIA, PA 19178-1457 | 23-1352166 | 501(C)(3) | 75,000. | 0. | | | CAREER DEVELOPMENT BRIDGE FUNDING AWARD: K BRIDGE |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - 3333 BURNET AVE - CINCINNATI, OH 45229 | 31-0833936 | 501(C)(3) | 50,000. | 0. | | | CAREER DEVELOPMENT BRIDGE FUNDING AWARD: K SUPPLEMENT |
| CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVE MLC 4010 CINCINNATI, OH 45229 | 31-0833936 | 501(C)(3) | 22,470. | 0. | | | CAREER DEVELOPMENT BRIDGE FUNDING AWARD: R BRIDGE |
| CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - 3333 BURNET AVE - CINCINNATI, OH 45229 | 31-0833936 | 501(C)(3) | 50,000. | 0. | | | AMGEN FELLOWSHIP TRAINING AWARD |
| COMPREHENSIVE ORTHOPAEDIC GLOBAL, LLC - 9151 ESTATE THOMAS FOOTHILLS PROFESSIONAL BUILDING, SUITE 206 - ST. THOMAS, VI 00802 | 66-0706719 | 501(C)(3) | 25,000. | 0. | | | MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION |
| CRYSTAL ARTHRITIS CENTER, INC. 471 N. CLEVELAND MASSILLON RD AKRON, OH 44333 | 20-2753094 | 501(C)(3) | 25,000. | 0. | | | MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION |
| CRYSTAL ARTHRITIS CENTER, INC. 471 N. CLEVELAND MASSILLON RD AKRON, OH 44333 | 20-2753094 | 501(C)(3) | 25,000. | 0. | | | MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION |
| DENVER HEALTH AND HOSPITAL AUTHORITY ATTN RUTH MAGTANONG - PO BOX 17093 SRF 859700-3924-01 - DENVER, CO 80217-0093 | 84-1343242 | 501(C)(3) | 500. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |
| DR. KRAUSE RHEUMATOLOGY DEPARTMENT 4000 CAMBRIDGE MAIL STOP 2026 KANSAS CITY, KS 66160 | 48-1202402 | 501(C)(3) | 1,000. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |
| DUKE UNIVERSITY 2301 ERWIN ROAD DURHAM, NC 27710 | 56-0532129 | GOVT | 1,000. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| DUKE UNIVERSITY SCHOOL OF MEDICINE. 200 TRENT DRIVE DUMC 3544, ATTN: RICK SISSON - DURHAM, | 56-0532129 | GOVT | 1,000. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |
| DUKE UNIVERSITY 2200 WEST MAIN STREET SUITE 820 ERWIN SQUARE PLAZA - DURHAM, NC 27705 | 56-0532129 | GOVT | 50,000. | 0. | | | AMGEN FELLOWSHIP TRAINING AWARD |
| DUKE UNIVERSITY DUKE UNIVERSITY ACCOUNTS RECEIVABLE LOCKBOX POB 602651 - CHARLOTTE, NC 2826 | 56-0532129 | GOVT | 68,753. | 0. | | | SCIENTIST DEVELOPMENT AWARD (CLINICAL) |
| DUKE UNIVERSITY MEDICAL CENTER ACCOUNTS RECEIVABLE LOCKBOX PO BOX CHARLOTTE, NC 28260-2651 | 56-0532129 | GOVT | 60,000. | 0. | | | CLINICIAN SCHOLAR EDUCATOR AWARD |
| GEORGETOWN UNIVERSITY P.O. BOX 571164 WASHINGTON, DC 20057-1164 | 53-0196603 | GOVT | 50,000. | 0. | | | AMGEN FELLOWSHIP TRAINING AWARD |
| HEALTHPARTNERS 8170 33RD AVENUE SOUTH, MS23301A BLOOMINGTON, MN 55425 | 41-1670163 | 501(C)(3) | 80,000. | 0. | | | INNOVATIVE RESEARCH AWARD- HEALTH SERVICES |
| HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH STREET ATTENTION GEORGE SPENCER - NEW YORK, NY 10021 | 13-1624135 | 501(C)(3) | 75,000. | 0. | | | SCIENTIST DEVELOPMENT AWARD (CLINICAL) |
| HOSPITAL FOR SPECIAL SURGERY 535 E. 70TH STREET NEW YORK, NY 10021 | 13-1624135 | 501(C)(3) | 200,000. | 0. | | | INNOVATIVE RESEARCH AWARD- BASIC |
| HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH STREET NEW YORK, NY 10021 | 13-1624135 | 501(C)(3) | 125,000. | 0. | | | INVESTIGATOR AWARD (CLINICAL) |

