

PUBLIC DISCLOSURE COPY

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2016

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**PREPARED FOR:**

RHEUMATOLOGY RESEARCH FOUNDATION  
2200 LAKE BOULEVARD NE  
ATLANTA, GA 30319

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**PREPARED BY:**

DIXON HUGHES GOODMAN LLP  
500 RIDGEFIELD COURT  
ASHEVILLE, NC 28806

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**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

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**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**

THIS COPY OF THE RETURN IS PROVIDED FOR STATE FILING PURPOSES.

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

RHEUMATOLOGY RESEARCH FOUNDATION  
2200 LAKE BOULEVARD NE  
ATLANTA, GA 30319

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027



Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

# 2015

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>RHEUMATOLOGY RESEARCH FOUNDATION</b>		<b>D</b> Employer identification number <b>58-1654301</b>
	Doing business as		<b>E</b> Telephone number <b>404-633-3777</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2200 LAKE BOULEVARD NE</b>		<b>G</b> Gross receipts \$ <b>39,127,340.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>ATLANTA, GA 30319</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>F</b> Name and address of principal officer: <b>MARY WHEATLEY</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶

**J** Website: ▶ **WWW.RHEUMRESEARCH.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1985** **M** State of legal domicile: **IL**

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SUPPORT RESEARCH &amp; TRAINING THAT ADVANCES THE PREVENTION, TREATMENT AND CURE OF RHEUMATIC DISEASES.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>126</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>2,697,622.</b>	Current Year <b>3,554,779.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,804,296.</b>	<b>1,110,825.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>5,501,918.</b>	<b>4,665,604.</b>
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>12,393,042.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>0.</b>	<b>0.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,736,938.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>4,189,307.</b>	<b>3,890,174.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>16,582,349.</b>	<b>16,976,447.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-11,080,431.</b>	<b>-12,310,843.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>63,133,451.</b>	End of Year <b>50,598,038.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>918,896.</b>	<b>1,888,895.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>62,214,555.</b>	<b>48,709,143.</b>

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer	Date <b>05-08-17</b>
	<b>MARY WHEATLEY, EXECUTIVE DIRECTOR</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AMY BIBBY</b>	Preparer's signature 	Date <b>05/02/17</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00445891</b>
	Firm's name ▶ <b>DIXON HUGHES GOODMAN LLP</b>	Firm's EIN ▶ <b>56-0747981</b>	Firm's address ▶ <b>500 RIDGEFIELD COURT ASHEVILLE, NC 28806</b>		
					Phone no. (828) <b>254-2254</b>

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

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 14,696,971. including grants of \$ 13,086,273. ) (Revenue \$ 0. ) THE FOUNDATION PROVIDES FUNDING TO HELP RECRUIT MEDICAL AND DOCTORAL STUDENTS INTO THE SUBSPECIALTY AND SUPPORTS INVESTIGATORS WORKING IN THE FIELD OF RHEUMATOLOGY. GRANTS ARE AWARDED FOR DIFFERENT TRAINING OPPORTUNITIES, FROM MEDICAL STUDENTS TO FELLOWS, BUILDING A MORE CAPABLE, ROBUST TEAM OF RHEUMATOLOGY PROFESSIONALS AROUND THE NATION. IN THE LAST FIVE YEARS, RESEARCHERS RECEIVING FOUNDATION FUNDING HAVE PUBLISHED 889 PAPERS, RECEIVED \$89 MILLION IN ADDITIONAL NIH FUNDING AND GIVEN 665 PRESENTATIONS.

PLEASE SEE SCHEDULE O FOR A CONTINUATION OF PROGRAM SERVICES.

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

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

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

4e Total program service expenses 14,696,971.

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.



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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **GA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **COLLEEN MERKEL - 404-633-3777**  
**2200 LAKE BOULEVARD NE, ATLANTA, GA 30319**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ERIC L. MATTESON, MD, MPH PRESIDENT - 2015-2017	5.00 14.00	X		X				0.	2,250.	0.
(2) DAVID R. KARP, MD, PHD PRESIDENT - 2013-2015	5.00	X		X				0.	61,680.	0.
(3) ABBY ABELSON, MD VICE PRESIDENT - 2015-2017	5.00	X		X				0.	0.	0.
(4) PAULA MARCHETTA, MD, MBA TREASURER - 2015-2017	5.00 14.00	X		X				0.	0.	0.
(5) DAVID DAIKH, MD, PHD SECRETARY - 2014-2016	2.00 14.00	X						0.	44,500.	0.
(6) KATHLEEN J. BOS, MD BOARD MEMBER	2.00	X						0.	0.	0.
(7) TIMOTHY NIEWOLD, MD BOARD MEMBER	2.00	X						0.	1,000.	0.
(8) JANE SALMON, MD BOARD MEMBER	2.00	X						0.	0.	0.
(9) WILLIAM PALMER, MD BOARD MEMBER	2.00	X						0.	3,000.	0.
(10) JUDITH A. JAMES, MD, PHD BOARD MEMBER	2.00	X						0.	0.	0.
(11) ANNE R. BASS, MD BOARD MEMBER	2.00	X						0.	0.	0.
(12) VIKAS MAJITHIA, MD BOARD MEMBER	2.00	X						0.	650.	0.
(13) MICHAEL MARICIC, MD BOARD MEMBER	2.00	X						0.	0.	0.
(14) WILLIAM ROBINSON, MD, PHD BOARD MEMBER	2.00	X						0.	4,100.	0.
(15) STEPHEN RUSSELL, MBA BOARD MEMBER	2.00	X						0.	0.	0.
(16) ERIC SCHNED, MD BOARD MEMBER	2.00	X						0.	0.	0.
(17) MARCY B. BOLSTER, MD BOARD MEMBER	2.00	X						0.	3,750.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) S. LOUIS BRIDGES, III, MD, PHD BOARD MEMBER	2.00	X					0.	6,150.	0.	
(19) PATRICIA KATZ, PHD BOARD MEMBER	2.00	X					0.	500.	0.	
(20) LINDA S. EHRLICH-JONES, PHD, RN BOARD MEMBER	2.00	X					0.	0.	0.	
(21) PETER CALLEGARI, MD BOARD MEMBER	2.00	X					0.	0.	0.	
(22) SALIL PATEL, PHD BOARD MEMBER	2.00	X					0.	0.	0.	
(23) SHARAD LAKHANPAL, MBBS, MD BOARD MEMBER	2.00	X					0.	49,429.	0.	
(24) JOAN MARIE VON FELDT, MD, MS ED BOARD MEMBER	5.00 15.00	X					0.	65,353.	0.	
(25) MARY WHEATLEY EXECUTIVE DIRECTOR	40.00			X			0.	160,765.	25,729.	
(26) COLLEEN MERKEL, CPA VP, OPERATIONS & FINANCE	11.00 40.00			X			0.	152,066.	33,668.	
<b>1b Sub-total</b> .....							0.	555,193.	59,397.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							0.	555,193.	59,397.	

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <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	2,299,645.

