

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization RHEUMATOLOGY RESEARCH FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2200 LAKE BOULEVARD NE City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30319 F Name and address of principal officer: MARY WHEATLEY SAME AS C ABOVE	D Employer identification number 58-1654301 E Telephone number 404-633-3777 G Gross receipts \$ 48,265,382. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.RHEUMRESEARCH.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1985 M State of legal domicile: IL

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: SUPPORT RESEARCH & TRAINING THAT ADVANCES THE PREVENTION, TREATMENT AND CURE OF RHEUMATIC DISEASES.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	214
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 27,525,009.
9		Program service revenue (Part VIII, line 2g)	0.	0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,042,648.	1,822,160.
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)	29,567,657.	13,527,750.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,371,044.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	46,684.	50,082.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,800,731.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,105,544.	3,967,671.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,523,272.	12,713,963.
	19	Revenue less expenses. Subtract line 18 from line 12	16,044,385.	813,787.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 71,590,041.	End of Year 73,274,185.
	21	Total liabilities (Part X, line 26)	759,595.	753,206.
	22	Net assets or fund balances. Subtract line 21 from line 20	70,830,446.	72,520,979.

Part II Signature Block

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

Sign Here	Signature of officer MARY WHEATLEY, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name AMY BIBBY	Preparer's signature AMY BIBBY
	Date 03/20/20	Check if self-employed <input type="checkbox"/> PTIN P00445891
	Firm's name ▶ DIXON HUGHES GOODMAN LLP	Firm's EIN ▶ 56-0747981
	Firm's address ▶ 500 RIDGEFIELD COURT ASHEVILLE, NC 28806	Phone no. (828) 254-2254

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 10,501,096. including grants of \$ 8,696,210.) (Revenue \$) FOUNDATION PROGRAMS SUPPORT RESEARCH INVESTIGATING THE BROAD SPECTRUM OF RHEUMATIC DISEASES, INCLUDING: JUVENILE IDIOPATHIC ARTHRITIS, OSTEOARTHRITIS, PEDIATRIC SYSTEMIC LUPUS ERYTHEMATOSUS, RHEUMATOID ARTHRITIS, SCLERODERMA, SPONDYLOARTHROPATHIES, SYSTEMIC LUPUS ERYTHEMATOSUS, AND VASCULITIS.

PLEASE SEE SCHEDULE O FOR A CONTINUATION OF PROGRAM SERVICES.

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

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

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

4e Total program service expenses 10,501,096.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 41	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

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

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **GA**
- 18** Section 6104 requires an organization to make its Forms 1023 (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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **COLLEEN MERKEL - 404-633-3777**
2200 LAKE BOULEVARD NE, ATLANTA, GA 30319

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ABBY ABELSON, MD FOUNDATION PRESIDENT 2017-2019	14.00 5.00	X		X				6,232.	59,350.	0.
(2) S. LOUIS BRIDGES, JR., MD, PHD FOUNDATION VICE PRESIDENT 2016-2019	14.00	X		X				43,850.	0.	0.
(3) DAVID R. KARP TREASURER - 2019	14.00	X		X				0.	0.	0.
(4) CHARLES KING II, MD TREASURER - 2017-2018	14.00 5.00	X		X				0.	47,049.	0.
(5) STUART KASSAN, MD CHAIR, DEVELOPMENT ADVISORY COUNCIL	2.00	X						0.	0.	0.
(6) BRYCE BINSTADT, MD, PHD CHAIR, SCIENTIFIC ADVISORY COUNCIL -	2.00	X						0.	0.	0.
(7) KENNETH SAAG, MD, MSC ACR/FOUNDATION SECRETARY 2018-2020	2.00 14.00	X						0.	10,250.	0.
(8) BETH JONAS, MD ACR TRAINING REPRESENTATIVE 2018 - 2	2.00	X						0.	0.	0.
(9) ANNE-MARIE MALFAIT, MD, PHD ACR RESEARCH REPRESENTATIVE - 2017 -	2.00	X						0.	0.	0.
(10) WILLIAM REISS, PHARM D CORPORATE ROUNDTABLE REPRESENTATIVE	2.00	X						0.	0.	0.
(11) DANIEL WHITE, PT, SCD, MSC ARP REPRESENTATIVE -2018 - 2021	2.00	X						0.	0.	0.
(12) ERIN ARNOLD, MD MEMBER AT LARGE - 2017 - 2020	2.00	X						0.	0.	0.
(13) NORMAN GAYLIS, MD MEMBER AT LARGE - 2016 - 2019	2.00	X						0.	0.	0.
(14) BEVERLY GUIN MEMBER AT LARGE - 2018 - 2021	2.00	X						0.	0.	0.
(15) ELIZABETH MCKELVEY MEMBER AT LARGE - 2018 - 2020	2.00	X						0.	0.	0.
(16) WILLIAM RIGBY, MD MEMBER AT LARGE - 2016 - 2019	2.00	X						0.	0.	0.
(17) STEVE RUSSELL, MBA MEMBER AT LARGE - 2016 - 2019	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JON GILES, MD, MPH MEMBER AT LARGE - 2018 - 2020	2.00	X						0.	0.	0.
(19) TERESA TARRANT, MD MEMBER AT LARGE - 2016 - 2019	2.00	X						0.	0.	0.
(20) MARY WHEATLEY EXECUTIVE DIRECTOR	40.00			X				0.	175,266.	28,645.
(21) COLLEEN MERKEL, CPA VP, OPERATIONS & FINANCE	11.00 29.00			X				0.	171,450.	33,492.
(22) CHARLIE GOLDSMITH SR. DIRECTOR - DEVELOPMENT	40.00					X		0.	122,518.	33,160.
(23) FAITH MCGOWN DIRECTOR, REG DEV OFFICER-MIDWEST, R	40.00					X		0.	103,222.	25,468.
(24) RHONDA ARMSTRONG SR. DIRECTOR - FINANCE	40.00					X		0.	100,721.	19,587.
1b Sub-total								50,082.	789,826.	140,352.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								50,082.	789,826.	140,352.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AMERICAN COLLEGE OF RHEUMATOLOGY 2200 LAKE BOULEVARD NE, ATLANTA, GA 30319	MANAGEMENT SERVICES	2,337,575.