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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| IDAHO ARTHRITIS CENTER 3277 E. LOUISE DR. SUITE 350 MERIDIAN, ID 83642 | 82-0536242 | 501(C)(3) | 25,000. | 0. | | | MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION |
| IDAHO ARTHRITIS CENTER 3277 E. LOUISE DR. SUITE 350 MERIDIAN, ID 83642 | 82-0536242 | 501(C)(3) | 25,000. | 0. | | | MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION |
| JOHNS HOPKINS JHU CENTRAL LOCKBOX (REF. ANTIOCHOS/128242) BANK OF AMERICA 12529 COLLECTION | 52-0595110 | GOVT | 125,000. | 0. | | | INVESTIGATOR AWARD (TRANSLATIONAL) |
| JOHNS HOPKINS UNIVERSITY JOHNS HOPKINS UNIVERSITY CENTRAL LOCKBOX C/O BANK OF AMERICA 12529 COLLECTIO | 52-0595110 | GOVT | 200,000. | 0. | | | INNOVATIVE RESEARCH AWARD- TRANASLATIONAL |
| JOHNS HOPKINS UNIVERSITY JOHNS HOPKINS UNIVERSITY CENTRAL LOCKBOX C/O BANK OF AMERICA 12529 COLLECT | 52-0595110 | GOVT | 200,000. | 0. | | | INNOVATIVE RESEARCH AWARD- BASIC |
| JOHNS HOPKINS UNIVERSITY JOHNS HOPKINS UNIVERSITY LOCKBOX, C/O BANK OF AMERICA 12529 COLLECTIONS CENT | 52-0595110 | GOVT | 50,000. | 0. | | | PAULA DE MERIEUX FELLOWSHIP TRAINING AWARD |
| JOHNS HOPKINS UNIVERSITY JOHNS HOPKINS UNIVERSITY LOCKBOX C/O BANK OF AMERICA 12529 COLLECTIONS CENTE | 52-0595110 | GOVT | 59,515. | 0. | | | CLINICIAN SCHOLAR EDUCATOR AWARD |
| LOMA LINDA UNIVERSITY 24887 TAYLOR STREET SUITE 202 LOMA LINDA, CA 92354 | 95-1816009 | GOVT | 25,000. | 0. | | | MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION |
| LSUHSC SHREVEPORT CENTER OF EXCELLENCE FOR ARTHRITIS AND RHEUMATOLOGY 10501 KINGS HIGHWAY - S | 72-0702002 | GOVT | 50,000. | 0. | | | FELLOWSHIP TRAINING AWARD- WORKFORCE EXPANSION |

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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| MASS GENERAL HOSPITAL - RESEARCH BANK OF AMERICA N.A PO BOX 414876 BOSTON, MA 02241 | 04-2697983 | 501(C)(3) | 50,000. | 0. | | | SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL) |
| MASS GENERAL HOSPITAL - RESEARCH BANK OF AMERICA N.A. P.O. BOX 41487 BOSTON, MA 02241-4876 | 04-2697983 | 501(C)(3) | 50,000. | 0. | | | SCIENTIST DEVELOPMENT AWARD (BASIC) |
| MASS GENERAL HOSPITAL- RESEARCH BANK OF AMERICA N.A. P.O. BOX 41487 BOSTON, MA 02241-4876 | 04-2697983 | 501(C)(3) | 50,000. | 0. | | | SCIENTIST DEVELOPMENT AWARD (CLINICAL) |
| MASSACHUSETTS GENERAL HOSPITAL BANK OF AMERICA N.A., P.O. BOX 414876 DR. MARCY BOLSTER (233196) - BOSTON, | 04-2697983 | 501(C)(3) | 50,000. | 0. | | | AMGEN FELLOWSHIP TRAINING AWARD |
| NEW YORK UNIVERSITY SCHOOL OF MEDICINE - SCHOOL OF MEDICINE FINANCE NYU SCHOOL OF MEDICINE - SPONSORED PROGRAMS POB 4 - BOSTON, | 13-5562308 | GOVT | 50,000. | 0. | | | CAREER DEVELOPMENT BRIDGE FUNDING AWARD: R BRIDGE |
| NEW YORK UNIVERSITY SCHOOL OF MEDICINE - MATT BLABER, CONTROLLER, SCHOOL OF MEDICINE FINANCE NYU SCHOOL OF MEDICINE - - | 13-5562308 | GOVT | 50,000. | 0. | | | AMGEN FELLOWSHIP TRAINING AWARD |
| NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE NU-RES BOSTON, MA 02115 | 04-1679980 | GOVT | 1,000. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |
| NORTHWESTERN UNIVERSITY PEGGY MORRISROE, CASH MANAGEMENT 633 CLARK STREET G-547 - EVANSTON, IL 6020 | 36-2167817 | GOVT | 200,000. | 0. | | | INNOVATIVE RESEARCH AWARD- TRANASLATIONAL |
| NYU SCHOOL OF MEDICINE 550 1ST AVENUE NEW YORK, NY 10016 | 13-5562309 | GOVT | 75,000. | 0. | | | CAREER DEVELOPMENT BRIDGE FUNDING AWARD: K BRIDGE |

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.)