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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	500,000.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	3,054,779.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....			3,554,779.			
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		942,916.			942,916.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		34,629,645.					
		<b>b</b> Less: cost or other basis and sales expenses .....					
		34,461,736.					
	<b>c</b> Gain or (loss) .....			167,909.			
	<b>d</b> Net gain or (loss) .....			167,909.		167,909.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions. ....			4,665,604.	0.	0.	1,110,825.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,816,073.	12,816,073.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	270,200.	270,200.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	2,299,645.	956,297.	267,244.	1,076,104.
<b>b</b> Legal	9,915.		9,915.	
<b>c</b> Accounting	38,270.	22,962.	7,654.	7,654.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	102,640.	69,530.	33,110.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	504,324.	142,180.	78,768.	283,376.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	107,438.	27,107.	12,488.	67,843.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	368,501.	218,575.	54,051.	95,875.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	355,541.	155,077.	35,996.	164,468.
<b>20</b> Interest	20,892.		20,892.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	31,535.	18,921.	6,307.	6,307.
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>BAD DEBT EXPENSE</b>	35,150.			35,150.
<b>b</b> <b>MISCELLANEOUS</b>	16,323.	49.	16,113.	161.
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	16,976,447.	14,696,971.	542,538.	1,736,938.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	<b>1.</b>
	<b>2</b> Savings and temporary cash investments .....	5,286,208.	<b>2</b>	3,342,504.
	<b>3</b> Pledges and grants receivable, net .....	14,099,952.	<b>3</b>	7,181,942.
	<b>4</b> Accounts receivable, net .....	503.	<b>4</b>	105,007.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	52,661.	<b>9</b>	107,079.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 349,188.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 137,038.	227,028.	<b>10c</b> 212,150.
	<b>11</b> Investments - publicly traded securities .....	39,010,188.	<b>11</b>	35,245,418.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	4,456,911.	<b>12</b>	4,403,937.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	63,133,451.	<b>16</b>	50,598,038.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	918,896.	<b>17</b>	388,895.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	1,500,000.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	918,896.	<b>26</b>	1,888,895.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	34,393,438.	<b>27</b>	29,191,285.
	<b>28</b> Temporarily restricted net assets .....	24,521,032.	<b>28</b>	16,214,941.
	<b>29</b> Permanently restricted net assets .....	3,300,085.	<b>29</b>	3,302,917.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	62,214,555.	<b>33</b>	48,709,143.	
<b>34</b> Total liabilities and net assets/fund balances .....	63,133,451.	<b>34</b>	50,598,038.	

**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	4,665,604.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,976,447.
3	Revenue less expenses. Subtract line 2 from line 1	3	-12,310,843.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	62,214,555.
5	Net unrealized gains (losses) on investments	5	-1,641,261.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	446,693.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	48,709,144.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**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.

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

OMB No. 1545-0047

**2015**

Open to Public Inspection

<b>Name of the organization</b> RHEUMATOLOGY RESEARCH FOUNDATION	<b>Employer identification number</b> 58-1654301
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	18359528.	12959466.	12371657.	2697622.	3554779.	49943052.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	18359528.	12959466.	12371657.	2697622.	3554779.	49943052.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						25580900.
<b>6 Public support.</b> Subtract line 5 from line 4.						24362152.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	18359528.	12959466.	12371657.	2697622.	3554779.	49943052.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	858,890.	975,228.	972,457.	1000568.	942,916.	4750059.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	57,523.					57,523.
<b>11 Total support.</b> Add lines 7 through 10						54750634.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	44.50 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	45.35 %
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** 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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

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

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			



**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

RHEUMATOLOGY RESEARCH FOUNDATION

Employer identification number

58-1654301

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>RHEUMATOLOGY RESEARCH FOUNDATION</b>	Employer identification number  <b>58-1654301</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015 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 questions about 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, lines 2a-2d, number of modified easements, states where located, monitoring policy, staff hours, expenses, and requirements of section 170(h)(4)(B)(i).

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 reporting requirements for art and historical treasures, and amounts 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 are a significant use of its collection items (check all that apply):

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	36,389,822.	36,829,615.	32,511,985.	30,437,932.	27,906,194.
b Contributions			992,516.	57,473.	3,600,000.
c Net investment earnings, gains, and losses	-413,655.	1,024,105.	4,650,774.	3,126,774.	-64,985.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,624,177.	1,463,898.	1,325,660.	1,110,194.	1,003,277.
f Administrative expenses					
g End of year balance	34,351,990.	36,389,822.	36,829,615.	32,511,985.	30,437,932.

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

- a Board designated or quasi-endowment  85.94 %
- b Permanent endowment  9.62 %
- c Temporarily restricted endowment  4.44 %

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:

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" 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		349,188.	137,038.	212,150.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				212,150.

**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 .....	4,403,937.	END-OF-YEAR MARKET VALUE
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	4,403,937.	

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,023,952.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-1,641,261.	
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	-1,641,261.	
3	Subtract line 2e from line 1	3	4,665,213.	
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	391.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	391.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,665,604.	

**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	16,529,364.
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	16,529,364.	
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	391.	
b	Other (Describe in Part XIII.)	4b	446,693.	
c	Add lines 4a and 4b	4c	447,084.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	16,976,448.	

**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 TWELVE 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:**

INCOME TAXES- THE FOUNDATION IS RECOGNIZED AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (THE CODE) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 512(A) OF THE CODE, IS

**Part XIII** Supplemental Information (continued)

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

THE FOUNDATION HAS EVALUATED ITS TAX POSITIONS AND DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2016. FISCAL YEARS ENDING ON AND AFTER JUNE 30, 2013 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECOVERIES OF PRIOR YEAR GRANTS 446,693.



**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.**

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

OMB No. 1545-0047

**2015**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN COLLEGE OF RHEUMATOLOGY 2200 LAKE BOULEVARD NE ATLANTA, GA 30319	58-1627547	501(C)(6)	305,416.	0.			FELLOWS FUND
ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK AVENUE, BELFER 706E - BRONX, NY 10461	13-1624225	501(C)(3)	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK AVENUE, BELFER 706E - BRONX, NY 10461	13-1624225	501(C)(3)	75,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA, MS: BCM 206 HOUSTON, TX 77030	74-1613878	501(C)(3)	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030-3411	74-1613878	501(C)(3)	15,000.	0.			RESIDENT RESEARCH PRECEPTORSHIP
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE - BOSTON, MA 02215	04-2103881	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 **73.**
- 3** Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) (2015)