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

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,705,590.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		11,705,590.				
Program Service Revenue	2 a	_____	Business Code					
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		961,274.			961,274.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		d Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		35,598,518.						
		Less: cost or other basis and sales expenses						
		34,737,632.						
	c	Gain or (loss)						
	d	Net gain or (loss)			860,886.		860,886.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
c Net income or (loss) from fundraising events								
9 a	Gross income from gaming activities. See Part IV, line 19	a						
	Less: direct expenses	b						
	c Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	_____							

	All other revenue							
	e Total. Add lines 11a-11d							
12	Total revenue. See instructions			13,527,750.	0.	0.	1,822,160.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,422,628.	8,422,628.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	273,582.	273,582.		
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	50,082.	50,082.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	2,337,575.	1,053,355.	226,354.	1,057,866.
b Legal	42,587.	9,756.	8,139.	24,692.
c Accounting	66,050.	34,230.	11,410.	20,410.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	102,598.	92,338.	10,260.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	402,590.	90,844.	47,889.	263,857.
12 Advertising and promotion				
13 Office expenses	113,204.	26,241.	9,498.	77,465.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	463,812.	267,527.	41,659.	154,626.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	365,614.	160,124.	19,311.	186,179.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35,271.	19,629.	9,099.	6,543.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	29,395.	760.	28,517.	118.
b BAD DEBT EXPENSE	8,975.			8,975.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	12,713,963.	10,501,096.	412,136.	1,800,731.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	4,663,232.	2	8,103,460.
	3 Pledges and grants receivable, net	21,676,834.	3	20,641,123.
	4 Accounts receivable, net	14.	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	41,212.	9	71,541.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 257,311.		
	b Less: accumulated depreciation	10b 168,056.	133,710.	10c 89,255.
	11 Investments - publicly traded securities	39,720,696.	11	40,092,175.
	12 Investments - other securities. See Part IV, line 11	2,550,397.	12	2,872,536.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,803,946.	15	1,404,095.
16 Total assets. Add lines 1 through 15 (must equal line 34)	71,590,041.	16	73,274,185.	
Liabilities	17 Accounts payable and accrued expenses	759,595.	17	753,206.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	759,595.	26	753,206.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	39,594,345.	27	43,996,340.
	28 Temporarily restricted net assets	26,705,502.	28	23,993,040.
	29 Permanently restricted net assets	4,530,599.	29	4,531,599.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	70,830,446.	33	72,520,979.	
34 Total liabilities and net assets/fund balances	71,590,041.	34	73,274,185.	

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	13,527,750.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,713,963.
3	Revenue less expenses. Subtract line 2 from line 1	3	813,787.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	70,830,446.
5	Net unrealized gains (losses) on investments	5	421,210.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	455,536.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	72,520,979.