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| OLIVE VIEW UCLA MEDICAL CENTER EDUCATION & RESEARCH INSTITUTE - 14445 OLIVE VIEW DRIVE RESEARCH ADMINISTRATION OFFICE - SYLMAR, | 95-2249539 | 501(C)(3) | 25,000. | 0. | | | MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION |
| OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK ROAD MAILCODE L1060PAM - PORTLAND, OR 97239-3911 | 93-1176109 | GOVT | 50,000. | 0. | | | AMGEN FELLOWSHIP TRAINING AWARD |
| REGENTS OF THE UNIVERSITY OF CALIFORNIA - PAYMENT SOLUTIONS AND COMPLIANCE BOX 957089, 1125 MURPHY HALL 405 HILGARD AV - LOS ANGELES, | 95-6006143 | GOVT | 100,000. | 0. | | | SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL) |
| REGENTS OF THE UNIVERSITY OF CALIFORNIA - 9500 GILMAN DR. # 0656 UCSD DIVISION OF RHEUMATOLOGY, ALLERGY & IMMUNOLOGY | 95-6006144 | GOVT | 50,000. | 0. | | | AMGEN FELLOWSHIP TRAINING AWARD |
| REGENTS OF THE UNIVERSITY OF CALIFORNIA - UCSF MAIN DEPOSITORY POB 748872 - LOS ANGELES, CA 90074-4872 | 94-6036493 | GOVT | 100,000. | 0. | | | SCIENTIST DEVELOPMENT AWARD (BASIC) |
| REGENTS OF THE UNIVERSITY OF MICHIGAN - C/O BNY MELLON BOX 223131 - PITTSBURGH, PA 15251-2131 | 38-6006309 | GOVT | 50,000. | 0. | | | AMGEN FELLOWSHIP TRAINING AWARD |
| REGENTS OF THE UNIVERSITY OF MINNESOTA - NW 5957 P.O. BOX 1450 - MINNEAPOLIS, MN 55485-5957 | 41-6007513 | GOVT | 49,963. | 0. | | | SCIENTIST DEVELOPMENT AWARD (BASIC) |
| REGENTS OF THE UNIVERSITY OF MINNESOTA - SPONSORED PROJECTS ADMINISTRATION 450 MCNAMARA ALUMNI CENTER 200 OAK ST. SE - | 41-6007513 | GOVT | 200,000. | 0. | | | INNOVATIVE RESEARCH AWARD- BASIC |
| REGENTS OF THE UNIVERSITY OF MINNESOTA - 450 MCNAMARA ALUMNI CENTER 200 OAK STREET SE - MINNEAPOLIS, MN 55455-2070 | 41-6007513 | GOVT | 50,000. | 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.)

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| REGENTS OF THE UNIVERSITY OF MINNESOTA - NW 5957 P.O. BOX 1450 - MINNEAPOLIS, MN 55485-5957 | 41-6007513 | GOVT | 125,000. | 0. | | | INVESTIGATOR AWARD (TRANSLATIONAL) |
| REGENTS OF THE UNIVERSITY OF MINNESOTA - SPONSORED FINANCIAL REPORTING 450 MCNAMARA ALUMNI CENTER, 200 OAK ST. SE - | 41-6007513 | GOVT | 30,000. | 0. | | | RHEUMATOLOGY FUTURE PHYSICIAN SCIENTIST AWARD |
| REGENTS OF THE UNIVERSITY OF MINNESOTA - 200 OAK STREET SE, SUITE 450 MCNAMARA ALUMNI CENTER - MINNEAPOLIS, MN 55455 | 41-6007513 | GOVT | 30,000. | 0. | | | RHEUMATOLOGY FUTURE PHYSICIAN SCIENTIST AWARD |
| RHEUMATOLOGY ASSOCIATES OF SOUTH FLORIDA - 1050 NW 15TH ST #212A - BOCA RATON, FL 33486 | 65-0336999 | 501(C)(3) | 1,000. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |
| SAINT LOUIS UNIVERSITY 221 N. GRAND AVE. ST. LOUIS, MO 63103 | 43-0654872 | GOVT | 11,973. | 0. | | | LAWREN H. DALTRY HEALTH PROFESSIONAL PRECEPTORSHIP |
| SAN DIEGO STATE UNIVERSITY FOUNDATION ATTN: CASHIER - 5250 CAMPANILE DR. - SAN DIEGO, CA 92182-1948 | 95-6042721 | GOVT | 1,000. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |
| SEATTLE CHILDREN'S HOSPITAL D/B/A SEATTLE CHILDREN'S RESEARCH INSTITUTE - PO BOX 5731, M/S S-200 - SEATTLE, WA 98145-5005 | 91-0564748 | 501(C)(3) | 155,274. | 0. | | | INNOVATIVE RESEARCH AWARD- CLINICAL |
| SEATTLE CHILDREN'S HOSPITAL FOUNDATION - ATTN: MELISSA NIBUNGCO PO BOX 5371, M/S: S-200 - SEATTLE, WA 98145 | 91-0564748 | 501(C)(3) | 50,000. | 0. | | | AMGEN FELLOWSHIP TRAINING AWARD |
| SEATTLE INSTITUTE FOR BIOMEDICAL AND CLINICAL RESEARCH - 1325 FOURTH AVENUE, SUITE 1310 - SEATTLE, WA 98101-2573 | 91-1452438 | 501(C)(3) | 75,000. | 0. | | | SCIENTIST DEVELOPMENT AWARD (CLINICAL) |