**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
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE - BOSTON, MA 02215	04-2103881	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE - BOSTON, MA 02215	04-2103881	501(C)(3)	75,000.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
BIOMEDICAL RESEARCH FOUNDATION OF COLORADO - 1055 CLERMONT ST. BOX 111-G - DENVER, CO 80220	74-2427577	501(C)(3)	500.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
BIOMEDICAL RESEARCH FOUNDATION OF COLORADO - 1055 CLERMONT ST. BOX 111-G - DENVER, CO 80220	74-2427577	501(C)(3)	500.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
BOSTON CHILDREN'S HOSPITAL PO BOX 414413 BOSTON, MA 02241-4413	04-2774441	501(C)(3)	75,000.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441	501(C)(3)	50,000.	0.			SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL)
BOSTON UNIVERSITY SCHOOL OF MEDICINE - ONE SILBER WAY, EIGHTH FLOOR - BOSTON, MA 02115	04-2103547	501(C)(3)	15,000.	0.			EPHRAIM P. ENGLEMAN ENDOWED RESIDENT RESEARCH PRECEPTORSHIP
BRIGHAM AND WOMEN'S HOSPITAL P.O. BOX 3155 BOSTON, MA 02241-3149	04-2312909	501(C)(3)	25,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: K SUPPLEMENT
BRIGHAM AND WOMEN'S HOSPITAL P.O. BOX 3154 BOSTON, MA 02241-3149	04-2312909	501(C)(3)	50,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: R 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
BRIGHAM AND WOMEN'S HOSPITAL P.O. BOX 3150 BOSTON, MA 02241-3149	04-2312909	501(C)(3)	37,500.	0.			DISEASE TARGETED RESEARCH - PILOT GRANT - BASIC
BRIGHAM AND WOMEN'S HOSPITAL P.O. BOX 3151 BOSTON, MA 02241-3149	04-2312909	501(C)(3)	200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
BRIGHAM AND WOMEN'S HOSPITAL P.O. BOX 3152 BOSTON, MA 02241-3149	04-2312909	501(C)(3)	200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
BRIGHAM AND WOMEN'S HOSPITAL P.O. BOX 3153 BOSTON, MA 02241-3149	04-2312909	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
BRIGHAM AND WOMEN'S HOSPITAL P.O. BOX 3149 BOSTON, MA 02241-3149	04-2312909	501(C)(3)	50,000.	0.			SCIENTIST DEVELOPMENT AWARD (CLINICAL)
BRIGHAM AND WOMEN'S HOSPITAL - RESEARCH - P.O. BOX 3157 - BOSTON, MA 02241-3149	04-2312909	501(C)(3)	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
BRIGHAM AND WOMEN'S HOSPITAL - RESEARCH - P.O. BOX 3160 - BOSTON, MA 02241-3149	04-2312909	501(C)(3)	200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
BRIGHAM AND WOMEN'S HOSPITAL - RESEARCH - P.O. BOX 3156 - BOSTON, MA 02241-3149	04-2312909	501(C)(3)	125,000.	0.			INVESTIGATOR AWARD (CLINICAL)
BRIGHAM AND WOMEN'S HOSPITAL - RESEARCH - P.O. BOX 3159 - BOSTON, MA 02241-3149	04-2312909	501(C)(3)	37,500.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHAM AND WOMEN'S HOSPITAL - RESEARCH - P.O. BOX 3158 - BOSTON, MA 02241-3149	04-2312909	501(C)(3)	75,000.	0.			SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL)
CHILDREN'S MERCY HOSPITAL 2401 GILHAM ROAD KANSAS CITY, MO 64113	44-0605373	501(C)(3)	100,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: R BRIDGE
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - 3334 BURNET AVE, MLC 4010 - CINCINNATI, OH 45229-3039	31-0833936	501(C)(3)	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - 3335 BURNET AVE, MLC 4010 - CINCINNATI, OH 45229-3039	31-0833936	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - 3333 BURNET AVE, MLC 4010 - CINCINNATI, OH 45229-3039	31-0833936	501(C)(3)	50,000.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
DENVER HEALTH AND HOSPITAL AUTHORITY - 777 BANNOCK ST. MC4000 - DENVER, CO 80204	84-1343242	501(C)(3)	500.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
DUKE UNIVERSITY 2200 WEST MAIN STREET, SUITE 820 DURHAM, NC 27705	56-0532129	501(C)(3)	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
DUKE UNIVERSITY P.O. BOX 602651 CHARLOTTE, NC 28260-2651	56-0532129	501(C)(3)	55,036.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
EMORY UNIVERSITY 1599 CLIFTON RD NE, 4TH FLOOR ATLANTA, GA 30322	58-0566256	501(C)(3)	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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY 1599 CLIFTON RD NE, 4TH FLOOR ATLANTA, GA 30322	58-0566256	501(C)(3)	54,509.	0.			CLINICIAN SCHOLAR EDUCATOR
EMORY UNIVERSITY 1599 CLIFTON RD NE, 4TH FLOOR ATLANTA, GA 30322	58-0566256	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
HEBREW SENIOR LIFE 1200 CENTRE STREET ROSLINDALE, MA 02131	04-2104298	501(C)(3)	75,000.	0.			SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL)
HENRY M. JACKSON FOUNDATION OFF OF EDU & MTGS - 6720 A ROCKLEDGE DR. STE 100 - BETHESDA, MD 20817	52-1317896	501(C)(3)	1,500.	0.			STUDENT AND RESIDENT ACR/ARHP ANNUAL MEETING SCHOLARSHIP
HENRY M. JACKSON FOUNDATION OFF OF EDU & MTGS - 6720 A ROCKLEDGE DR. STE 100 - BETHESDA, MD 20817	52-1317896	501(C)(3)	1,500.	0.			STUDENT AND RESIDENT ACR/ARHP ANNUAL MEETING SCHOLARSHIP
HOSPITAL FOR SPECIAL SURGERY 535 E 70TH STREET NEW YORK, NY 10021	13-1624135	501(C)(3)	100,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
HOSPITAL FOR SPECIAL SURGERY 537 E 70TH STREET NEW YORK, NY 10021	13-1624135	501(C)(3)	200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
HOSPITAL FOR SPECIAL SURGERY 536 E 70TH STREET NEW YORK, NY 10021	13-1624135	501(C)(3)	50,000.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
HOSPITAL FOR SPECIAL SURGERY 535 E 70TH STREET NEW YORK, NY 10021	13-1624135	501(C)(3)	49,999.	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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY JHU CENTRAL LOCK BOX, BOA 12529 COLLECTIONS CENTER DRIVE - CHICAGO, IL 60693	52-0595110	501(C)(3)	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
JOHNS HOPKINS UNIVERSITY JHU CENTRAL LOCK BOX, BOA 12529 COLLECTIONS CENTER DRIVE - CHICAGO, IL 60693	52-0595110	501(C)(3)	52,500.	0.			CLINICIAN SCHOLAR EDUCATOR
JOHNS HOPKINS UNIVERSITY JHU CENTRAL LOCK BOX, BOA 12529 COLLECTIONS CENTER DRIVE - CHICAGO, IL 60693	52-0595110	501(C)(3)	200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
JOHNS HOPKINS UNIVERSITY JHU CENTRAL LOCK BOX, BOA 12529 COLLECTIONS CENTER DRIVE - CHICAGO, IL 60693	52-0595110	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
JOHNS HOPKINS UNIVERSITY JHU CENTRAL LOCK BOX, BOA 12529 COLLECTIONS CENTER DRIVE - CHICAGO, IL 60693	52-0595110	501(C)(3)	75,000.	0.			SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL)
KANSAS UNIVERSITY ENDOWMENT ASSOCIATION - 3901 RAINBOW BLVD MS 2026 - KANSAS CITY, KS 66160	48-0547734	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
LA JOLLA INSTITUTE FOR ALLERGY AND IMMUNOLOGY - 9420 ATHENA CIRCLE - LA JOLLA, CA 92037	33-0328688	501(C)(3)	200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
LOYOLA UNIVERSITY DIVISION OF RHEUMATOLOGY - 2160 SOUTH FIRST AVENUE, BLDG 54 - MAYWOOD, IL 60153	36-1408475	501(C)(3)	500.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVENUE BOSTON, MA 02199	04-1564655	501(C)(3)	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS GENERAL HOSPITAL - RESEARCH - BANK OF AMERICA N.A., PO. BOX 414878 - BOSTON, MA 02241-4876	04-2697983	501(C)(3)	60,000.	0.			CLINICIAN SCHOLAR EDUCATOR
MASSACHUSETTS GENERAL HOSPITAL - RESEARCH - BANK OF AMERICA N.A., PO. BOX 414876 - BOSTON, MA 02241-4876	04-2697983	501(C)(3)	199,575.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
MASSACHUSETTS GENERAL HOSPITAL - RESEARCH - BANK OF AMERICA N.A., PO. BOX 414877 - BOSTON, MA 02241-4876	04-2697983	501(C)(3)	25,000.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
MASSACHUSETTS GENERAL HOSPITAL - RESEARCH - BANK OF AMERICA N.A., PO. BOX 414879 - BOSTON, MA 02241-4876	04-2697983	501(C)(3)	50,000.	0.			SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL)
MAYO CLINIC MAYO CLINIC RESEARCH, PO BOX 860334 - MINNEAPOLIS, MN 55486-0334	41-6011702	501(C)(3)	200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
MEDICAL COLLEGE OF GEORGIA 1120 15TH ST. BI-5086 AUGUSTA, GA 30912	58-6002053	GOVT	500.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 19 HAGOOD AVENUE, SUITE 606 MSC808 - CHARLESTON, SC 29403	57-6000722	GOVT	37,500.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 19 HAGOOD AVENUE, SUITE 606 MSC808 - CHARLESTON, SC 29403	57-6000722	GOVT	37,500.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 19 HAGOOD AVENUE, SUITE 606 MSC808 - CHARLESTON, SC 29403	57-6000722	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP

**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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MEDICAL UNIVERSITY OF SOUTH CAROLINA - 19 HAGOOD AVENUE, SUITE 606 MSC808 - CHARLESTON, SC 29403	57-6000722	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 19 HAGOOD AVENUE, SUITE 606 MSC808 - CHARLESTON, SC 29403	57-6000722	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 19 HAGOOD AVENUE, SUITE 606 MSC808 - CHARLESTON, SC 29403	57-6000722	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
MEDSTAR WASHINGTON HOSPITAL CENTER 110 IRVING ST. NW RM 6A-126 WASHINGTON, DC 20010	52-1272129	501(C)(3)	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
MGH INSTITUTE OF HEALTH PROFESSIONS - OFFICE OF THE PROVOST, 36 1ST AVENUE - BOSTON, MA 02129	04-2868893	501(C)(3)	95,198.	0.			INVESTIGATOR AWARD (TRANSLATIONAL)
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - P.O. BOX 415028 - BOSTON, MA 02241-5026	13-5562308	501(C)(3)	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - P.O. BOX 415027 - BOSTON, MA 02241-5026	13-5562308	501(C)(3)	200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - P.O. BOX 415025 - BOSTON, MA 02241-5026	13-5562308	501(C)(3)	87,500.	0.			INVESTIGATOR AWARD (BASIC)
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - P.O. BOX 415026 - BOSTON, MA 02241-5026	13-5562308	501(C)(3)	37,500.	0.			INVESTIGATOR AWARD (BASIC)



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NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE., 215 BK BOSTON, MA 02115	04-1679980	501(C)(3)	73,626.	0.			INVESTIGATOR AWARD (CLINICAL)
NORTHWESTERN UNIVERSITY 750 N. LAKE SHORE DRIVE, RUBLOFF, 7TH FLOOR, 215 BK - CHICAGO, IL 60611	36-2167817	501(C)(3)	200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
NORTHWESTERN UNIVERSITY 752 N. LAKE SHORE DRIVE, RUBLOFF, 7TH FLOOR, 215 BK - CHICAGO, IL 60611	36-2167817	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
NORTHWESTERN UNIVERSITY 751 N. LAKE SHORE DRIVE, RUBLOFF, 7TH FLOOR, 215 BK - CHICAGO, IL 60611	36-2167817	501(C)(3)	15,000.	0.			RESIDENT RESEARCH PRECEPTORSHIP
NORTHWESTERN UNIVERSITY - FEINBERG SCHOOL OF MEDICINE - 752 N. LAKE SHORE DRIVE, RUBLOFF, 7TH FLOOR, 215 BK - CHICAGO, IL 60611	36-2167817	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
NYU SCHOOL OF MEDICINE P.O. BOX 415026 BOSTON, MA 02241-5026	13-5562308	501(C)(3)	125,000.	0.			INVESTIGATOR AWARD (CLINICAL)
NYU SCHOOL OF MEDICINE P.O. BOX 415026 BOSTON, MA 02241-5026	13-5562308	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
NYU SCHOOL OF MEDICINE P.O. BOX 415026 BOSTON, MA 02241-5026	13-5562308	501(C)(3)	50,000.	0.			SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL)
OREGON HEALTH & SCIENCE UNIVERSITY 0690 SW BANCROFT ST., MAILCODE - L106OPAM - PORTLAND, OR 97239-3098	93-1176109	501(C)(3)	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD

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PALO ALTO INSTITUTE FOR RESEARCH & EDUCATION, INC. - 3801 MIRANDA AVE., PO B V-38 - PALO ALTO, CA 94304	77-0207331	501(C)(3)	25,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: K SUPPLEMENT
PALO ALTO INSTITUTE FOR RESEARCH & EDUCATION, INC. - 3801 MIRANDA AVE., PO B V-38 - PALO ALTO, CA 94304	77-0207331	501(C)(3)	200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
PORTLAND VA RESEARCH FOUNDATION PO BOX 69539 PORTLAND, OR 97239	94-3090170	501(C)(3)	74,995.	0.			DISEASE TARGETED RESEARCH - PILOT GRANT - TRANSLATIONAL
PROVIDENCE MEDICAL GROUP 2723 SOUTH 7TH ST. TERRE HAUTE, IN 47802	35-2095108	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
REGENTS OF THE UNIVERSITY OF CALIFORNIA - LOS ANGELES - 11000 KINROSS AVENUE, SUITE 211 - LOS ANGELES, CA 90095	95-6006143	GOVT	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCO - 1855 FOLSOM STREET, SUITE 425 BOX 0897 - SAN FRANCISCO, CA 94103	94-6036493	GOVT	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCO - 1855 FOLSOM STREET, SUITE 425 - SAN FRANCISCO, CA 94143-0815	94-6036493	GOVT	75,000.	0.			SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL)
REGENTS OF THE UNIVERSITY OF CALIFORNIA - UCSD - 9500 GILMAN DRIVE, MC 0009 - LA JOLLA, CA 92093-0009	95-6006144	GOVT	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 S STATE STREET, 1ST FLOOR, ATTN. BETH WENNER, REF 14-PAF2734 - ANN ARBOR, MI 48109	38-6006309	GOVT	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD

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REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 S STATE STREET, 1ST FLOOR, ATTN. BETH WENNER, REF 14-PAF2734 - ANN ARBOR, MI 48109	38-6006309	GOVT	200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
REGENTS OF THE UNIVERSITY OF MINNESOTA - NW5957, PO BOX 1450 - MINNEAPOLIS, MN 55485-5957	41-6007513	GOVT	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
REGENTS OF THE UNIVERSITY OF MINNESOTA - NW5957, PO BOX 1450 - MINNEAPOLIS, MN 55485-5957	41-6007513	GOVT	189,413.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
REGENTS OF THE UNIVERSITY OF MINNESOTA - NW5957, PO BOX 1450 - MINNEAPOLIS, MN 55485-5957	41-6007513	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
REGENTS OF THE UNIVERSITY OF MINNESOTA - NW5957, PO BOX 1450 - MINNEAPOLIS, MN 55485-5957	41-6007513	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
RHODE ISLAND HOSPITAL 593 EDDY ST. GRAD DORMS 214 PROVIDENCE, RI 02903-4923	05-0258954	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION - 5250 CAMPANILE DR. - SAN DIEGO, CA 92182-1911	95-6042721	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
STANFORD UNIVERSITY STANFORD UNIVERSITY LOCKBOX, PO BOX 44253 - SAN FRANCISCO, CA 94144-4253	94-1156365	501(C)(3)	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
STANFORD UNIVERSITY LOCKBOX PO BOX 44253 SAN FRANCISCO, CA 94144-4253	94-1156365	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP

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THE CHILDREN'S HOSPITAL OF PHILADELPHIA - OFFICE OF SPONSORED RESEARCH, 3615 CIVIC CENTER BLVD. ARC 142D - PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
THE CHILDREN'S HOSPITAL OF PHILADELPHIA - OFFICE OF SPONSORED RESEARCH, 3615 CIVIC CENTER BLVD. ARC 142D - PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	50,000.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH - FIMR/ GRANTS MGMT OFFICE, 350 COMMUNITY DRIVE - MANHASSET, NY 11030-3816	11-2673595	501(C)(3)	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH - FIMR/ GRANTS MGMT OFFICE, 350 COMMUNITY DRIVE - MANHASSET, NY 11030-3816	11-2673595	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
THE OHIO STATE UNIVERSITY 1960 KENNY RD COLUMBUS, OH 43210-1016	31-6025986	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
THE PENNSYLVANIA STATE UNIVERSITY 500 UNIVERSITY DRIVE HERSHEY, PA 17033	24-6000376	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1855 FOLSOM STREET, SUITE 425, BOX 0897 - SAN FRANCISCO, CA 94143	94-6036493	GOVT	37,500.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1855 FOLSOM STREET, SUITE 425, BOX 0897 - SAN FRANCISCO, CA 94143	94-6036493	GOVT	75,000.	0.			DISEASE TARGETED RESEARCH - PILOT GRANT - TRANSLATIONAL
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1855 FOLSOM STREET, SUITE 425, BOX 0897 - SAN FRANCISCO, CA 94143	94-6036493	GOVT	200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT

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THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1855 FOLSOM STREET, SUITE 425, BOX 0897 - SAN FRANCISCO, CA 94143	94-6036493	GOVT	200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1855 FOLSOM STREET, SUITE 425, BOX 0897 - SAN FRANCISCO, CA 94143	94-6036493	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1855 FOLSOM STREET, SUITE 425, BOX 0897 - SAN FRANCISCO, CA 94143	94-6036493	GOVT	100,000.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - LOS ANGELES - 1855 FOLSOM STREET, SUITE 425, BOX 0897 - SAN FRANCISCO, CA 94143	94-6036493	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCO - 1855 FOLSOM STREET, SUITE 425, BOX 0897 - SAN FRANCISCO, CA 94143	94-6036493	GOVT	50,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: K SUPPLEMENT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCO - 1855 FOLSOM STREET, SUITE 425, BOX 0897 - SAN FRANCISCO, CA 94143	94-6036493	GOVT	60,000.	0.			CLINICIAN SCHOLAR EDUCATOR
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 S STATE STREET, 1ST FLOOR, ATTN. BETH WENNER, REF 14-PAF2734 - ANN ARBOR, MI 48109	38-6006309	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10065	13-1624158	501(C)(3)	50,000.	0.			SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL)
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - SPONSORED PROJECTS FINANCE, PO BOX 29789 - NEW YORK, NY	13-5598093	501(C)(3)	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD

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THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - SPONSORED PROJECTS FINANCE, PO BOX 29789 - NEW YORK, NY	13-5598093	501(C)(3)	200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - SPONSORED PROJECTS FINANCE, PO BOX 29789 - NEW YORK, NY	13-5598093	501(C)(3)	198,470.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - SPONSORED PROJECTS FINANCE, PO BOX 29789 - NEW YORK, NY	13-5598093	501(C)(3)	50,000.	0.			SCIENTIST DEVELOPMENT AWARD (CLINICAL)
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - SPONSORED PROJECTS FINANCE, PO BOX 29789 - NEW YORK, NY	13-5598093	501(C)(3)	62,500.	0.			SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL)
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET, P221 FRANKLIN BUILDING - PHILADELPHIA, PA 19104-6205	23-1352685	501(C)(3)	75,000.	0.			SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL)
THE UNIVERSITY OF NORTH CAROLINA OFFICE OF SPONSORED RESEARCH, 104 AIRPORT DRIVE, SUITE 2200, CB# 1350 - CHAP	56-6001393	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - OFFICE OF SPONSORED RESEARCH, 104 AIRPORT DRIVE, SUITE 2200, CB# 1350 -	56-6001393	GOVT	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - OFFICE OF SPONSORED RESEARCH, 104 AIRPORT DRIVE, SUITE 2200, CB# 1350 -	56-6001393	GOVT	100,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: R BRIDGE
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - OFFICE OF SPONSORED RESEARCH, 104 AIRPORT DRIVE, SUITE 2200, CB# 1350 -	56-6001393	GOVT	60,000.	0.			CLINICIAN SCHOLAR EDUCATOR

