

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

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

A For the 2024 calendar year, or tax year beginning 07/01, 2024, and ending 06/30, 2025

B Check if applicable: [] Address change [] Name change [] Initial return [] Final return/terminated [] Amended return [] Application pending
C Name of organization RHEUMATOLOGY RESEARCH FOUNDATION
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2200 LAKE BOULEVARD NE
City or town, state or province, country, and ZIP or foreign postal code
ATLANTA, GA 30319
D Employer identification number 58-1654301
E Telephone number (404) 633-3777
G Gross receipts \$ 65,779,017
H(a) Is this a group return for subordinates? [] Yes [x] No
H(b) Are all subordinates included? [] Yes [] No
If "No," attach a list. See instructions.
H(c) Group exemption number

I Tax-exempt status: [x] 501(c)(3) [] 501(c) () (insert no.) [] 4947(a)(1) or [] 527

J Website: WWW.RHEUMRESEARCH.ORG

K Form of organization: [x] Corporation [] Trust [] Association [] Other L Year of formation: 1985 M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SUPPORT RESEARCH & TRAINING THAT ADVANCES THE PREVENTION, TREATMENT AND CURE OF RHEUMATIC DISEASES.

Table with 2 columns: Description and Amount. Rows include: 2 Check this box [] if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 18. 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 18. 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 0. 6 Total number of volunteers (estimate if necessary) 6 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (Part VIII, line 1h) 8,533,094 14,078,487. 9 Program service revenue (Part VIII, line 2g) 0 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,432,787 5,707,327. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13,965,881 19,785,814.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 12,418,699 11,735,721. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 16b Total fundraising expenses (Part IX, column (D), line 25) 1,983,476. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,979,493 5,334,955. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 17,398,192 17,070,676. 19 Revenue less expenses. Subtract line 18 from line 12 (3,432,311) 2,715,138.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (Part X, line 16) 70,729,610 76,434,619. 21 Total liabilities (Part X, line 26) 1,605,570 3,409,238. 22 Net assets or fund balances. Subtract line 21 from line 20 69,124,040 73,025,381.

Part II Signature Block

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

Sign Here: Signature of officer: ERYN MARCHIOLO, EXECUTIVE DIRECTOR. Date: 03/05/2026.

Paid Preparer Use Only: Print/Type preparer's name: AMY BIBBY. Preparer's signature: AMY BIBBY. Date: 02/26/2026. Check [] if self-employed. PTIN: P00445891. Firm's name: FORVIS MAZARS, LLP. Firm's EIN: 44-0160260. Firm's address: ONE OAK PLAZA SUITE 300, ASHEVILLE, NC 28801. Phone no.: (828) 254-2254.

May the IRS discuss this return with the preparer shown above? See instructions [x] 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 Yes No

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 No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 14,441,757 including grants of \$ 11,735,721) (Revenue \$ 0)
(SEE ON SCHEDULE O)

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

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

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

4e Total program service expenses 14,441,757

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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. See instructions</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<input type="checkbox"/>	<input type="checkbox"/>
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
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?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	
12c		<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
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?		
16b			

Section C. Disclosure

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) COLLEEN MERKEL VP, OPERATIONS AND FINANCE	1.0 40.0				✓			0	246,081	49,300
(2) RACHEL MYSLINSKI EXECUTIVE DIRECTOR	1.0 40.0				✓			0	228,633	45,590
(3) PAULA REED VP, PHILANTHROPY	1.0 40.0				✓			0	177,196	31,255
(4) ERYN MARCHIOLO VP, MISSION	1.0 40.0				✓			0	170,399	30,479
(5) MONA BHAVSAR SR. DIRECTOR, CONTROLLER	1.0 40.0				✓			0	150,824	36,237
(6) KAY BUTTS-PRUETT SR. DIRECTOR, PHILANTHROPY	1.0 40.0					✓		0	135,699	26,649
(7) LAUREN ADALFIO SENIOR MANAGER, FINANCE	1.0 40.0					✓		0	124,549	33,836
(8) BENJAMIN WALKUSKI DIRECTOR, INDIVIDUAL ENGAGEMENT & PHILANTHROPY	1.0 40.0					✓		0	120,925	25,615
(9) COLETTE NOVAK DIRECTOR, DATA STRATEGY	1.0 40.0					✓		0	101,580	31,830
(10) MICHAEL GREER DIRECTOR, PHILANTHROPY OFFICER	1.0 40.0					✓		0	103,524	28,219
(11) LIANA FRAENKEL, MD, MPH FOUNDATION PRESIDENT (2023-2025)	14.0	✓		✓				0	69,000	0
(12) ANNE BASS, MD TREASURER (2023-2025)	14.0	✓		✓				0	47,300	0
(13) BRYCE BINSTADT, MD, PHD FOUNDATION VICE PRESIDENT (2023-2025)	14.0	✓		✓				0	3,434	0
(14) EDWARD BEHRENS, MD CHAIR, SCIENTIFIC ADVISORY COUNCIL (2023-2026)	2.0	✓						0	2,956	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 dotted 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(15) ALEXIS OGDIE, MD MEMBER AT LARGE (2024-2027)	2.0	<input checked="" type="checkbox"/>						0	2,500	0
(16) SUSAN BARTLETT, PHD ARP REPRESENTATIVE (2024-2027)	2.0	<input checked="" type="checkbox"/>						0	2,385	0
(17) ALFRED KIM, MD, PHD CHAIR, IMPACT ADVISORY COUNCIL (2023-2026)	2.0	<input checked="" type="checkbox"/>						0	1,000	0
(18) ANGUS WORTHING, MD SECRETARY (2024-2026)	2.0	<input checked="" type="checkbox"/>						0	0	0
(19) ANISHA DUA, MD CHAIR, ACR COMMITTEE ON TRAINING (2024-2027)	2.0	<input checked="" type="checkbox"/>						0	0	0
(20) CAROL YOUNG, MD MEMBER AT LARGE (2022-2025)	2.0	<input checked="" type="checkbox"/>						0	0	0
(21) CHARLES SAIA MEMBER AT LARGE (2024-2027)	2.0	<input checked="" type="checkbox"/>						0	0	0
(22) CORINNE KARP, MAED MEMBER AT LARGE (2022-2025)	2.0	<input checked="" type="checkbox"/>						0	0	0
(23) FIRAS KASSAB, MD MEMBER AT LARGE (2022-2025)	2.0	<input checked="" type="checkbox"/>						0	0	0
(24) JAY NORMAN MEMBER AT LARGE (2024-2027)	2.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								0	1,687,985	339,010
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								0	1,687,985	339,010

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>

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, INC., 2200 LAKE BOULEVARD NE, ATLANTA, GA 30319	MANAGEMENT SERVICES	2,477,269
MARSTEIN CONSULTING LLC, 1801 5TH AVENUE N, BIRMINGHAM, AL 35203	MARKETING CONSULTING	208,638
MILL CREEK CAPITAL ADVISORS LLC, 161 WASHINGTON ST, STE 1500, CONSHOHOCKEN, PA 19428	CONTRACTED INVESTMENT OFFICER	140,344