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.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| TEMPLE UNIVERSITY OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION - TEMPLE UNIVERSITY RESEARCH ACCOUNTING SERVICES PO | 23-1365971 | GOVT | 60,000. | 0. | | | CLINICIAN SCHOLAR EDUCATOR AWARD |
| THE CHILDRENS HOSPITAL OF PHILADELPHIA RESEARCH INSTITUTE - LOCKBOX #1457 PO BOX 8500 - PHILADELPHIA, PA 19178-1457 | 23-1352166 | 501(C)(3) | 1,000. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |
| THE CHILDREN'S HOSPITAL OF PHILADELPHIA RESEARCH INSTITUTE - THE CHILDREN'S HOSPITAL OF PHILADELPHIA RESEARCH INSTITUTE | 23-1352166 | 501(C)(3) | 50,000. | 0. | | | AMGEN FELLOWSHIP TRAINING AWARD-AN |
| THE CHILDREN'S HOSPITAL OF PHILADELPHIA RESEARCH INSTITUTE - THE CHILDREN'S HOSPITAL OF PHILADELPHIA RESEARCH INSTITUTE | 23-1352166 | 501(C)(3) | 25,000. | 0. | | | AMGEN FELLOWSHIP TRAINING AWARD |
| THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH - GMO - PO BOX 95000-7530 - PHILADELPHIA, PA 19195 | 11-2673595 | 501(C)(3) | 74,996. | 0. | | | SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL) |
| THE OHIO STATE UNIVERSITY 2020 BLANKENSHIP HALL-901 WOODY HAY COLUMBUS, OH 43210 | 31-6025986 | GOVT | 1,000. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |
| THE REGENTS OF THE UNIV. OF CALIF., SAN DIEGO - 9500 GILMAN DRIVE, 0934 - LA JOLLA, CA 92093-0934 | 95-6006144 | GOVT | 200,000. | 0. | | | INNOVATIVE RESEARCH AWARD- BASIC |
| THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - UCSF MAIN DEPOSITORY P.O. BOX 748872 - LOS ANGELES, CA 90074-4872 | 94-6036493 | GOVT | 200,000. | 0. | | | INNOVATIVE RESEARCH AWARD- BASIC |
| THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - UCSF MAIN DEPOSITORY PO BOX 748872 - LOS ANGELES, CA 90074-4872 | 94-6036493 | GOVT | 50,000. | 0. | | | CAREER DEVELOPMENT BRIDGE FUNDING AWARD: K SUPPLEMENT |

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.)

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| THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - UCSF MAIN DEPOSITORY P.O. BOX 748872 - LOS ANGELES, CA 90074-4872 | 94-6036493 | GOVT | 75,000. | 0. | | | CAREER DEVELOPMENT BRIDGE FUNDING AWARD: K BRIDGE |
| THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 3333 CALIFORNIA STREET, SUITE 315 - SAN FRANCISCO, CA 94143 | 94-6036494 | GOVT | 75,000. | 0. | | | CAREER DEVELOPMENT BRIDGE FUNDING AWARD: K BRIDGE |
| THE REGENTS OF THE UNIVERSITY OF CALIFORNIA OF LOS ANGELES - 1000 VETERAN AVE REHAB CENTER RM 32-59 - LOS ANGELES, CA 90095 | 95-6006143 | GOVT | 50,000. | 0. | | | AMGEN FELLOWSHIP TRAINING AWARD |
| THE REGENTS OF THE UNIVERSITY OF CALIFORNIA OF SAN FRANCISCO - UCSF MAIN DEPOSITORY PO BOX 748872 - LOS ANGELES, CA 90074-4873 | 94-6036493 | GOVT | 50,000. | 0. | | | AMGEN FELLOWSHIP TRAINING AWARD |
| THE REGENTS OF THE UNIVERSITY OF MICHIGAN - C/O BNY MELLON BOX 223131 - PITTSBURGH, PA 15251-2131 | 38-6006309 | GOVT | 200,000. | 0. | | | INNOVATIVE RESEARCH AWARD- BASIC |
| THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK - 750 E. ADAMS STREET ATTN: FINANCE AND ADMINISTRATION, CAB 208 - | 14-1368361 | GOVT | 1,000. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |
| THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK (SUNY) - 750 EAST ADAMS ST. CAB 209 - SYRACUSE, NY 13210 | 14-1368361 | GOVT | 30,000. | 0. | | | RHEUMATOLOGY FUTURE PHYSICIAN SCIENTIST AWARD |
| THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - COLUMBIA UNIVERSITY SPONSORED PROJECTS FINANCE POB 29789, | 13-5598093 | GOVT | 75,000. | 0. | | | CAREER DEVELOPMENT BRIDGE FUNDING AWARD: K BRIDGE |
| THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 630 W. 168TH STREET, BOX 49 - NEW YORK, NY 10032-3702 | 13-5598093 | GOVT | 60,000. | 0. | | | CLINICIAN SCHOLAR EDUCATOR AWARD |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - PO BOX 785541 - PHILADELPHIA, PA 19178-5541 | 23-1352685 | GOVT | 1,000. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |
| THE UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1600 7TH AVE. SOUTH, LOWDER 608 ATTN: DAVID INGRAM - BIRMINGHAM, AL 35294-0011 | 63-6005396 | GOVT | 1,000. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |
| THE UNIVERSITY OF CHICAGO ATTN: NANCY GORMLEY 5235 S. HARPER COURT 4TH FLOOR - CHICAGO, IL 60615 | 36-2177139 | GOVT | 50,000. | 0. | | | AMGEN FELLOWSHIP TRAINING AWARD |
| THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - P.O. BOX 301418 - DALLAS, TX 75303-1418 | 74-1761309 | GOVT | 30,000. | 0. | | | RHEUMATOLOGY FUTURE PHYSICIAN SCIENTIST AWARD |
| THURSTON ARTHRITIS RESEARCH CENTER UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 3300 THURSTON BUILDING, CB 7280 | 56-6001393 | 501(C)(3) | 1,000. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |
| TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - OFFICE OF RESEARCH SERVICES 5TH FLOOR, FRANKLIN BUILDING 3451 WALNUT STREET - | 23-1352685 | GOVT | 50,000. | 0. | | | CAREER DEVELOPMENT BRIDGE FUNDING AWARD: K SUPPLEMENT |
| TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET P221 FRANKLIN BUILDING - PHILADELPHIA, PA 19104-6205 | 23-1352685 | GOVT | 50,000. | 0. | | | AMGEN FELLOWSHIP TRAINING AWARD |
| TUFTS MEDICAL CENTER 800 WASHINGTON STREET RESEARCH ADMINISTRATION BOX 817 - BOSTON, MA 02111 | 04-3400617 | 501(C)(3) | 199,893. | 0. | | | INNOVATIVE RESEARCH AWARD- CLINICAL |
| TUFTS MEDICAL CENTER 800 WASHINGTON ST. BOSTON, MA 02111 | 04-3400617 | 501(C)(3) | 500. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |

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| TUFTS MEDICAL CENTER RHEUMATOLOGY FELLOWSHIP PROGRAM - 800 WASHINGTON STREET BOX 406 - BOSTON, MA 02474 | 04-3400617 | 501(C)(3) | 50,000. | 0. | | | AMGEN FELLOWSHIP TRAINING AWARD |
| UMASS MEDICAL SCHOOL BURSAR'S OFFICE - 55 LAKE AVE NORTH - WORCESTER, MA 01655 | 04-3167352 | GOVT | 50,000. | 0. | | | SCIENTIST DEVELOPMENT AWARD (BASIC) |
| UNIVERSITY AT BUFFALO 1001 MAIN ST. 5TH FLOOR ATTENTION: BUFFALO, NY 14203 | 16-1238821 | GOVT | 500. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |
| UNIVERSITY OF ALABAMA AT BIRMINGHAM - UAB DEPT. OF PEDIATRICS ADMINISTRATION LOWDER BLDG, RM. 608 1600 7TH AVE. SO - | 63-6005396 | GOVT | 50,000. | 0. | | | FELLOWSHIP TRAINING AWARD- WORKFORCE EXPANSION |
| UNIVERSITY OF ALABAMA AT BIRMINGHAM - 701 20TH STREET SOUTH ADMINISTRATION BUILDING 1170 - BIRMINGHAM, AL 35233 | 63-6005396 | GOVT | 200,000. | 0. | | | INNOVATIVE RESEARCH AWARD- TRANASLATIONAL |
| UNIVERSITY OF BUFFALO 1001 MAIN STREET 5TH FLOOR BUFFALO, NY 14203 | 16-1238821 | GOVT | 500. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |
| UNIVERSITY OF CENTRAL FLORIDA COLLEGE OF MEDICINE - 6850 LAKE NONA BLVD - ORLANDO, FL 32827 | 59-2924021 | GOVT | 500. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |
| UNIVERSITY OF COLORADO DENVER GRANTS AND CONTRACTS [BOACKLE/OGANESYAN] PO BOX 910238 - DENVER, CO 80291-0 | 84-6000555 | GOVT | 1,000. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |
| UNIVERSITY OF COLORADO DENVER UNIVERSITY OF COLORADO DENVER, GRANTS AND CONTRACTS BADE/MARSHALL PO BOX 9 | 84-6000556 | GOVT | 1,000. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| UNIVERSITY OF COLORADO DENVER GRANTS AND CONTRACTS [205216 JSL] PO BOX 910238 - DENVER, CO 80291-0238 | 84-6000555 | GOVT | 1,000. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |
| UNIVERSITY OF COLORADO DENVER UNIVERSITY OF COLORADO DENVER GRANTS AND CONTRACTS [193504 - MC] PO 910238 - | 84-6000555 | GOVT | 30,000. | 0. | | | RHEUMATOLOGY FUTURE PHYSICIAN SCIENTIST AWARD |
| UNIVERSITY OF COLORADO DENVER UNIVERSITY OF COLORADO DENVER GRANTS AND CONTRACTS [193504 - MC] PO 910239 - | 84-6000556 | GOVT | 15,000. | 0. | | | RHEUMATOLOGY FUTURE PHYSICIAN SCIENTIST AWARD |
| UNIVERSITY OF COLORADO SCHOOL OF MEDICINE - 13001 E 17TH PL - AURORA, CO 80045 | 84-6000555 | GOVT | 1,000. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |
| UNIVERSITY OF DELAWARE 540 S COLLEGE AVE SUITE 210L NEWARK, MD 19713 | 51-6000297 | GOVT | 1,000. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |
| UNIVERSITY OF DELAWARE 540 S COLLEGE AVE 210L NEWARK, DE 19713 | 51-6000297 | GOVT | 1,000. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |
| UNIVERSITY OF DELAWARE DEPARTMENT OF PHYSICAL THERAPY ATTN: DAN WHITE 540 S. COLLEGE AVE, SUITE 210 | 51-6000297 | GOVT | 1,000. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |
| UNIVERSITY OF MARYLAND, BALTIMORE P.O. BOX 41428 BALTIMORE, MD 21203-6428 | 52-6002033 | GOVT | 56,325. | 0. | | | SCIENTIST DEVELOPMENT AWARD (CLINICAL) |
| UNIVERSITY OF NEBRASKA MEDICAL CENTER - 985100 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198 | 47-0049123 | GOVT | 50,000. | 0. | | | AMGEN FELLOWSHIP TRAINING AWARD |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| UNIVERSITY OF NEBRASKA MEDICAL CENTER - 985100 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198-5100 | 47-0049123 | GOVT | 75,000. | 0. | | | SCIENTIST DEVELOPMENT AWARD (CLINICAL) |
| UNIVERSITY OF NEBRASKA MEDICAL CENTER - C/O MS. JODI PARROCK 983025 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198-3025 | 47-0049123 | GOVT | 200,000. | 0. | | | INNOVATIVE RESEARCH AWARD- HEALTH SERVICES |
| UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - OFFICE OF SPONSORED RESEARCH C/O BANK OF AMERICAN LOCK BOX SERVICE PO BOX 40 - ATLANTA, | 56-6001393 | GOVT | 50,000. | 0. | | | AMGEN FELLOWSHIP TRAINING AWARD |
| UNIVERSITY OF PITTSBURGH ATTN 371220 500 ROSS STREET, 154-0455 - PITTSBURGH, PA 15262-0001 | 25-0965591 | GOVT | 200,000. | 0. | | | INNOVATIVE RESEARCH AWARD- BASIC |