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THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - OFFICE OF SPONSORED RESEARCH, 104 AIRPORT DRIVE, SUITE 2200, CB# 1350 -	56-6001393	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - OFFICE OF SPONSORED RESEARCH, 104 AIRPORT DRIVE, SUITE 2200, CB# 1350 -	56-6001393	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - PO BOX 301418 - DALLAS, TX 75303-1418	74-1761309	GOVT	75,000.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER - 1515 HOLCOMBE BLVD. - HOUSTON, TX 77030	74-6001118	GOVT	198,908.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER - 1515 HOLCOMBE BLVD. - HOUSTON, TX 77030	74-6001118	GOVT	124,965.	0.			INVESTIGATOR AWARD (CLINICAL)
THE WARREN ALPERT MEDICAL SCHOOL AT BROWN UNIVERSITY - 214 RHODE ISLAND HOSPITAL 593 EDDY ST. - PROVIDENCE, RI 02903-4923	05-0258954	501(C)(3)	15,000.	0.			RESIDENT RESEARCH PRECEPTORSHIP
THURSTON ARTHRITIS CENTER AT UNC CHAPEL HILL - 3300 THURSTON BUILDING CB#7280 - CHAPEL HILL, NC 27599-7280	56-6001393	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
TRUSTEES OF BOSTON UNIVERSITY 85 EAST NEWTON ST, M921 BOSTON, MA 02118	04-2103547	501(C)(3)	125,000.	0.			INVESTIGATOR AWARD (CLINICAL)
TRUSTEES OF BOSTON UNIVERSITY 85 EAST NEWTON ST, M921 BOSTON, MA 02118	04-2103547	501(C)(3)	52,742.	0.			SCIENTIST DEVELOPMENT AWARD (CLINICAL)

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TRUSTEES OF BOSTON UNIVERSITY - BUMC - 85 EAST NEWTON ST, M921 - BOSTON, MA 02118	04-2103547	501(C)(3)	125,000.	0.			INVESTIGATOR AWARD (TRANSLATIONAL)
TRUSTEES OF INDIANA UNIVERSITY OFFICE OF RESEARCH ADMINISTRATION, 980 INDIANA AVENUE, ROOM 2232 - INDIANAPOLIS	35-6001673	501(C)(3)	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET, P221 FRANKLIN BUILDING - PHILADELPHIA, PA 19104-6205	23-1352685	501(C)(3)	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET, P221 FRANKLIN BUILDING - PHILADELPHIA, PA 19104-6205	23-1352685	501(C)(3)	25,000.	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	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
TUFTS MEDICAL CENTER 800 WASHINGTON STREET BOSTON, MA 02111	04-3400617	501(C)(3)	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
TUFTS MEDICAL CENTER 800 WASHINGTON STREET BOSTON, MA 02111	04-3400617	501(C)(3)	500.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
TUFTS MEDICAL CENTER 800 WASHINGTON STREET BOSTON, MA 02111	04-3400617	501(C)(3)	5,520.	0.			RESIDENT RESEARCH PRECEPTORSHIP
TUFTS MEDICAL CENTER 800 WASHINGTON STREET BOSTON, MA 02111	04-3400617	501(C)(3)	50,000.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TULANE UNIVERSITY 1430 TULANE AVE NEW ORLEANS, LA 70112	72-0423889	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UCSF CONTROLLER'S OFFICE - CONTRACTS AND GRANTS ACCOUNTING - 1855 FOLSOM STREET, SUITE 425, BOX 0897 - SAN FRANCISCO, CA 94143	94-6036493	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF ROCHESTER 518 HYLAN BUILDING ROCHESTER, NY 14627-0140	16-0743209	501(C)(3)	200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
UNIVERSITY AT BUFFALO PEDIATRIC ASSOCIATES - 239 BRYANT ST. 2ND FLOOR - BUFFALO, NY 01422	16-1238821	501(C)(3)	500.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY AT BUFFALO PEDIATRIC ASSOCIATES - 239 BRYANT ST. 2ND FLOOR - BUFFALO, NY 01422	16-1238821	501(C)(3)	500.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH, AB 990 - BIRMINGHAM, AL 35294-0109	63-6005396	GOVT	183,957.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 701 SOUTH 20TH STREET, AB 990 - BIRMINGHAM, AL 35294-0109	63-6005396	GOVT	125,000.	0.			INVESTIGATOR AWARD (BASIC)
UNIVERSITY OF CALIFORNIA - LOS ANGELES - 11000 KINROSS AVENUE, SUITE 211 - LOS ANGELES, CA 90095	95-6006143	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF CALIFORNIA - SAN FRANCISCO - 1855 FOLSOM ST. STE 425 BOX 0897 - SAN FRANCISCO, CA 94143	94-6036493	GOVT	99,892.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: R 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
UNIVERSITY OF CALIFORNIA - SAN FRANCISCO - 1855 FOLSOM ST. STE 425 BOX 0897 - SAN FRANCISCO, CA 94143	94-6036493	GOVT	294,927.	0.			DISEASE TARGETED RESEARCH CLINICAL GRANT
UNIVERSITY OF CHICAGO 5235 S. HARPER COURT, 4TH FLOOR CHICAGO, IL 60615	36-2177139	GOVT	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
UNIVERSITY OF COLORADO - DENVER GRANTS AND CONTRACT, PO BOX 910238 DENVER, CO 80291-0238	84-6000555	GOVT	50,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: K SUPPLEMENT
UNIVERSITY OF COLORADO - DENVER GRANTS AND CONTRACT, PO BOX 910238 DENVER, CO 80291-0238	84-6000555	GOVT	200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
UNIVERSITY OF COLORADO - DENVER GRANTS AND CONTRACT, PO BOX 910238 DENVER, CO 80291-0238	84-6000555	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF COLORADO - DENVER GRANTS AND CONTRACT, PO BOX 910238 DENVER, CO 80291-0238	84-6000555	GOVT	15,000.	0.			RESIDENT RESEARCH PRECEPTORSHIP
UNIVERSITY OF COLORADO - DENVER GRANTS AND CONTRACT, PO BOX 910238 DENVER, CO 80291-0238	84-6000555	GOVT	100,000.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
UNIVERSITY OF COLORADO - DENVER SCHOOL OF MEDICINE - 3451 WALNUT STREET, P221 FRANKLIN BUILDING - PHILADELPHIA, PA 19104-6205	84-6000555	GOVT	15,000.	0.			RESIDENT RESEARCH PRECEPTORSHIP
UNIVERSITY OF DELAWARE 540 S. COLLEGE AVE, SUITE 210 NEWARK, DE 19713	51-6000297	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
UNIVERSITY OF MARYLAND - BALTIMORE PO BOX 41428 BALTIMORE, MD 21203-6428	52-6002033	GOVT	50,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: K SUPPLEMENT
UNIVERSITY OF MARYLAND - BALTIMORE PO BOX 41428 BALTIMORE, MD 21203-6428	52-6002033	GOVT	59,988.	0.			CLINICIAN SCHOLAR EDUCATOR
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - 55 LAKE AVENUE N. - WORCESTER, MA 01655	04-3167352	GOVT	200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
UNIVERSITY OF MICHIGAN 3003 S STATE STREET ANN ARBOR, MI 48109-1274	38-6006309	GOVT	200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER - 2500 N. STATE STREET - JACKSON, MS 39216	64-6008520	GOVT	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
UNIVERSITY OF NEBRASKA MEDICAL CENTER - 985100 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198-5100	47-0049123	GOVT	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
UNIVERSITY OF NEBRASKA MEDICAL CENTER - 985100 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198-5100	47-0049123	GOVT	200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
UNIVERSITY OF NEBRASKA MEDICAL CENTER - 985100 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198-5100	47-0049123	GOVT	200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
UNIVERSITY OF NORTH CAROLINA - THURSTON ARTHRITIS RESEARCH CENTER - 3300 DOC J. THURSTON BLDG CB #7280 - CHAPEL HILL, NC 27599-7280	56-6001393	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
UNIVERSITY OF NORTH CAROLINA KIDNEY CENTER - 7024 BURNETT-WOMACK CB#7155 - CHAPEL HILL, NC 27599	56-1732213	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE PITTSBURGH, PA 15213	25-0965591	501(C)(3)	50,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: K SUPPLEMENT
UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE PITTSBURGH, PA 15213	25-0965591	501(C)(3)	75,000.	0.			DISEASE TARGETED RESEARCH - PILOT GRANT - TRANSLATIONAL
UNIVERSITY OF TEXAS HEALTH SCIENCE P.O. BOX 301418 DALLAS, TX 75303-1418	74-1761309	501(C)(3)	49,953.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: R BRIDGE
UNIVERSITY OF UTAH 30 N 1900 E., 41300 SOM SALT LAKE CITY, UT 84132	87-6000525	GOVT	75,000.	0.			SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL)
UNIVERSITY OF VERMONT MEDICAL CENTER - 111 COLCHESTER AVE., MAILSTOP 130BS3 - BURLINGTON, VT 05401	03-0219309	501(C)(3)	500.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF VERMONT MEDICAL CENTER - 111 COLCHESTER AVE., MAILSTOP 130BS3 - BURLINGTON, VT 05401	03-0219309	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF VIRGINIA BOX 8001399 HSC DIVISION OF RHEUMATOLOGY - CHARLOTTESVILLE, VA 22908	16-9720656	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE. NE, BOX 359472 SEATTLE, WA 98195	91-6001537	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.)