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 **3**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events					
	1d	Related organizations					
	1e	Government grants (contributions)					
	1f	All other contributions, gifts, grants, and similar amounts not included above	14,078,487				
	1g	Noncash contributions included in lines 1a-1f	\$				
	1h	Total. Add lines 1a-1f	14,078,487				
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue . .	0	0	0	0	
	g	Total. Add lines 2a-2f	0				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	1,205,164			1,205,164	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	6b	Less: rental expenses					
	6c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	50,495,366			
			(ii) Other				
	7b	Less: cost or other basis and sales expenses	45,993,203				
	7c	Gain or (loss)	4,502,163	0			
	d	Net gain or (loss)	4,502,163			4,502,163	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities. See Part IV, line 19						
9b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
10b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d	All other revenue	0	0	0	0	
	e	Total. Add lines 11a-11d	0				
12	Total revenue. See instructions	19,785,814	0	0	5,707,327		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,555,527	11,555,527		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	180,194	180,194		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management	3,398,572	1,643,293	232,024	1,523,255
b	Legal	53,063	9,401	23,377	20,285
c	Accounting	55,894	33,386	11,129	11,379
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	155,415	107,237	48,178	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	357,876	271,092	74,255	12,529
12	Advertising and promotion				
13	Office expenses	48,187	34,590	2,136	11,461
14	Information technology	128,935	28,762	12,448	87,725
15	Royalties				
16	Occupancy				
17	Travel	506,980	358,934	55,180	92,866
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	497,211	217,908	56,966	222,337
20	Interest	118,351		118,351	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	MISCELLANEOUS	14,471	1,433	11,399	1,639
b	-----				
c	-----				
d	-----				
e	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	17,070,676	14,441,757	645,443	1,983,476
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	3,254,756	2	1,346,416
	3 Pledges and grants receivable, net	9,553,362	3	10,287,835
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	90,127	9	118,462
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 210,311		
	b Less: accumulated depreciation	10b 210,311	10c	0
	11 Investments—publicly traded securities	51,023,383	11	58,299,770
	12 Investments—other securities. See Part IV, line 11	6,807,982	12	6,382,136
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 33)	70,729,610	16	76,434,619	
Liabilities	17 Accounts payable and accrued expenses	1,605,570	17	3,409,238
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	1,605,570	26	3,409,238
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	47,749,292	27	42,827,537
	28 Net assets with donor restrictions	21,374,748	28	30,197,844
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	69,124,040	32	73,025,381
33 Total liabilities and net assets/fund balances	70,729,610	33	76,434,619	

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	19,785,814
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,070,676
3	Revenue less expenses. Subtract line 2 from line 1	3	2,715,138
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	69,124,040
5	Net unrealized gains (losses) on investments	5	865,539
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	320,664
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	73,025,381

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

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 dotted line)	(C) Position (Check all that apply)						(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			
(25) JODY HARGROVE, MD ----- CHAIR, DEVELOPMENT ADVISORY COUNCIL (2022-2025)	2.0 -----	✓						0	0	0
(26) LINDA HIRAKI, MD, MS, SCD ----- ACR RESEARCH REPRESENTATIVE (2023-2026)	2.0 -----	✓						0	0	0
(27) M. ELAINE HUSNI, MD ----- MEMBER AT LARGE (2023-2026)	2.0 -----	✓						0	0	0
(28) RINA JOSHI, DO ----- FELLOW-IN-TRAINING REPRESENTATIVE (2024-2025)	2.0 -----	✓						0	0	0
(29) RYAN DEMASSI, MD ----- CORPORATE ROUNDTABLE REPRESENTATIVE - 2023-2025	2.0 -----	✓						0	0	0
(30) TED MIKULS, MD, MSHP ----- MEMBER AT LARGE (2023-2026)	2.0 -----	✓						0	0	0

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1-10 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20,491,960	6,103,597	12,592,717	8,533,094	14,078,487	61,799,855
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	20,491,960	6,103,597	12,592,717	8,533,094	14,078,487	61,799,855
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						28,798,862
6 Public support. Subtract line 5 from line 4						33,000,993

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	20,491,960	6,103,597	12,592,717	8,533,094	14,078,487	61,799,855
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	782,069	816,681	853,682	856,747	1,205,164	4,514,343
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	66	0	0	66
11 Total support. Add lines 7 through 10						66,314,264
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	49.76 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	45.45 %
16a 33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2024. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2023. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	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>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on 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>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.	Yes	No
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

Part VI

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	(1) MISCELLANEOUS			66			66
	Total	0	0	66	0	0	66

**Schedule B
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

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

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ ----- 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 318,095	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 2,500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ ----- 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ ----- 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ ----- 2,500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 500,000	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.)
-----	----- ----- -----	\$ -----	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.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

Name of organization RHEUMATOLOGY RESEARCH FOUNDATION	Employer identification number 58-1654301
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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 information once. See instructions.) \$ _____
 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
-----	----- ----- -----	----- ----- -----	----- ----- -----

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 1-9 for various questions and values.

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

Table with 2 columns: Description, Amount. Rows 1a-1b, 2a-2b for art and historical treasures.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

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

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

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

Part V Endowment Funds

Complete if the organization answered "Yes" 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	48,670,499	42,967,157	39,522,525	47,563,294	39,200,385
b Contributions	3,919,845	1,001,000	1,002,666	2,000	602,750
c Net investment earnings, gains, and losses	5,525,988	6,384,332	4,404,643	(6,129,935)	9,624,706
d Grants or scholarships					
e Other expenditures for facilities and programs	2,010,372	1,681,990	1,962,677	1,912,834	1,864,547
f Administrative expenses					
g End of year balance	56,105,960	48,670,499	42,967,157	39,522,525	47,563,294

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

- a** Board designated or quasi-endowment 69.93 %
- b** Permanent endowment 19.71 %
- c** Term endowment 10.36 %

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

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

	Yes	No
(i) Unrelated organizations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) Related organizations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		210,311	210,311	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				0

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	6,382,136	END OF YEAR MARKET VALUE
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .	6,382,136	

Part VIII Investments—Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	0

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

Part XIII

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.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	(a) Description	(b) Amount
	RECOVERIES OF PRIOR YEAR GRANTS	320,664
	TOTAL	320,664

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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE FOUNDATION'S ENDOWMENTS CONSIST OF TWENTY-ONE INDIVIDUAL FUNDS ESTABLISHED TO SUPPORT THE FOUNDATION'S MISSION THROUGH PROGRAMS OF RESEARCH AND TRAINING. ENDOWMENTS INCLUDE BOTH DONOR-DIRECTED ENDOWMENT FUNDS AND FUNDS DESIGNED BY THE BOARD OF DIRECTORS TO FUNCTION AS A GENERAL ENDOWMENT.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE FOUNDATION IS RECOGNIZED AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (THE "CODE") AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 512(A) OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX. ACCORDINGLY, NO PROVISION FOR INCOME TAXES 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, 2025.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

RHEUMATOLOGY RESEARCH FOUNDATION

Employer identification number

58-1654301

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	35-2528741	GOVT	12,500				(SEE STATEMENT)
(2) (SEE STATEMENT)	56-6001393	GOVT	200,000				(SEE STATEMENT)
(3) (SEE STATEMENT)	56-6001393	GOVT	1,000				(SEE STATEMENT)
(4) (SEE STATEMENT)	95-1690977	501(C)(3)	50,000				(SEE STATEMENT)
(5) YALE UNIVERSITY PO BOX 208239, NEW HAVEN, CT 06520	06-0646973	GOVT	50,000				(SEE STATEMENT)
(6) YALE UNIVERSITY PO BOX 208239, NEW HAVEN, CT 06520	06-0646973	GOVT	1,000				(SEE STATEMENT)
(7) HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH STREERT, NEW YORK, NY 10021	13-1624135	501(C)(3)	100,000				(SEE STATEMENT)
(8) HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH STREERT, NEW YORK, NY 10021	13-1624135	501(C)(3)	2,000				(SEE STATEMENT)
(9) (SEE STATEMENT)	94-1156365	N/A - C CORP	50,000				(SEE STATEMENT)
(10) THE JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD, BALTIMORE, MD 21211	52-0595110	GOVT	124,961				INVESTIGATOR AWARD - BASIC
(11) THE JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD, BALTIMORE, MD 21211	52-0595110	GOVT	200,000				(SEE STATEMENT)
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 70

3 Enter total number of other organizations listed in the line 1 table 17

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

Cat. No. 50055P

Schedule I (Form 990) (Rev. 12-2024)

Part II

Grants and Other Assistance to Governments and Organizations in the United States (continued)