| UNIVERSITY OF ROCHESTER BROOKS LANDING BUSINESS CENTER 910 GENESEE ST., SUITE 200 - ROCHESTER, NY 1 | 16-0743209 | GOVT | 75,000. | 0. | | | SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL) |
| UNIVERSITY OF ROCHESTER 518 HYLAN BUILDING ROCHESTER, NY 14627-0140 | 16-0743209 | GOVT | 60,000. | 0. | | | CLINICIAN SCHOLAR EDUCATOR AWARD |
| UNIVERSITY OF ROCHESTER OFFICE OF RESEARCH ACCOUNTING AND COSTING STANDARDS - 910 GENESEE STREET, SUITE 200 BOX 278958, BROOKS | 16-0743209 | GOVT | 50,000. | 0. | | | CAREER DEVELOPMENT BRIDGE FUNDING AWARD: K SUPPLEMENT |
| UNIVERSITY OF TEXAS RIO GRANDE VALLEY SCHOOL OF MEDICINE - 1210 W SCHUNIOR ST - EDINBURG, TX 78541 | 74-6002942 | GOVT | 1,000. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |
| UNIVERSITY OF WASHINGTON 4300 ROOSEVELT WAY NE, SUITE 300 BOX 354966 - SEATTLE, WA 98195-4966 | 91-6001537 | GOVT | 200,000. | 0. | | | INNOVATIVE RESEARCH AWARD- TRANASLATIONAL |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| UNIVERSITY OF WASHINGTON N 4333 BROOKLYN AVE NE BOX 359472 SEATTLE, WA 98195-9472 | 91-6001537 | GOVT | 100,000. | 0. | | | CAREER DEVELOPMENT BRIDGE FUNDING AWARD: R BRIDGE |
| UNIVERSITY OF WASHINGTON UNIVERSITY OF WASHINGTON, DIVISION OF RHEUMATOLOGY 1959 NE PACIFIC STREET, H | 91-6001537 | GOVT | 125,000. | 0. | | | INVESTIGATOR AWARD (CLINICAL) |
| UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE - 1959 NE PACIFIC ST - SEATTLE, WA 98195 | 91-6001537 | GOVT | 1,000. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |
| UNIVERSITY OF WASHINGTON, DIVISION OF RHEUMATOLOGY - 1959 NE PACIFIC STREET, HEALTH SCIENCES BB561 BOX 356428 - SEATTLE, WA 98195 | 91-6001537 | GOVT | 15,000. | 0. | | | RESIDENT RESEARCH PRECEPTORSHIP |
| UT SOUTHWESTERN MEDICAL CENTER UT SOUTHWESTERN CASH MANAGEMENT P.O. BOX 841765 - DALLAS, TX 75284-1753 | 75-6002868 | GOVT | 75,000. | 0. | | | SCIENTIST DEVELOPMENT AWARD (BASIC) |
| UT SOUTHWESTERN MEDICAL CENTER C/O KATIE STEWART, MD - 5323 HARRY HINES BLVD - DALLAS, TX 75390-9020 | 75-6002868 | GOVT | 500. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |
| VANDERBILT UNIVERSITY MEDICAL CENTER/ FINANCIAL MAGEMENT - DEPT 1236 P.O. BOX 121236 - DALLAS, TX 75312-1236 | 35-2528741 | GOVT | 50,000. | 0. | | | FELLOWSHIP TRAINING AWARD- WORKFORCE EXPANSION |
| WASHINGTON STATE UNIVERSITY ATTN: SPONSORED PROGRAMS SERVICES, FRENCH ADMIN 240 PO BOX 641025 - PULLMAN | 91-6001108 | GOVT | 1,000. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |
| WASHINGTON STATE UNIVERSITY ATTN: SPONSORED PROGRAMS SERVICES, FRENCH ADMIN 240 PO BOX 641025 - PULLMAN | 91-6001108 | GOVT | 1,000. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| WASHINGTON UNIVERSITY 700 ROSEDALE AVE., BOX 1034 ST. LOUIS, MO 63122-1408 | 43-0653611 | GOVT | 50,000. | 0. | | | AMGEN FELLOWSHIP TRAINING AWARD |
| WASHINGTON UNIVERSITY 700 ROSEDALE AVE. CAMPUS BOX 1034 ST. LOUIS, MO 63112-1408 | 43-0653611 | GOVT | 50,000. | 0. | | | SCIENTIST DEVELOPMENT AWARD (BASIC) |
| WASHINGTON UNIVERSITY CB 1054, ONE BROOKINGS DRIVE ST. LOUIS, MO 63130 | 43-0653611 | GOVT | 1,000. | 0. | | | MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP |
| WASHINGTON UNIVERSITY IN ST LOUIS ASSOCIATE VICE CHANCELLOR FOR FINANCE AND SPONSORED PROGRAMS CAMPUS BOX 1054 | 43-0653611 | GOVT | 50,000. | 0. | | | SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL) |
| WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - 1 BROOKINGS DRIVE CAMPUS BOX 1054 - SAINT LOUIS, MO 63130 | 43-0653611 | GOVT | 100,000. | 0. | | | CAREER DEVELOPMENT BRIDGE FUNDING AWARD: R BRIDGE |
| YALE UNIVERSITY OFFICE OF SPONSORED PROGRAMS PO BOX NEW HAVEN, CT 06508 | 06-0646973 | GOVT | 50,000. | 0. | | | CAREER DEVELOPMENT BRIDGE FUNDING AWARD: K SUPPLEMENT |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| ACR EXCELLENCE IN INVESTIGATIVE MENTORING AWARD | 1 | 3,000. | 0. | | |
| EDMUND L. DUBOIS MEMORIAL LECTURESHIP | 1 | 750. | 0. | | |
| HEALTH PROFESSIONAL ONLINE EDUCATION GRANT | 3 | 6,078. | 0. | | |
| HENCH MEMORIAL LECTURESHIP | 1 | 2,500. | 0. | | |
| MARSHALL J. SCHIFF, MD MEMORIAL FELLOW RESEARCH AWARD | 2 | 3,000. | 0. | | |