(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 4333 BROOKLYN AVE. NE, BOX 359472 SEATTLE, WA 98195	91-6001537	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE. NE, BOX 359472 SEATTLE, WA 98195	91-6001537	GOVT	50,000.	0.			PAULA DE MERIEUX FELLOWSHIP TRAINING AWARD
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE. NE, BOX 359472 SEATTLE, WA 98195	91-6001537	GOVT	100,000.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
VANDERBILT UNIVERSITY - DEPT. OF FINANCE - ATTN STEVE TODD, DEPT. 1236 - DALLAS, TX 75312	62-0476822	501(C)(3)	50,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: K SUPPLEMENT
VANDERBILT UNIVERSITY MEDICAL CENTER - DEPT. OF FINANCE - ATTN STEVE TODD, DEPT. 1236 - DALLAS, TX 75312	62-0476822	501(C)(3)	200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
VANDERBILT UNIVERSITY MEDICAL CENTER - DEPT. OF FINANCE - ATTN STEVE TODD, DEPT. 1236 - DALLAS, TX 75312	62-0476822	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
VIRGINIA COMMONWEALTH UNIVERSITY - OFFICE OF SPONSORED PROGRAMS - 800 EAST LEIGH ST. SUITE 3200, PO BOX 980568 - RICHMOND, VA 23298-0568	54-6001758	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
WASHINGTON UNIVERSITY 700 ROSEDALE AVE, CAMPUS BOX 1034 ST. LOUIS, MO 63112-1408	43-0653611	501(C)(3)	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
WASHINGTON UNIVERSITY 700 ROSEDALE AVE, CAMPUS BOX 1034 ST. LOUIS, MO 63112-1408	43-0653611	501(C)(3)	100,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: R 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
WASHINGTON UNIVERSITY 700 ROSEDALE AVE, CAMPUS BOX 1034 ST. LOUIS, MO 63112-1408	43-0653611	501(C)(3)	199,989.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
WASHINGTON UNIVERSITY 700 ROSEDALE AVE, CAMPUS BOX 1034 ST. LOUIS, MO 63112-1408	43-0653611	501(C)(3)	125,000.	0.			INVESTIGATOR AWARD (BASIC)
WASHINGTON UNIVERSITY 700 ROSEDALE AVE, CAMPUS BOX 1034 ST. LOUIS, MO 63112-1408	43-0653611	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
WASHINGTON UNIVERSITY 700 ROSEDALE AVE, CAMPUS BOX 1034 ST. LOUIS, MO 63112-1408	43-0653611	501(C)(3)	49,996.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
YALE UNIVERSITY - GRANT AND CONTRACT FINANCIAL ADMINISTRATION - PO BOX 1873 - NEW HAVEN, CT 06508	06-0646973	501(C)(3)	200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT
YALE UNIVERSITY GCFA, PO BOX 1873 NEW HAVEN, CT 06508-1873	06-0646973	501(C)(3)	100,000.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
YALE UNIVERSITY SCHOOL OF MEDICINE PO BOX 1873, 6508 NEW HAVEN, CT 06508	06-0646973	501(C)(3)	200,000.	0.			DISEASE TARGETED RESEARCH INNOVATIVE GRANT

**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 non-cash assistance
ACR EXCELLENCE IN INVESTIGATIVE MENTORING AWARD	1	3,000.	0.	FMV	THROUGH THE ACR EXCELLENCE IN INVESTIGATIVE MENTORING AWARD, THE FOUNDATION
EDMUND L. DUBOIS, MD MEMORIAL LECTURESHIP	1	750.	0.	FMV	THE FOUNDATION MEMORIAL LECTURESHIPS WERE ESTABLISHED THROUGH THE GENEROSITY
HEALTH PROFESSIONAL ONLINE EDUCATION GRANT	19	21,200.	0.	FMV	THE PURPOSE OF THIS AWARD IS TO INCREASE THE KNOWLEDGE AND SKILLS OF RHEUMAT
ACR HENCH MEMORIAL LECTURE	1	2,500.	0.	FMV	THIS LECTURESHIP WAS ORIGINALLY ESTABLISHED BY THE HENCH SOCIETY AT THE MAYO
MARSHALL J. SCHIFF, MD MEMORIAL FELLOW RESEARCH AWARD	2	3,000.	0.	FMV	THE PURPOSE OF THE MARSHALL J. SCHIFF, MD, MEMORIAL FELLOW RESEARCH AWARD RE