Part XII Financial Statements and Reporting

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

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

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

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2697622.	3554779.	14568184.	27525009.	11705590.	60051184.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2697622.	3554779.	14568184.	27525009.	11705590.	60051184.
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)						35262000.
6 Public support. Subtract line 5 from line 4.						24789184.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	2697622.	3554779.	14568184.	27525009.	11705590.	60051184.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1000568.	942,916.	951,734.	908,590.	961,274.	4765082.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						64816266.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	38.25 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	39.30 %

16a 33 1/3% support test - 2018. 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 ▶

b 33 1/3% support test - 2017. 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 ▶

17a 10% -facts-and-circumstances test - 2018. 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 ▶

b 10% -facts-and-circumstances test - 2017. 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 ▶

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 ▶

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

RHEUMATOLOGY RESEARCH FOUNDATION

Employer identification number

58-1654301

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>2,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>454,416.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, historic structure). 2. Conservation contribution details (2a-2d table). 3-8. Monitoring and enforcement details (states, policy, hours, expenses, requirements). 9. Reporting requirements.

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

Form with 2 main sections: 1a. Reporting requirements for works of art, historical treasures, etc. 1b. Amounts relating to these items (revenue, assets). 2. Reporting requirements for financial gain (revenue, assets).

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	38,685,437.	36,936,465.	34,351,990.	36,389,822.	36,829,615.
b Contributions	1,000.	1,224,804.	250,000.		
c Net investment earnings, gains, and losses	1,990,000.	2,412,361.	3,814,820.	-413,655.	1,024,105.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,625,161.	1,888,193.	1,480,345.	1,624,177.	1,463,898.
f Administrative expenses					
g End of year balance	39,051,276.	38,685,437.	36,936,465.	34,351,990.	36,389,822.

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

- a Board designated or quasi-endowment 82.19 %
- b Permanent endowment 11.91 %
- c Temporarily restricted endowment 5.90 %

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		257,311.	168,056.	89,255.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				89,255.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	13,948,960.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	421,210.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	421,210.
3	Subtract line 2e from line 1	3	13,527,750.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	13,527,750.

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

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

1	Total expenses and losses per audited financial statements	1	12,258,427.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	12,258,427.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	455,536.
c	Add lines 4a and 4b	4c	455,536.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	12,713,963.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

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

Part XIII Supplemental Information *(continued)*

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

THE FOUNDATION HAS EVALUATED ITS TAX POSITIONS AND DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2019.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECOVERIES OF PRIOR YEAR GRANTS	455,536.
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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALBERT EINSTEIN COLLEGE OF MEDICINE - RESEARCH FINANCE 1300 MORRIS PARK AVENUE - BRONX, NY 10461	47-2209056	501(C)(3)	75,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD
ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK AVE FORCHHEIMER 107N - BRONX, NY 10461	47-2209056	501(C)(3)	60,000.	0.			CLINICIAN SCHOLAR EDUCATOR AWARD
ALBERT EINSTEIN COLLEGE OF MEDICINE, RESEARCH FINANCE - 1300 MORRIS PARK AVENUE - BRONX, NY 10461	47-2209056	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
AMERICAN COLLEGE OF RHEUMATOLOGY 2200 LAKE BLVD NE ATLANTA, GA 30319	58-1627547	501(C)(6)	350,000.	0.			FELLOWS FUND
ARTICULARIS HEALTHCARE 2001 2ND AVENUE, SUITE 201 SUMMERVILLE, SC 29486	57-1099718	501(C)(3)	25,000.	0.			MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION
ASSOCIATION OF IDAHO RHEUMATOLOGISTS - 520 S. EAGLE RD. SUITE 3211 - MERIDIAN, ID 83642	20-2014739	501(C)(3)	25,000.	0.			MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **87.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2018)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA UNIVERSITY RESEARCH INSTITUTE - 112015TH STREET - AUGUSTA, GA 30912	58-1418202	GOVT	500.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA BCM 320 HOUSTON, TX 77030	74-1613878	501(C)(3)	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE, CLS-948 ATTN: VAISHALI MOULTON - BOSTON, MA 02215-5491	04-2103881	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
BETH ISRAEL DEACONESS MEDICAL CENTER, ATTN: VAISHALI MOULTON - 330 BROOKLINE AVENUE CLS-948 - BOSTON, MA 02215	04-2103881	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
BETH ISRAEL DEACONESS MEDICAL CENTER, ATTN: VAISHALI MOULTON - 330 BROOKLINE AVENUE CLS-948 - BOSTON, MA 02215	04-2103881	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - STANFORD UNIVERSITY LOCKBOX P.O. BOX 44253 - SAN FRANCISCO, CA	94-1156365	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
BOSTON CHILDRENS HOSPITAL ATTN: KAREN RENAUD, DIRECTOR OF RESEARCH FINANCE P.O. BOX 414413 - BOSTON,	04-2774441	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP

Schedule I (Form 990)

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

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BOSTON CHILDREN'S HOSPITAL PO BOX 414413 ATTN: RESEARCH FINAN BOSTON, MA 02241-4413	04-2774441	501(C)(3)	50,000.	0.			INVESTIGATOR AWARD (TRANSLATIONAL)
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441	501(C)(3)	50,000.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
BOSTON CHILDREN'S HOSPITAL P.O.BOX 414413 ATTN: RESEARCH FINAN BOSTON, MA 02241-4413	04-2774441	501(C)(3)	125,000.	0.			INVESTIGATOR AWARD (BASIC)
BRIGHAM & WOMEN'S HOSPITAL - RESEARCH - BANK OF AMERICA N.A. P.O. BOX 3149 - BOSTON, MA 02241-3149	04-2312909	501(C)(3)	200,000.	0.			INNOVATIVE RESEARCH AWARD- TRANASLATIONAL
BRIGHAM AND WOMEN'S HOSPITAL BRIGHAM AND WOMEN'S HOSPITAL - RESEARCH BANK OF AMERICA, N.A PO BOX 3149 - B	04-2312909	501(C)(3)	12,500.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
BRIGHAM AND WOMEN'S HOSPITAL DIVISION OF RHEUMATOLOGY ATTN: A. DONNELLY-BTM6016S 75 FRANCIS STREET - BOST	04-2312909	501(C)(3)	50,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: K SUPPLEMENT
BRIGHAM AND WOMEN'S HOSPITAL BANK OF AMERICA PO BOX 3149 BOSTON, MA 02241-3149	04-2312909	501(C)(3)	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS ST BOSTON, MA 02115	04-2312909	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
BRIGHAM AND WOMEN'S HOSPITAL - RESEARCH - BANK OF AMERICA N.A. P.O. BOX 3149 - BOSTON, MA 02241-3149	04-2312909	501(C)(3)	37,500.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHAM AND WOMEN'S HOSPITAL - RESEARCH - BANK OF AMERICA N.A. P.O. BOX 3149 - BOSTON, MA 02241-3149	04-2312909	501(C)(3)	200,000.	0.			INNOVATIVE RESEARCH AWARD- BASIC
BRIGHAM AND WOMEN'S HOSPITAL- RESEARCH - BANK OF AMERICA N.A. P.O. BOX 3149 - BOSTON, MA 02241-3149	04-2312909	501(C)(3)	125,000.	0.			INVESTIGATOR AWARD (CLINICAL)
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE ML4900 CINCINNATI, OH 45229-3039	31-0833936	501(C)(3)	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
CHILDREN'S HOSPITAL OF PHILADELPHIA - ATTN: PREMA SUNDARRAN LOCKBOX #1457 POB 8500 - PHILADELPHIA, PA 19178-1457	23-1352166	501(C)(3)	100,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: R BRIDGE
CHILDREN'S HOSPITAL OF PHILADELPHIA - 3615 CIVIC CENTER BLVD., ARC 142D - PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	60,000.	0.			CLINICIAN SCHOLAR EDUCATOR AWARD
CHILDREN'S HOSPITAL OF PHILADELPHIA RESEARCH INSTITUTE - LOCKBOX #1457, PO BOX 8500 - PHILADELPHIA, PA 19178-1457	23-1352166	501(C)(3)	62,500.	0.			INVESTIGATOR AWARD (CLINICAL)
COLUMBIA UNIVERSITY SPONSORED PROJECTS FINANCE P.O. BOX 29789 GENERAL POST OFFICE - NEW YORK, N	13-5598093	501(C)(3)	100,000.	0.			SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL)
COLUMBIA UNIVERSITY SPONSORRED PROGRAMS FINANCE POB 29789 GENERAL POST OFFICE - NEW YORK, NY 10	13-5598093	501(C)(3)	75,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD
COLUMBIA UNIVERSITY, NEW YORK PRESBYTERIAN - 177 FORT WASHINGTON AVE - NEW YORK, NY 10032	13-3957095	501(C)(3)	4,300.	0.			RESIDENT RESEARCH PRECEPTORSHIP

Schedule I (Form 990)