(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
(12) THE JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD, BALTIMORE, MD 21211	52-0595110	GOVT	100,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD - K SUPPLEMENT
(13) THE JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD, BALTIMORE, MD 21211	52-0595110	GOVT	50,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION
(14) THE JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD, BALTIMORE, MD 21211	52-0595110	GOVT	69,800				SCIENTIST DEVELOPMENT AWARD - CLINICAL
(15) THE CHILDREN'S HOSPITAL OF PHILADELPHIA LOCKBOX #1457 PO BOX 8500, PHILADELPHIA, PA 19178-1457	23-1352166	501(C)(3)	50,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION
(16) THE CHILDREN'S HOSPITAL OF PHILADELPHIA LOCKBOX #1457 PO BOX 8500, PHILADELPHIA, PA 19178-1457	23-1352166	501(C)(3)	50,000				SCIENTIST DEVELOPMENT AWARD - BASIC
(17) THE GENERAL HOSPITAL CORPORATION 55 FRUIT STREET 125N-540, BOSTON, MA 02114	04-2697983	501(C)(3)	50,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD - K SUPPLEMENT
(18) THE GENERAL HOSPITAL CORPORATION 56 FRUIT STREET 125N-540, BOSTON, MA 02114	04-2697983	501(C)(3)	50,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION
(19) THE GENERAL HOSPITAL CORPORATION 57 FRUIT STREET 125N-540, BOSTON, MA 02114	04-2697983	501(C)(3)	100,000				SCIENTIST DEVELOPMENT AWARD - CLINICAL
(20) THE GENERAL HOSPITAL CORPORATION 58 FRUIT STREET 125N-540, BOSTON, MA 02114	04-2697983	501(C)(3)	75,000				SCIENTIST DEVELOPMENT AWARD - TRANSLATIONAL
(21) THE GENERAL HOSPITAL CORPORATION 59 FRUIT STREET 125N-540, BOSTON, MA 02114	04-2697983	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
(22) UNIVERSITY OF DELAWARE 220 HULLIHEN HALL, NEWARK, DE 19716-2103	51-6000297	GOVT	2,500				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
(23) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE, BOSTON, MA 02215	04-2103881	501(C)(3)	50,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION
(24) UNIVERSITY OF COLORADO, DENVER PO BOX 910238, DENVER, CO 80291-0238	84-6000555	GOVT	50,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD - K SUPPLEMENT
(25) UNIVERSITY OF COLORADO, DENVER PO BOX 910238, DENVER, CO 80291-0238	84-6000555	GOVT	50,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION

(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
(26) UNIVERSITY OF COLORADO, DENVER PO BOX 910238, DENVER, CO 80291-0238	84-6000555	GOVT	50,000				SCIENTIST DEVELOPMENT AWARD - TRANSLATIONAL
(27) UNIVERSITY OF COLORADO, DENVER PO BOX 910238, DENVER, CO 80291-0238	84-6000555	GOVT	2,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
(28) AUGUSTA UNIVERSITY RESEARCH INSTITUTE, INC P.O. BOX 945552, ATLANTA, GA 30394-5552	58-1418202		500				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP - CHEVRIER LUPUS RESEARCH FUND
(29) AUGUSTA UNIVERSITY RESEARCH INSTITUTE, INC P.O. BOX 945552, ATLANTA, GA 30394-5552	58-1418202		50,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION
(30) AUGUSTA UNIVERSITY RESEARCH INSTITUTE, INC P.O. BOX 945552, ATLANTA, GA 30394-5552	58-1418202		74,998				SCIENTIST DEVELOPMENT AWARD - CLINICAL
(31) THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK PO BOX 9, ALBANY, GA 12201-0009	14-1368361	501(C)(3)	198,557				INNOVATIVE RESEARCH AWARD - BASIC
(32) UNIVERSITY OF MARYLAND, BALTIMORE P.O. BOX 41428, BALTIMORE, MD 21203-6428	52-6002033	GOVT	50,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION
(33) BRIGHAM AND WOMEN'S HOSPITAL P.O. BOX 3149, BOSTON, MA 02241-4413	04-2312909	501(C)(3)	200,000				INNOVATIVE RESEARCH AWARD - BASIC
(34) BRIGHAM AND WOMEN'S HOSPITAL P.O. BOX 3149, BOSTON, MA 02241-4413	04-2312909	501(C)(3)	100,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD - R BRIDGE
(35) BRIGHAM AND WOMEN'S HOSPITAL P.O. BOX 3149, BOSTON, MA 02241-4413	04-2312909	501(C)(3)	75,000				SCIENTIST DEVELOPMENT AWARD - CLINICAL
(36) CHILDREN'S HOSPITAL CORPORATION P.O. BOX 414413, BOSTON, MA 02241-4413	04-2774441	501(C)(3)	400,000				INNOVATIVE RESEARCH AWARD - BASIC
(37) CHILDREN'S HOSPITAL CORPORATION P.O. BOX 414413, BOSTON, MA 02241-4413	04-2774441	501(C)(3)	50,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD - K SUPPLEMENT
(38) CHILDREN'S HOSPITAL CORPORATION P.O. BOX 414413, BOSTON, MA 02241-4413	04-2774441	501(C)(3)	50,000				AUDREY M. NELSON, MD PEDIATRIC RHEUMATOLOGY FELLOWSHIP ENDOWMENT IN TRAINING
(39) CHILDREN'S HOSPITAL CORPORATION P.O. BOX 414413, BOSTON, MA 02241-4413	04-2774441	501(C)(3)	100,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD - R BRIDGE
(40) CHILDREN'S HOSPITAL CORPORATION P.O. BOX 414413, BOSTON, MA 02241-4413	04-2774441	501(C)(3)	75,000				SCIENTIST DEVELOPMENT AWARD - BASIC
(41) REGENTS OF THE UNIV. OF CALIF., UC SAN DIEGO 9500 GILMAN DRIVE, LA JOLLA, CA 92093-0009	95-6006144	GOVT	200,000				INNOVATIVE RESEARCH AWARD - TRANSLATIONAL
(42) REGENTS OF THE UNIV. OF CALIF., UC SAN DIEGO 9500 GILMAN DRIVE, LA JOLLA, CA 92093-0009	95-6006144	GOVT	50,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION

(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
(43) THE UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE, CHICAGO, IL 60637	36-2177139	GOVT	50,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION
(44) THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 630 W. 168TH STREET, BOX 49, NEW YORK, NY 10032-3702	13-5598093	501(C)(3)	75,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD - K BRIDGE
(45) THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 630 W. 168TH STREET, BOX 49, NEW YORK, NY 10032-3702	13-5598093	501(C)(3)	50,000				SCIENTIST DEVELOPMENT AWARD - CLINICAL
(46) THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 630 W. 168TH STREET, BOX 49, NEW YORK, NY 10032-3702	13-5598093	501(C)(3)	50,000				SCIENTIST DEVELOPMENT AWARD - TRANSLATIONAL
(47) UNIVERSITY OF CALIFORNIA, LOS ANGELES PO BOX 989062, LOS ANGELES, CA 90095	95-6036494	GOVT	2,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP - CHEVRIER LUPUS RESEARCH FUND
(48) UNIVERSITY OF CALIFORNIA, LOS ANGELES PO BOX 989062, LOS ANGELES, CA 90095	95-6036494	GOVT	200,000				INNOVATIVE RESEARCH AWARD - TRANSLATIONAL
(49) UNIVERSITY OF CALIFORNIA, LOS ANGELES PO BOX 989062, LOS ANGELES, CA 90095	95-6036494	GOVT	50,000				PAULA DE MERIEUX FELLOWSHIP TRAINING AWARD
(50) UNIVERSITY OF CALIFORNIA, LOS ANGELES PO BOX 989062, LOS ANGELES, CA 90095	95-6036494	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
(51) EMORY UNIVERSITY 615 MICHAEL ST., 2ND FLOOR, ATLANTA, GA 30322	58-0566256	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
(52) NEW YORK UNIVERSITY SCHOOL OF MEDICINE PROGRAMS PO BOX 415026, BOSTON, MA 02241-5026	13-5562308	GOVT	25,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION
(53) THE BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA 985100 NEBRASKA MEDICAL CENTER, OMAHA, NE 68198-5100	47-0049123	GOVT	200,000				INNOVATIVE RESEARCH AWARD - HEALTH SERVICES
(54) THE BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA 985100 NEBRASKA MEDICAL CENTER, OMAHA, NE 68198-5100	47-0049123	GOVT	50,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD - K SUPPLEMENT
(55) THE BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA 985100 NEBRASKA MEDICAL CENTER, OMAHA, NE 68198-5100	47-0049123	GOVT	25,000				MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION
(56) THE BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA 985100 NEBRASKA MEDICAL CENTER, OMAHA, NE 68198-5100	47-0049123	GOVT	50,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION

(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
(57) THE BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA 985100 NEBRASKA MEDICAL CENTER, OMAHA, NE 68198-5100	47-0049123	GOVT	150,000				SCIENTIST DEVELOPMENT AWARD - CLINICAL
(58) GEORGETOWN UNIVERSITY 3800 RESERVOIR ROAD, NW 3 PASQUERIL, WASHINGTON, DC 20007	53-0196603	GOVT	50,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION
(59) UNIVERSITY OF WASHINGTON 4300 ROOSEVELT WAY NE, SUITE 300, SEATTLE, WA 98104	91-6001537	GOVT	125,000				INVESTIGATOR AWARD - BASIC
(60) THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON 7000 FANNIN ST., HOUSTON, TX 77030	74-1761309	501(C)(3)	36,913				INVESTIGATOR AWARD - BASIC
(61) MAYO CLINIC 200 FIRST STREET SW, ROCHESTER, MN 55905	41-6011702	501(C)(3)	250,000				INVESTIGATOR AWARD - CLINICAL
(62) MAYO CLINIC 200 FIRST STREET SW, ROCHESTER, MN 55905	41-6011702	501(C)(3)	14,883				RESIDENT RESEARCH PRECEPTORSHIP
(63) MAYO CLINIC 200 FIRST STREET SW, ROCHESTER, MN 55905	41-6011702	501(C)(3)	75,000				SCIENTIST DEVELOPMENT AWARD - TRANSLATIONAL
(64) AMERICAN COLLEGE OF RHEUMATOLOGY 2200 LAKE BOULEVARD, NE, ATLANTA, GA 30319	58-1627547	501(C)(6)	15,250				UNDERREPRESENTED MEDICAL STUDENTS (PROJECT LEAD)
(65) AMERICAN COLLEGE OF RHEUMATOLOGY 2200 LAKE BOULEVARD, NE, ATLANTA, GA 30319	58-1627547	501(C)(6)	3,000				THE EXCELLENCE IN INVESTIGATIVE MENTORING AWARD
(66) AMERICAN COLLEGE OF RHEUMATOLOGY 2200 LAKE BOULEVARD, NE, ATLANTA, GA 30319	58-1627547	501(C)(6)	5,000				THE PRESIDENTIAL GOLD MEDAL
(67) AMERICAN COLLEGE OF RHEUMATOLOGY 2200 LAKE BOULEVARD, NE, ATLANTA, GA 30319	58-1627547	501(C)(6)	143,173				FELLOWS FUND
(68) REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S. STATE STREET, ANN ARBOR, MI 48109-1274	38-6006309	GOVT	400,000				INNOVATIVE RESEARCH AWARD - TRANSLATIONAL
(69) REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S. STATE STREET, ANN ARBOR, MI 48109-1274	38-6006309	GOVT	30,000				STUDENT & RESIDENT RESEARCH AWARD
(70) REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S. STATE STREET, ANN ARBOR, MI 48109-1274	38-6006309	GOVT	50,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION
(71) REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S. STATE STREET, ANN ARBOR, MI 48109-1274	38-6006309	GOVT	100,000				SCIENTIST DEVELOPMENT AWARD - BASIC

(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
(72) REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S. STATE STREET, ANN ARBOR, MI 48109-1274	38-6006309	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
(73) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE. SOUTH, FIN SRV BLD BO, BIRMINGHAM, AL 35294-0111	63-6005396	GOVT	124,996				INVESTIGATOR AWARD - CLINICAL
(74) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE. SOUTH, FIN SRV BLD BO, BIRMINGHAM, AL 35294-0111	63-6005396	GOVT	200,000				INNOVATIVE RESEARCH AWARD - BASIC
(75) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE. SOUTH, FIN SRV BLD BO, BIRMINGHAM, AL 35294-0111	63-6005396	GOVT	50,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION
(76) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE. SOUTH, FIN SRV BLD BO, BIRMINGHAM, AL 35294-0111	63-6005396	GOVT	49,999				SCIENTIST DEVELOPMENT AWARD - CLINICAL
(77) TUFTS MEDICAL CENTER, INC. 800 WASHINGTON ST., BOSTON, MA 02111	04-3400617	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP - CHEVRIER LUPUS RESEARCH FUND
(78) TUFTS MEDICAL CENTER, INC. 800 WASHINGTON ST., BOSTON, MA 02111	04-3400617	501(C)(3)	50,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION
(79) DUKE UNIVERSITY 324 BLACKWELL STREET SUITE 900, DURHAM, NC 27701	56-0532129	GOVT	100,000				FOREUM/RRF PARTNERSHIP AWARD
(80) DUKE UNIVERSITY 324 BLACKWELL STREET SUITE 900, DURHAM, NC 27701	56-0532129	GOVT	124,999				INVESTIGATOR AWARD - TRANSLATIONAL
(81) DUKE UNIVERSITY 324 BLACKWELL STREET SUITE 900, DURHAM, NC 27701	56-0532129	GOVT	75,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD - K BRIDGE
(82) DUKE UNIVERSITY 324 BLACKWELL STREET SUITE 900, DURHAM, NC 27701	56-0532129	GOVT	15,000				LAWREN H. DALTROY PRECEPTORSHIP IN HEALTH COMMUNICATION
(83) DUKE UNIVERSITY 324 BLACKWELL STREET SUITE 900, DURHAM, NC 27701	56-0532129	GOVT	100,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION
(84) DUKE UNIVERSITY 324 BLACKWELL STREET SUITE 900, DURHAM, NC 27701	56-0532129	GOVT	2,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
(85) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET 5TH FLOOR FRANKL, PHILADELPHIA, PA 19104-6205	23-1352685	GOVT	75,000				TOBÉ AND STEPHEN E. MALAWISTA, MD, ENDOWMENT IN ACADEMIC RHEUMATOLOGY
(86) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET 5TH FLOOR FRANKL, PHILADELPHIA, PA 19104-6205	23-1352685	GOVT	30,000				STUDENT & RESIDENT RESEARCH AWARD

(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
(87) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET 5TH FLOOR FRANKL, PHILADELPHIA, PA 19104-6205	23-1352685	GOVT	50,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION
(88) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET 5TH FLOOR FRANKL, PHILADELPHIA, PA 19104-6205	23-1352685	GOVT	25,000				SCIENTIST DEVELOPMENT AWARD - TRANSLATIONAL
(89) NORTHWESTERN UNIVERSITY 633 CLARK, ROOM G547ASRSP, EVANSTON, IL 60208-1112	36-2167817	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP - CHEVRIER LUPUS RESEARCH FUND
(90) NORTHWESTERN UNIVERSITY 633 CLARK, ROOM G547ASRSP, EVANSTON, IL 60208-1112	36-2167817	GOVT	60,000				CLINICIAN SCHOLAR EDUCATOR AWARD
(91) NORTHWESTERN UNIVERSITY 633 CLARK, ROOM G547ASRSP, EVANSTON, IL 60208-1112	36-2167817	GOVT	199,999				INNOVATIVE RESEARCH AWARD - TRANSLATIONAL
(92) NORTHWESTERN UNIVERSITY 633 CLARK, ROOM G547ASRSP, EVANSTON, IL 60208-1112	36-2167817	GOVT	50,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION
(93) UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD, DALLAS, TX 75390-9069	75-6002868	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP - CHEVRIER LUPUS RESEARCH FUND
(94) UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD, DALLAS, TX 75390-9069	75-6002868	GOVT	200,000				INNOVATIVE RESEARCH AWARD - BASIC
(95) UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD, DALLAS, TX 75390-9069	75-6002868	GOVT	100,000				SCIENTIST DEVELOPMENT AWARD - TRANSLATIONAL
(96) BAYLOR COLLEGE OF MEDICINE 1102 BATES AVE., SUITE 330, HOUSTON, TX 77030	74-1613878	501(C)(3)	124,998				CLINICIAN SCHOLAR EDUCATOR AWARD, INNOVATIVE RESEARCH AWARD, INNOVATIVE RESEARCH AWARD FOR COMMUNITY PRACTITIONERS, INVESTIGATOR AWARD, OR THE SCIENTIST DEVELOPMENT AWARD
(97) BAYLOR COLLEGE OF MEDICINE 1102 BATES AVE., SUITE 330, HOUSTON, TX 77030	74-1613878	501(C)(3)	50,000				FELLOWSHIP TRAINING AWARD
(98) BAYLOR COLLEGE OF MEDICINE 1102 BATES AVE., SUITE 330, HOUSTON, TX 77030	74-1613878	501(C)(3)	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
(99) BOSTON UNIVERSITY 72 E CONCORD STREET, BOSTON, MA 02118	04-2103547	GOVT	62,500				INVESTIGATOR AWARD - CLINICAL