**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	57.	152,000.	0.	FMV	THIS AWARD INTRODUCES STUDENTS TO THE SPECIALTY OF RHEUMATOLOGY BY SUPPORTIN
MEDICAL AND PEDIATRIC RESIDENT RESEARCH AWARD	7.	5,250.	0.	FMV	THIS AWARD MOTIVATES OUTSTANDING RESIDENTS TO PURSUE SUBSPECIALTY TRAINING I
MEMORIAL LECTURESHIP: DR. L. EMMERSON WARD	1.	2,500.	0.	FMV	THE FOUNDATION MEMORIAL LECTURESHIPS WERE ESTABLISHED THROUGH THE GENEROSITY
OSCAR S. GLUCK, MD MEMORIAL LECTURESHIP	1.	1,500.	0.	FMV	THE FOUNDATION MEMORIAL LECTURESHIPS WERE ESTABLISHED THROUGH THE GENEROSITY
PAUL KLEMPERER, MD MEMORIAL LECTURESHIP	1.	1,500.	0.	FMV	THE FOUNDATION MEMORIAL LECTURESHIPS WERE ESTABLISHED THROUGH THE GENEROSITY
PEDIATRIC RESEARCH AWARD	2.	2,000.	0.	FMV	THIS AWARD RECOGNIZES AND PROMOTES SCHOLARSHIP IN THE FIELD OF PEDIATRIC RHE
PEDIATRIC VISITING PROFESSORSHIP	11.	22,000.	0.	FMV	THE PURPOSE OF THE PEDIATRIC VISITING PROFESSORSHIP AWARD IS TO PROVIDE AN E
ACR PRESIDENTIAL GOLD MEDAL	1.	5,000.	0.	FMV	THE HIGHEST AWARD THAT THE ACR CAN BESTOW, THE PRESIDENTIAL GOLD MEDAL IS AW
STUDENT ACHIEVEMENT AWARD	8.	6,000.	0.	FMV	THIS AWARD RECOGNIZES OUTSTANDING MEDICAL AND GRADUATE STUDENTS FOR SIGNIFIC



**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
STUDENT AND RESIDENT ACR/ARHP ANNUAL MEETING SCHOLARSHIP	28.	42,000.	0.	FMV	THE PURPOSE OF STUDENT AND RESIDENT ACR/ARHP ANNUAL MEETING SCHOLARSHIP IS T

**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

**Part IV** Supplemental Information

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

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

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2015**

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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 (e.g., maid, chauffeur, chef) |

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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed 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? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

**5** For persons listed 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? .....
- b** Any related organization? .....
- If "Yes" to 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? .....
- b** Any related organization? .....
- 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 non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**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 .....

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

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

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

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARY WHEATLEY EXECUTIVE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	160,573.	0.	192.	15,469.	10,260.	186,494.	0.
(2) COLLEEN MERKEL, CPA VP, OPERATIONS & FINANCE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	151,514.	0.	552.	14,715.	18,953.	185,734.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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.

Horizontal lines for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2015**

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:

N THE LAST FIVE YEARS, RESEARCHERS RECEIVING FOUNDATION FUNDING HAVE  
PUBLISHED 889 PAPERS, RECEIVED \$89 MILLION IN ADDITIONAL NIH FUNDING  
AND GIVEN 665 PRESENTATIONS.

THE FOUNDATION HAS RECEIVED A 4-STAR RATING, THE HIGHEST OFFERED BY  
CHARITYNAVIGATOR, FOR EIGHT CONSECUTIVE YEARS BASED ON GOOD GOVERNANCE,  
SOUND FISCAL MANAGEMENT AND COMMITMENT TO ACCOUNTABILITY AND  
TRANSPARENCY. ON AVERAGE, 87 CENTS OF EVERY DOLLAR DONATED IS USED TO  
SUPPORT ITS AWARDS AND GRANTS PROGRAM. THIS STATISTIC IS BASED ON A  
FIVE-YEAR ROLLING AVERAGE OF PROGRAM EXPENSES VS. ADMINISTRATIVE  
EXPENSES. FOR THE PAST FIVE YEARS (FY 2012 - 2016), THE AVERAGE IS  
86.57% OF EXPENSES TO SUPPORT PROGRAMS AND 13.43% OF EXPENSES TO  
SUPPORT ADMINISTRATIVE AND FUNDRAISING COSTS. THE ORGANIZATION HAS  
RECEIVED A 4-STAR RATING, THE HIGHEST OFFERED BY CHARITY NAVIGATOR, FOR  
SEVEN CONSECUTIVE YEARS BASED ON GOOD GOVERNANCE, SOUND FISCAL  
MANAGEMENT AND COMMITMENT TO ACCOUNTABILITY AND TRANSPARENCY. THE  
ORGANIZATION HAS COMMITTED OVER \$143M DIRECTLY TO RESEARCH AND TRAINING  
SINCE IT WAS FOUNDED IN 1985.

FORM 990, PART V, LINE 2A

EXPLANATION OF FULL TIME EMPLOYEES:

THE FILING ORGANIZATION HAS A MANAGEMENT CONTRACT WITH RELATED  
ORGANIZATION, AMERICAN COLLEGE OF RHEUMATOLOGY (ACR), UNDER WHICH ACR  
PROVIDES EMPLOYEES WHO PERFORM SERVICES FOR THE ORGANIZATION. THE

Name of the organization

RHEUMATOLOGY RESEARCH FOUNDATION

Employer identification number

58-1654301

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

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

THE AMERICAN COLLEGE OF RHEUMATOLOGY PROVIDES MANAGEMENT AND ADMINISTRATIVE SERVICES FOR THE FOUNDATION. MANAGEMENT FEES CHARGED TO THE FOUNDATION BY THE COLLEGE AMOUNTED TO \$2,299,645 FOR THE FISCAL YEAR ENDING JUNE 30, 2016 AND ARE INCLUDED IN MANAGEMENT FEES IN THE ACCOMPANYING STATEMENTS OF FUNCTIONAL EXPENSES.

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

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

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

A DRAFT COPY OF THE FORM 990 WAS PROVIDED TO THE FULL BOARD FOR THEIR REVIEW AND COMMENT PRIOR TO FILING OF THE RETURN. THE QUESTION AND ANSWER PERIOD OF THE MEETING WAS HELD WITH ASSISTANCE FROM THE VICE PRESIDENT, OPERATIONS AND FINANCE, AND THE TAX PREPARER AND WAS DOCUMENTED IN THE MINUTES. THE EXECUTIVE DIRECTOR SIGNED THE RETURN AFTER CONSIDERING COMMENTS.

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

ALL BOARD MEMBERS ANNUAL SUBMISSION OF DISCLOSURE STATEMENTS ARE ON FILE



Name of the organization

RHEUMATOLOGY RESEARCH FOUNDATION

Employer identification number

58-1654301

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 446,693.

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.

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

OMB No. 1545-0047

**2015**

Open to Public Inspection

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

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

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

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

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

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

Schedule R (Form 990) 2015

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN COLLEGE OF RHEUMATOLOGY	M	2,299,645.	CASH
(2) AMERICAN COLLEGE OF RHEUMATOLOGY	B	305,416.	CASH
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	



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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at** [www.irs.gov/form8868](http://www.irs.gov/form8868) .

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

*Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

**Electronic filing (e-file)** . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

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

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>RHEUMATOLOGY RESEARCH FOUNDATION</b>	Employer identification number (EIN) or <b>58-1654301</b>
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. <b>2200 LAKE BOULEVARD NE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ATLANTA, GA 30319</b>	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-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 EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2017**, 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, 2015**, and ending **JUN 30, 2016**.

**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

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	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 Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
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**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

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

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>RHEUMATOLOGY RESEARCH FOUNDATION</b>	Employer identification number (EIN) or <b>58-1654301</b>
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. <b>2200 LAKE BOULEVARD NE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ATLANTA, GA 30319</b>	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-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 EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2017**, 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, 2015**, and ending **JUN 30, 2016**.

**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

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	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.