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

PART I, LINE 2:

THE RHEUMATOLOGY RESEARCH FOUNDATION MAINTAINS AN EXTENSIVE AWARDS AND GRANTS PORTFOLIO, WITH OVER 30 SUPPORT MECHANISMS FOR RHEUMATOLOGISTS AND RHEUMATOLOGY HEALTH PROFESSIONALS IN THE US. EACH GRANT APPLICATION CONTAINS VERY SPECIFIC ELIGIBILITY AND REVIEW CRITERIA (DETAILS REGARDING THESE REQUIREMENTS ARE AVAILABLE AT WWW.RHEUMRESEARCH.ORG. ALL APPLICATIONS UNDERGO RIGOROUS PEER REVIEW IN THEIR ASSIGNED STUDY SECTION, AND ARE SCORED AND RANKED ACCORDING TO THE REVIEW CRITERIA AND OVERALL MERIT OF THE PROPOSAL. ALL STUDY SECTION RECOMMENDATIONS ARE SENT TO THE FOUNDATION'S

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 |
|---|--------------------------|--------------------------|-----------------------------------|---|--|
| MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP | 37. | 96,500. | 0. | | |
| MEDICAL AND PEDIATRIC RESIDENT RESEARCH AWARD | 8. | 8,000. | 0. | | |
| MEMORIAL LECTURESHIP: HERBERT KAPLAN MD | 1. | 2,500. | 0. | | |
| MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION | 1. | 25,000. | 0. | | |
| PAUL KLEMPERER MEMORIAL LECTURESHIP | 1. | 1,500. | 0. | | |
| OSCAR S. GLUCK, MD MEMORIAL LECTURESHIP | 1. | 1,500. | 0. | | |
| PEDIATRIC RESEARCH AWARD | 2. | 2,000. | 0. | | |
| PRESIDENTIAL GOLD MEDAL | 1. | 5,000. | 0. | | |
| STUDENT ACHIEVEMENT AWARD | 14. | 14,000. | 0. | | |

Part IV Supplemental Information

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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 on 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 checked="" 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 (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b** Yes No **X**

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 on line 1a? **2** Yes No **X**

3 Indicate which, if any, of the following the 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 type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment? **4a** Yes No **X**

b Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No **X**

c Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No **X**

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization? **5a** Yes No **X**

b Any related organization? **5b** Yes No **X**

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization? **6a** Yes No **X**

b Any related organization? **6b** Yes No **X**

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7** Yes No **X**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** Yes No **X**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No **X**