(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
(100) BOSTON UNIVERSITY 72 E CONCORD STREET, BOSTON, MA 02118	04-2103547	GOVT	200,000				INNOVATIVE RESEARCH AWARD - HEALTH SERVICES
(101) BOSTON UNIVERSITY 72 E CONCORD STREET, BOSTON, MA 02118	04-2103547	GOVT	199,976				CLINICIAN SCHOLAR EDUCATOR AWARD, INNOVATIVE RESEARCH AWARD, INNOVATIVE RESEARCH AWARD FOR COMMUNITY PRACTITIONERS, INVESTIGATOR AWARD, OR THE SCIENTIST DEVELOPMENT AWARD
(102) UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE RM 406, SALT LAKE CITY, UT 84112-9020	87-6000525	GOVT	50,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION
(103) UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE RM 406, SALT LAKE CITY, UT 84112-9020	87-6000525	GOVT	1,500				PEDIATRIC VISITING PROFESSORSHIP
(104) REGENTS OF THE UNIVERSITY OF CALIFORNIA, SF 1855 FOLSOM ST., SUITE 425, SAN FRANCISCO, CA 94143	94-6036493	GOVT	70,000				CLINICIAN SCHOLAR EDUCATOR AWARD
(105) REGENTS OF THE UNIVERSITY OF CALIFORNIA, SF 1855 FOLSOM ST., SUITE 425, SAN FRANCISCO, CA 94143	94-6036493	GOVT	50,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION
(106) REGENTS OF THE UNIVERSITY OF CALIFORNIA, SF 1855 FOLSOM ST., SUITE 425, SAN FRANCISCO, CA 94143	94-6036493	GOVT	250,000				SCIENTIST DEVELOPMENT AWARD - BASIC
(107) REGENTS OF THE UNIVERSITY OF CALIFORNIA, SF 1855 FOLSOM ST., SUITE 425, SAN FRANCISCO, CA 94143	94-6036493	GOVT	2,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
(108) REGENTS OF THE UNIVERSITY OF MINNESOTA P.O. BOX 1450, MINNEAPOLIS, MN 55485-5957	41-6007513	GOVT	100,000				SCIENTIST DEVELOPMENT AWARD - BASIC
(109) REGENTS OF THE UNIVERSITY OF MINNESOTA P.O. BOX 1450, MINNEAPOLIS, MN 55485-5957	41-6007513	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
(110) CHILDREN'S HOSPITAL OF PITTSBURGH FOUNDATION 4401 PENN AVE CENTRAL PLANT, FLOOR, PITTSBURGH, PA 15224	25-1865744	501(C)(3)	50,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION
(111) WASHINGTON UNIVERSITY IN ST. LOUIS 700 ROSEDALE AVE CAMPUS BOX 1034, ST. LOUIS, MO 63112-1408	43-0653611	GOVT	37,500				CAREER DEVELOPMENT BRIDGE FUNDING AWARD - K BRIDGE
(112) WASHINGTON UNIVERSITY IN ST. LOUIS 700 ROSEDALE AVE CAMPUS BOX 1034, ST. LOUIS, MO 63112-1408	43-0653611	GOVT	50,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD - K SUPPLEMENT

(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
(113) WASHINGTON UNIVERSITY IN ST. LOUIS 700 ROSEDALE AVE CAMPUS BOX 1034, ST. LOUIS, MO 63112-1408	43-0653611	GOVT	24,673				MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION
(114) WASHINGTON UNIVERSITY IN ST. LOUIS 700 ROSEDALE AVE CAMPUS BOX 1034, ST. LOUIS, MO 63112-1408	43-0653611	GOVT	50,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION
(115) WASHINGTON UNIVERSITY IN ST. LOUIS 700 ROSEDALE AVE CAMPUS BOX 1034, ST. LOUIS, MO 63112-1408	43-0653611	GOVT	81,880				SCIENTIST DEVELOPMENT AWARD - BASIC
(116) OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK ROAD L1060, PORTLAND, OR 97239-3098	93-1176109	GOVT	50,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION
(117) CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVE, CINCINNATI, OH 45229	31-0833936	501(C)(3)	50,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION
(118) CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVE, CINCINNATI, OH 45229	31-0833936	501(C)(3)	1,500				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
(119) INDIANA UNIVERSITY P.O. BOX 7800, DETROIT, MI 48278-0896	35-6001673	GOVT	50,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION
(120) UNIVERSITY OF PITTSBURGH MEDICAL CENTER 600 GRANT ST 58TH FLOOR, PITTSBURGH, PA 15219	23-2919472	GOVT	15,000				EPHRAIM P. ENGLEMAN ENDOWED RESIDENT RESEARCH PRECEPTORSHIP
(121) UNIVERSITY OF PITTSBURGH MEDICAL CENTER 600 GRANT ST 58TH FLOOR, PITTSBURGH, PA 15219	23-2919472	GOVT	50,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD - R BRIDGE
(122) LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER SHREVEPORT 1501 KINGS HIGHWAY, SHREVEPORT, LA 71103	72-0702002	GOVT	50,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION
(123) CHILDREN'S NATIONAL MEDICAL CENTER AND CHILDREN'S RESEARCH INSTITUTE 111 MICHIGAN AVE NW, WASHINGTON, DC 20010	52-1654453	501(C)(3)	158,952				INNOVATIVE RESEARCH AWARD - HEALTH SERVICES
(124) UNIVERSITY OF FLORIDA SUITE 1250 EAST CAMPUS OFFICE BUILD, GAINESVILLE, FL 32611	59-6002052	GOVT	125,000				INVESTIGATOR AWARD - CLINICAL
(125) THE GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE, ASHBURN, VA 20147	53-0196584	501(C)(3)	200,000				INNOVATIVE RESEARCH AWARD - TRANSLATIONAL
(126) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI ONE GUSTAVE L. LEVY PLACE SPONSORED, NEW YORK, NY 10029-6574	13-6171197		50,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION

(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
(127) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI ONE GUSTAVE L. LEVY PLACE SPONSORED, NEW YORK, NY 10029-6574	13-6171197		80,000				NORMAN B. GAYLIS, MD, RESEARCH AWARD FOR RHEUMATOLOGISTS IN COMMUNITY PRACTICE
(128) VIRGINIA COMMONWEALTH UNIVERSITY 800 E LEIGH STREET, RICHMOND, VA 23284	54-6001758	GOVT	50,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION
(129) SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE M/S 818-RI, SEATTLE, WA 98105-3901	91-0564748		4,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
(130) OHIO UNIVERSITY PO BOX 960, ATHENS, OH 45701	31-6402113	GOVT	200,000				INNOVATIVE RESEARCH AWARD - BASIC
(131) GOOD SAMARITAN FOUNDATION PO BOX 4484, PORTLAND, OR 97208	23-7017276		60,000				CLINICIAN SCHOLAR EDUCATOR AWARD
(132) UNIVERSITY OF ARIZONA PO BOX 41867, TUCSON, AZ 85717	74-2652689	GOVT	200,000				CLINICIAN SCHOLAR EDUCATOR AWARD, INNOVATIVE RESEARCH AWARD, INNOVATIVE RESEARCH AWARD FOR COMMUNITY PRACTITIONERS, INVESTIGATOR AWARD, OR THE SCIENTIST DEVELOPMENT AWARD
(133) UNIVERSITY OF ARIZONA PO BOX 41867, TUCSON, AZ 85717	74-2652689	GOVT	50,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION
(134) UNIVERSITY OF ARIZONA PO BOX 41867, TUCSON, AZ 85717	74-2652689	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
(135) THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER P.O. BOX 4266 ATTN: AMANDA FERGUSON, HOUSTON, TX 77210-4266	74-6001118	GOVT	199,500				INNOVATIVE RESEARCH AWARD - HEALTH SERVICES
(136) PUBLIC HEALTH TRUST OF MIAMI DADE COUNTY, FLORIDA 1611 NW 12TH AVENUE, MIAMI, FL 33136-1005	59-1713947	501(C)(3)	15,000				RESIDENT RESEARCH PRECEPTORSHIP
(137) RHEUMATOLOGY SERVICES OF FLORIDA 549 NW LAKE WHITNEY PLACE SUITE 105, PORT SAINT LUCIE, FL 34986	80-0173837		1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
(138) THE VANDERBILT UNIVERSITY PMB 401591, NASHVILLE, TN 37240-1591	62-0476822	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
(139) ANN AND ROBERT H LURIE CHILDRENS HOSPITAL OF CHICAGO 225 EAST CHICAGO AVENUE, BOX 271, CHICAGO, IL 60611-2605	36-2170833		50,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION
(140) HMM HOSPITALS CORPORATION 343 THORNALL STREET, 2ND FLOOR, EDISON, NJ 08837-2206	22-1487576	501(C)(3)	50,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION
(141) UNIVERSITY OF PITTSBURGH 4200 FIFTH AVENUE, PITTSBURGH, PA 15260	25-0965591	GOVT	125,000				INVESTIGATOR AWARD - CLINICAL

(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
(142) UNIVERSITY OF PITTSBURGH 4200 FIFTH AVENUE, PITTSBURGH, PA 15260	25-0965591	GOVT	25,000				TOBÉ AND STEPHEN E. MALAWISTA, MD, ENDOWMENT IN ACADEMIC RHEUMATOLOGY
(143) UNIVERSITY OF PITTSBURGH 4200 FIFTH AVENUE, PITTSBURGH, PA 15260	25-0965591	GOVT	50,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD - R BRIDGE
(144) UNIVERSITY OF PITTSBURGH 4200 FIFTH AVENUE, PITTSBURGH, PA 15260	25-0965591	GOVT	30,000				STUDENT & RESIDENT RESEARCH AWARD
(145) BOARD OF REGENTS OF UNIVERSITY OF WISCONSIN SYSTEM 21 NORTH PARK STREET, SUITE 6301, MADISON, WI 53715	39-6006492	GOVT	199,993				INNOVATIVE RESEARCH AWARD - TRANSLATIONAL
(146) BOARD OF REGENTS OF UNIVERSITY OF WISCONSIN SYSTEM 21 NORTH PARK STREET, SUITE 6301, MADISON, WI 53715	39-6006492	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
(147) DANA-FARBER CANCER INSTITUTE, INC. 450 BROOKLINE AVENUE, BP-2150, BOSTON, MA 02215-5450	04-2263040	501(C)(3)	50,000				SCIENTIST DEVELOPMENT AWARD - BASIC
(148) RUSH UNIVERSITY MEDICAL CENTER 1201 W. HARRISON STREET, SUITE 300, CHICAGO, IL 60607	36-2174823	501(C)(3)	49,400				SCIENTIST DEVELOPMENT AWARD - CLINICAL
(149) TRUSTEES OF TUFTS COLLEGE 136 HARRISON AVE., BOSTON, MA 02111	04-2103634		1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
(150) PENOBSOT COMMUNITY HEALTH CENTER 103 MAINE AVENUE, BANGOR, ME 04401	01-0514750	501(C)(3)	25,000				MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION
(151) BROWN UNIVERSITY 350 EDDY STREET, BOX 1929, PROVIDENCE, RI 02912	94-6036493	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
(152) BOSTON MEDICAL CENTER CORPORATION 960 MASS AVE., 2ND FLOOR CUBE 2452-, BOSTON, MA 02118-2908	04-3314093		15,000				RESIDENT RESEARCH PRECEPTORSHIP
(153) EMPOWERED ARTHRITIS & RHEUMATOLOGY 300 ASHVILLE AVE SUITE 301, CARY, NC 27518	88-2631287		1,050				HEALTH PROFESSIONAL ONLINE EDUCATION GRANT
(154) EMPOWERED ARTHRITIS & RHEUMATOLOGY 300 ASHVILLE AVE SUITE 301, CARY, NC 27518	88-2631287		25,000				MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION
(155) THE CLEVELAND CLINIC FOUNDATION PO BOX 931531, CLEVELAND, OH 44193	34-0714585	501(C)(3)	62,500				INVESTIGATOR AWARD - CLINICAL
(156) THE CLEVELAND CLINIC FOUNDATION PO BOX 931531, CLEVELAND, OH 44193	34-0714585	501(C)(3)	101,339				SCIENTIST DEVELOPMENT AWARD - CLINICAL

(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
(157) NYU GROSSMAN SCHOOL OF MEDICINE ONE PARK AVENUE 6TH FLOOR, YORK, NY 10016	13-5562308	GOVT	25,000				FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION
(158) THE UNIVERSITY OF IOWA 2 GILMORE HALL, CITY, IA 52242	42-6004813	GOVT	14,985				LAWREN H. DALTRY PRECEPTORSHIP IN HEALTH COMMUNICATION
(159) ENDEAVOR HEALTH CLINICAL OPERATIONS 1301 CENTRAL STREET, EVANSTON, IL 60201	36-2167060	501(C)(3)	50,000				MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION
(160) MULTICARE FOUNDATIONS 315 MLK JR WAY, TACOMA, WA 98405	91-1514257	501(C)(3)	25,000				MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION
(161) WEITZNER MD, YONKER DO, AND KAINE MD, PA 1945 VERSAILLES STREET, SARASOTA, FL 34239	59-1842511		25,000				MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION
(162) TRIANGLE ARTHRITIS & RHEUMATOLOGY ASSOCIATES 3101 JOHN HUMPHRIES WYND, RALEIGH, NC 27612	56-1878297		25,000				MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION
(163) RHEUMATOLOGY ASSOCIATES, PC 2979 VICTORIA ST, BETTENDORF, IA 52722	26-1643846		50,000				MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION
(164) GRAPEVINE RHEUMATOLOGY CLINIC PO BOX 3767, GRAPEVINE, TX 76099	46-0887712		23,497				MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION
(165) CAROLINA RHEUMATOLOGY AND INTERNAL MEDICINE 2125 VALLEYGATE DRIVE, SUITE 201, FAYETTEVILLE, NC 28314	26-4826577		25,000				MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION
(166) ALLERGY ASTHMA AND ARTHRITIS CENTER 709 N CLYDE MORRIS BLVD, BEACH, FL 32114	59-1641576		25,000				MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION
(167) ARTHRITIS AND RHEUMATISM ASSOCIATES PC 2730 UNIVERSITY BLVD W SUITE 310, WHEATON, MD 20902	52-1072944		24,991				MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION
(168) ARTICULARIS HEALTHCARE GROUP 2015 2ND AVE SUITE 204, SUMMERVILLE, SC 29486	57-1099718		25,000				MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION
(169) MEDICAL UNIVERSITY OF SOUTH CAROLINA 96 JONATHAN LUCAS ST. SUITE 822 MSC, CHARLESTON, SC 29425	57-6000722	GOVT	1,000				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP - CHEVRIER LUPUS RESEARCH FUND
(170) ANSCHUTZ MEDICAL CAMPUS 13001 E 17TH PLACE, ROOM W1124, AURORA, CO 80045-2571	84-6000555	GOVT	500				MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP

Part III

Grants and Other Assistance to Individuals in the United States (continued)

(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
(7) MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP	21	69,181			
(8) MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP	2	8,000			
(9) MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP - CHEVRIER LUPUS RESEARCH FUND	1	1,500			
(10) MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP - CHEVRIER LUPUS RESEARCH FUND	6	18,009			
(11) MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION	1	24,970			
(12) OSCAR S. GLUCK, MD, MEMORIAL LECTURESHIP	1	1,500			
(13) PEDIATRIC RHEUMATOLOGY FELLOW RESEARCH AWARD	5	7,531			
(14) PEDIATRIC VISITING PROFESSORSHIP	8	12,000			
(15) PHILIP HENCH, MD MEMORIAL LECTURESHIP	1	1,500			
(16) RHEUMATOLOGY RESEARCH FOUNDATION MEMORIAL LECTURESHIP	1	2,500			

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	<p>THE RHEUMATOLOGY RESEARCH FOUNDATION MAINTAINS AN EXTENSIVE AWARDS AND GRANTS PORTFOLIO, WITH 22 SUPPORT MECHANISMS FOR RHEUMATOLOGISTS AND RHEUMATOLOGY HEALTH PROFESSIONALS IN THE U.S. 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 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, 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 ADDITIONAL TO REGULAR OVERSIGHT AS DESCRIBED ABOVE, PORTFOLIO REVIEW 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:</p> <p>GUIDELINES FOR AWARDING OF FOUNDATION AWARDS AND GRANTS</p> <p>I.THE FOUNDATION WILL NOT PERMIT AND EXTERNAL ENTITIES TO SELECT (OR INFLUENCE THE SELECTION OF) RECIPIENTS OF FOUNDATION AWARDS OR GRANTS. II.THE FOUNDATION WILL APPOINT INDEPENDENT COMMITTEES TO SELECT RECIPIENTS OF FOUNDATION AWARDS OR GRANTS BASED ON PEER REVIEW OF GRANT APPLICATIONS. III.THE FOUNDATION WILL NOT REQUIRE RECIPIENTS OF FOUNDATION AWARDS OR GRANTS TO MEET WITH EXTERNAL ENTITIES. IV.THE FOUNDATION WILL NOT PERMIT ANY EXTERNAL ENTITY THAT SUPPORTS FOUNDATION AWARDS OR GRANTS TO REQUIRE INTELLECTUAL PROPERTY RIGHTS OR ROYALTIES ARISING OUT OF THE GRANT-FUNDED RESEARCH. V.THE FOUNDATION WILL NOT PERMIT ANY EXTERNAL ENTITY THAT SUPPORTS FOUNDATION AWARDS OR GRANTS TO CONTROL OR INFLUENCE MANUSCRIPTS THAT ARISE FROM THE GRANT-FUNDED RESEARCH.</p>
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>VANDERBILT UNIVERSITY MEDICAL CENTER 3319 WEST END AVE, STE 970, NASHVILLE, TN 37203-6856</p>
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE SUITE 2200, CHAPEL HILL, NC 27599-1350</p>
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE SUITE 2200, CHAPEL HILL, NC 27599-1350</p>
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>CHILDREN'S HOSPITAL OF LOS ANGELES 4650 SUNSET BOULEVARD MS #29, LOS ANGELES, CA 90027</p>
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY 485 BROADWAY, REDWOOD CITY, CA 94063</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>VANDERBILT UNIVERSITY MEDICAL CENTER: SCIENTIST DEVELOPMENT AWARD - CLINICAL</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL: INNOVATIVE RESEARCH AWARD - TRANSLATIONAL</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL: MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>CHILDREN'S HOSPITAL OF LOS ANGELES: FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>YALE UNIVERSITY: FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION</p>

Return Reference - Identifier	Explanation
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	YALE UNIVERSITY: MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	HOSPITAL FOR SPECIAL SURGERY: SCIENTIST DEVELOPMENT AWARD - BASIC
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	HOSPITAL FOR SPECIAL SURGERY: MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY: FELLOWSHIP TRAINING AWARD FOR WORKFORCE EXPANSION
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	THE JOHNS HOPKINS UNIVERSITY: INNOVATIVE RESEARCH AWARD - CLINICAL
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	EDMUND L. DUBOIS, MD, MEMORIAL LECTURESHIP
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	HEALTH PROFESSIONAL ONLINE EDUCATION GRANT
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	MARSHALL J. SCHIFF, MD, MEMORIAL FELLOW RESEARCH AWARD
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

RHEUMATOLOGY RESEARCH FOUNDATION

Employer identification number

58-1654301

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p>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</p>	✓	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	✓	
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <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 type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p> <p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>		✓
		✓
		✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		✓
		✓
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		✓
		✓
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>		✓
<p>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</p>		✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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	COLLEEN MERKEL	(i) 0	0	0	0	0	0	0
	VP, OPERATIONS AND FINANCE	(ii) 242,844	2,205	1,032	25,546	23,754	295,381	0
2	RACHEL MYSLINSKI	(i) 0	0	0	0	0	0	0
	EXECUTIVE DIRECTOR	(ii) 226,688	1,705	240	23,289	22,301	274,223	0
3	PAULA REED	(i) 0	0	0	0	0	0	0
	VP, PHILANTHROPY	(ii) 172,409	3,203	1,584	14,716	16,539	208,451	0
4	ERYN MARCHIOLO	(i) 0	0	0	0	0	0	0
	VP, MISSION	(ii) 165,942	4,217	240	13,945	16,534	200,878	0
5	MONA BHAVSAR	(i) 0	0	0	0	0	0	0
	SR. DIRECTOR, CONTROLLER	(ii) 147,055	3,217	552	12,904	23,333	187,061	0
6	KAY BUTTS-PRUETT	(i) 0	0	0	0	0	0	0
	SR. DIRECTOR, PHILANTHROPY	(ii) 133,238	2,221	240	11,177	15,472	162,348	0
7	LAUREN ADALFIO	(i) 0	0	0	0	0	0	0
	SENIOR MANAGER, FINANCE	(ii) 123,116	1,217	216	10,647	23,189	158,385	0
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(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.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL	PARTNER OR SIGNIFICANT OTHER TRAVEL COSTS ARE REIMBURSED FOR EXECUTIVE COMMITTEE MEMBERS ONLY, UNDER THE FOLLOWING CIRCUMSTANCES: TRAVEL COVERED FOR UP TO 3 MEETINGS PER YEAR, INCLUDING ONE INTERNATIONAL TRIP, TO BE USED ANYTIME DURING THE OFFICIAL YEAR. FOR THE INTERNATIONAL MEETING PARTNER OR SIGNIFICANT OTHERS MAY TRAVEL BUSINESS CLASS.
SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS	PARTNER OR SIGNIFICANT OTHER TRAVEL COSTS ARE REIMBURSED FOR EXECUTIVE COMMITTEE MEMBERS ONLY, UNDER THE FOLLOWING CIRCUMSTANCES: TRAVEL COVERED FOR UP TO 3 MEETINGS PER YEAR, INCLUDING ONE INTERNATIONAL TRIP, TO BE USED ANYTIME DURING THE OFFICIAL YEAR. FOR THE INTERNATIONAL MEETING PARTNER OR SIGNIFICANT OTHERS MAY TRAVEL BUSINESS CLASS.

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Rheumatology Research Foundation

Employer identification number

58-1654301

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>FOUNDATION PROGRAMS SUPPORT RESEARCH INVESTIGATING THE BROAD SPECTRUM OF RHEUMATIC DISEASES, INCLUDING BUT NOT LIMITED TO: JUVENILE IDIOPATHIC ARTHRITIS, OSTEOARTHRITIS, PEDIATRIC SYSTEMIC LUPUS ERYTHEMATOSUS, RHEUMATOID ARTHRITIS, SCLERODERMA, SPONDYLOARTHROPATHIES, SYSTEMIC LUPUS ERYTHEMATOSUS, AND VASCULITIS.</p> <p>PLEASE SEE SCHEDULE O FOR A CONTINUATION OF PROGRAM SERVICES.</p> <p>THE RHEUMATOLOGY RESEARCH FOUNDATION MAINTAINS AN EXTENSIVE AWARDS AND GRANTS PORTFOLIO, WITH 22 SUPPORT MECHANISMS FOR RHEUMATOLOGISTS AND RHEUMATOLOGY HEALTH PROFESSIONALS IN THE U.S. 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 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, 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 ADDITIONAL TO REGULAR OVERSIGHT AS DESCRIBED ABOVE, PORTFOLIO REVIEW 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:</p> <p>GUIDELINES FOR AWARDING OF FOUNDATION AWARDS AND GRANTS</p> <p>I.THE FOUNDATION WILL NOT PERMIT AND EXTERNAL ENTITIES TO SELECT (OR INFLUENCE THE SELECTION OF) RECIPIENTS OF FOUNDATION AWARDS OR GRANTS.</p> <p>II.THE FOUNDATION WILL APPOINT INDEPENDENT COMMITTEES TO SELECT RECIPIENTS OF FOUNDATION AWARDS OR GRANTS BASED ON PEER REVIEW OF GRANT APPLICATIONS.</p> <p>III.THE FOUNDATION WILL NOT REQUIRE RECIPIENTS OF FOUNDATION AWARDS OR GRANTS TO MEET WITH EXTERNAL ENTITIES.</p> <p>IV.THE FOUNDATION WILL NOT PERMIT ANY EXTERNAL ENTITY THAT SUPPORTS FOUNDATION AWARDS OR GRANTS TO REQUIRE INTELLECTUAL PROPERTY RIGHTS OR ROYALTIES ARISING OUT OF THE GRANT-FUNDED RESEARCH.</p> <p>V.THE FOUNDATION WILL NOT PERMIT ANY EXTERNAL ENTITY THAT SUPPORTS FOUNDATION AWARDS OR GRANTS TO CONTROL OR INFLUENCE MANUSCRIPTS THAT ARISE FROM THE GRANT-FUNDED RESEARCH.</p> <p>THE FOUNDATION PROVIDES FUNDING TO HELP RECRUIT STUDENTS AND RESIDENTS INTO THE SUBSPECIALTY AND SUPPORTS INVESTIGATORS AND PRACTITIONERS WORKING IN THE FIELD OF RHEUMATOLOGY. GRANTS ARE AWARDED FOR DIFFERENT TRAINING OPPORTUNITIES, FROM UNDERGRADUATE STUDENTS TO ESTABLISHED INVESTIGATORS, BUILDING A MORE CAPABLE, ROBUST TEAM OF RHEUMATOLOGY PROFESSIONALS AROUND THE NATION. IN THE LAST FIVE YEARS, RESEARCHERS RECEIVING FOUNDATION FUNDING HAVE PUBLISHED 451 PAPERS, RECEIVED \$133.5M IN RELATED NIH FUNDING, AND GIVEN 69 SCIENTIFIC PRESENTATIONS AT THE ACR CONVERGENCE MEETING.</p> <p>THE FOUNDATION IS A 501(C)(3) CHARITABLE ORGANIZATION DEDICATED TO ADVANCING TREATMENT FOR PEOPLE LIVING WITH RHEUMATIC DISEASE AND IS THE LARGEST PRIVATE FUNDING SOURCE OF RHEUMATOLOGY RESEARCH AND TRAINING IN THE UNITED STATES. THE ORGANIZATION HAS RECEIVED A 4-STAR RATING, THE HIGHEST OFFERED BY CHARITY NAVIGATOR, FOR SIXTEEN CONSECUTIVE YEARS BASED ON GOOD GOVERNANCE, SOUND FISCAL MANAGEMENT, AND COMMITMENT TO ACCOUNTABILITY AND TRANSPARENCY. THE ORGANIZATION HAS COMMITTED OVER \$243M DIRECTLY TO RESEARCH AND TRAINING SINCE IT WAS FOUNDED IN 1985 BY THE GRANTING OF 4,982 INDIVIDUAL AWARDS.</p>

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Rheumatology Research Foundation

Employer identification number

58-1654301

Return Reference - Identifier	Explanation						
FORM 990, PART V, LINE 2A -	EXPLANATION OF FULL TIME EMPLOYEES: THE FILING ORGANIZATION HAS A MANAGEMENT AGREEMENT WITH RELATED ORGANIZATION, AMERICAN COLLEGE OF RHEUMATOLOGY (ACR), UNDER WHICH ACR PROVIDES A VARIETY OF MANAGEMENT SERVICES, INCLUDING EXECUTIVE PERSONNEL AND OTHER APPROPRIATE STAFFING. THE ORGANIZATION PAYS A MANAGEMENT FEE TO THE ACR FOR THESE SERVICES, WHICH INCLUDES SALARY EXPENSES FOR ALL STAFF DEVOTING EFFORT TO THE ORGANIZATION'S PROGRAMS AND SERVICES, AS WELL AS ADMINISTRATIVE AND FUNDRAISING ACTIVITIES. DURING THE FILING YEAR, THERE WERE APPROXIMATELY 21 FULL TIME EQUIVALENT STAFF WHO DEVOTED EFFORT TO THE ORGANIZATION.						
FORM 990, PART VI, LINE 3 - DELEGATION OF MANAGEMENT DUTIES	THE AMERICAN COLLEGE OF RHEUMATOLOGY PROVIDES MANAGEMENT AND ADMINISTRATIVE SERVICES FOR THE FOUNDATION. MANAGEMENT FEES CHARGED TO THE FOUNDATION BY THE COLLEGE AMOUNTED TO \$3,398,572 FOR THE FISCAL YEAR ENDING JUNE 30, 2025 AND ARE INCLUDED IN MANAGEMENT FEES IN THE ACCOMPANYING STATEMENTS OF FUNCTIONAL EXPENSES.						
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	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, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	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, LINE 12C - CONFLICT OF INTEREST POLICY	ALL BOARD MEMBERS ANNUAL SUBMISSION OF DISCLOSURE STATEMENTS ARE ON FILE WITH LEGAL COUNSEL. ANY INDIVIDUAL WHO GIVES NOTICE OF POTENTIAL CONFLICT IS TO ABSTAIN FROM PARTICIPATING IN ANY ITEM OF BUSINESS WHICH COMES BEFORE THE BOARD.						
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	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, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	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, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	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 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>RECOVERIES OF PRIOR YEAR GRANTS</td> <td>320,664</td> </tr> <tr> <td>TOTAL</td> <td>320,664</td> </tr> </tbody> </table>	(a) Description	(b) Amount	RECOVERIES OF PRIOR YEAR GRANTS	320,664	TOTAL	320,664
(a) Description	(b) Amount						
RECOVERIES OF PRIOR YEAR GRANTS	320,664						
TOTAL	320,664						
FORM 990, PART XII, LINE 2C -	THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.						

**SCHEDULE R
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

**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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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
(1) AMERICAN COLLEGE OF RHEUMATOLOGY, INC. (58-1627547) 2200 LAKE BOULEVARD NE, ATLANTA, GA 30319	PROVIDES EDUCATION, RESEARCH, ADVOCACY AND PATIENT SUPPORT.	IL	501(C)(6)		N/A		✓
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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.

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

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, INC.	M	3,398,572	CASH
(2) AMERICAN COLLEGE OF RHEUMATOLOGY, INC.	B	166,423	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 section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													