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

Schedule J (Form 990) 2019

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) MARY WHEATLEY EXECUTIVE DIRECTOR | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 181,927. | 0. | 216. | 17,658. | 12,272. | 212,073. | 0. |
| (2) COLLEEN MERKEL, CPA VP, OPERATIONS & FINANCE | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 174,161. | 5,000. | 14,985. | 19,444. | 17,918. | 231,508. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

PART I, LINE 1A:

PARTNER OR SIGNIFICANT OTHER TRAVEL COSTS ARE REIMBURSED FOR EXECUTIVE COMMITTEE MEMBERS ONLY, UNDER THE FOLLOWING CIRCUMSTANCES: TRAVEL COVERED FOR UP TO 3 MEETINGS PER YEAR, INCLUDING ONE INTERNATIONAL TRIP, TO BE USED ANYTIME DURING THE OFFICIAL YEAR. FOR THE INTERNATIONAL MEETING PARTNER OR SIGNIFICANT OTHERS MAY TRAVEL BUSINESS CLASS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

RHEUMATOLOGY RESEARCH FOUNDATION

Employer identification number

58-1654301

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

THE FOUNDATION PROVIDES FUNDING TO HELP RECRUIT MEDICAL STUDENTS AND RESIDENTS INTO THE SUBSPECIALTY, AND SUPPORTS INVESTIGATORS WORKING IN THE FIELD OF RHEUMATOLOGY. GRANTS ARE AWARDED FOR DIFFERENT TRAINING OPPORTUNITIES, FROM MEDICAL STUDENTS TO ESTABLISHED INVESTIGATORS, BUILDING A MORE CAPABLE, ROBUST TEAM OF RHEUMATOLOGY PROFESSIONALS AROUND THE NATION. IN THE LAST FIVE YEARS, RESEARCHERS RECEIVING FOUNDATION FUNDING HAVE PUBLISHED 346 PAPERS, RECEIVED \$111.6M IN RELATED NIH FUNDING AND GIVEN 757 SCIENTIFIC PRESENTATIONS ON THEIR PROJECTS WORLDWIDE.

THE FOUNDATION IS A 501(C)(3) CHARITABLE ORGANIZATION DEDICATED TO ADVANCING TREATMENT FOR PEOPLE LIVING WITH RHEUMATIC DISEASE, AND IS THE LARGEST PRIVATE FUNDING SOURCE OF RHEUMATOLOGY RESEARCH AND TRAINING IN THE UNITED STATES. THE ORGANIZATION HAS RECEIVED A 4-STAR RATING, THE HIGHEST OFFERED BY CHARITY NAVIGATOR, FOR TWELVE CONSECUTIVE YEARS BASED ON GOOD GOVERNANCE, SOUND FISCAL MANAGEMENT, AND COMMITMENT TO ACCOUNTABILITY AND TRANSPARENCY. THE ORGANIZATION HAS COMMITTED OVER \$180M DIRECTLY TO RESEARCH AND TRAINING SINCE IT WAS FOUNDED IN 1985 BY THE GRANTING OF 3,729 INDIVIDUAL AWARDS.

FORM 990, PART V, LINE 2A

EXPLANATION OF FULL TIME EMPLOYEES:

THE FILING ORGANIZATION HAS A MANAGEMENT AGREEMENT WITH RELATED ORGANIZATION, AMERICAN COLLEGE OF RHEUMATOLOGY (ACR), UNDER WHICH ACR

Name of the organization

RHEUMATOLOGY RESEARCH FOUNDATION

Employer identification number

58-1654301

PROVIDES A VARIETY OF MANAGEMENT SERVICES, INCLUDING EXECUTIVE PERSONNEL AND OTHER APPROPRIATE STAFFING. THE ORGANIZATION PAYS A MANAGEMENT FEE TO THE ACR FOR THESE SERVICES, WHICH INCLUDES SALARY EXPENSES FOR ALL STAFF DEVOTING EFFORT TO THE ORGANIZATION'S PROGRAMS AND SERVICES, AS WELL AS ADMINISTRATIVE AND FUNDRAISING ACTIVITIES. DURING THE FILING YEAR, THERE WERE APPROXIMATELY 20 FULL TIME EQUIVALENT STAFF WHO DEVOTED EFFORT TO THE ORGANIZATION.

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 \$2,789,375.00 FOR THE FISCAL YEAR ENDING JUNE 30, 2020 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 11B:

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.

Name of the organization

RHEUMATOLOGY RESEARCH FOUNDATION

Employer identification number

58-1654301

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

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

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

THE RHEUMATOLOGY RESEARCH FOUNDATION HAS A MANAGEMENT AGREEMENT WITH AMERICAN COLLEGE OF 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 244,736.

FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--------------------------------------|-------------------------------|------------------------|--|
| (1) AMERICAN COLLEGE OF RHEUMATOLOGY | B | 350,000. | CASH |
| (2) AMERICAN COLLEGE OF RHEUMATOLOGY | M | 2,789,375. | CASH |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| 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 |

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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 17, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a 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. | 3a | \$ | 0. |
| 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. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

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Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| 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 |

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 TINs of all members the extension is for.

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 ▶ calendar year _____ or
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2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a 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. | 3a | \$ | 0. |
| 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. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.