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DARTMOUTH HITCHCOCK CLINIC 1 MEDICAL CENTER DR. ATTENTION: RESEARCH FINANCE - LEBANON, NH 03756	02-0222140	501(C)(3)	25,000.	0.			MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION
DENVER HEALTH MAIL CODE 6551 777 BANNOCK STREET DENVER, CO 80204	84-1343242	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
DENVER HEALTH MEDICAL CENTER 777 BANNOCK STREET MAIL CODE 6551 DENVER, CO 80204	84-1343242	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
DREXEL RHEUMATOLOGY 245 N 15TH ST RM 6119 PHILADELPHIA, PA 19102	23-1352630	501(C)(3)	500.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
DREXEL UNIVERSITY COLLEGE OF MEDICINE - 2900 W QUEEN LN - PHILADELPHIA, PA 19129	23-1352630	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
DREXEL UNIVERSITY COLLEGE OF MEDICINE, DEPT OF MEDICINE - 245 N 15TH STREET (ATTN MARGARET SANTILLO) 6TH FLOOR NCB -	23-1352630	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
DREXEL UNIVERSITY COLLEGE OF MEDICINE, DEPT OF MEDICINE - 245 N 15TH STREET (ATTN MARGARET SANTILLO) 6TH FLOOR NCB -	23-1352630	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
DUKE UNIVERSITY DUKE UNIVERSITY ACCOUNTS RECEIVABLE LOCKBOX POB 602651 - CHARLOTTE, NC 2826	56-0532129	501(C)(3)	50,000.	0.			SCIENTIST DEVELOPMENT AWARD (CLINICAL)
DUKE UNIVERSITY 2200 WEST MAIN STREET SUITE 820 ERW DURHAM, NC 27705	56-0532129	501(C)(3)	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD

Schedule I (Form 990)

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

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DUKE UNIVERSITY WELLS FARGO LOCKBOX DUKE UNIVERSITY ACCOUNTS RECEIVABLE LOCKBOX 602651 1525	56-0532129	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
DUKE UNIVERSITY MEDICAL CENTER ACCOUNTS RECEIVABLE LOCKBOX PO BOX CHARLOTTE, NC 28260-2651	56-0532129	501(C)(3)	60,000.	0.			CLINICIAN SCHOLAR EDUCATOR AWARD
EMORY UNIVERSITY 1760 HAYGOOD DR., W-423 ATLANTA, GA 30322	58-0566256	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
GEORGETOWN UNIVERSITY SPFO - STEEN SPONSORED PROJECTS FINANCIAL OPERATIONS 2121 WISCONSIN AVE, NW,	53-0196603	501(C)(3)	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
GEORGETOWN UNIVERSITY SPONSORED PROJECTS FINANCIAL OPERATIONS ATTN: DONNA COPELA - 2121 WISCONSIN AVENUE, NW SUITE 4000	53-0196603	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
HEALTH RESEARCH ALLIANCE 21 T.W. ALEXANDER DRIVE RESEARCH TRIANGLE PARK, NC 27709-3901	68-0617198	501(C)(3)	5,000.	0.			BIOMEDICAL RESEARCH
HMFP @ BIDMC 330 BROOKLINE AVENUE E/YA-403, ATTN: MARIAN MCDERMOTT - BOSTON, MA 02215	22-2768204	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH STREET ATTENTION GEORGE SPENCER - NEW YORK, NY 10021	13-1624135	501(C)(3)	50,000.	0.			SCIENTIST DEVELOPMENT AWARD (CLINICAL)
HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH STREET NEW YORK, NY 10021	13-1624135	501(C)(3)	125,000.	0.			INVESTIGATOR AWARD (CLINICAL)

Schedule I (Form 990)

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

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HSCB FOUNDATION SUNY DOWNSTATE MEDICAL CENTER FINANCE DIVISION, MSC 1276 - BROOKLYN, NY 112	11-2418771	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
HSCB FOUNDATION C/O NANCY MAREN FINANCE DIVISION, SUNY DOWNSTATE MEDICAL CENTER 450 CLARKSON AVE., MSC 1276	11-2418771	501(C)(3)	500.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
IDAHO ARTHRITIS CENTER 3277 E LOUISE DRIVE SUITE 350 MERIDIAN, ID 83642	82-0536242	501(C)(3)	25,000.	0.			MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION
INDIANA UNIVERSITY 1120 WEST MICHIGAN STREET SUITE 200 INDIANAPOLIS, IN 46202	35-6001673	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
JOHNS HOPKINS 733 N. BROADWAY BALTIMORE, MD 21205	52-0595110	501(C)(3)	125,000.	0.			INVESTIGATOR AWARD (TRANSLATIONAL)
JOHNS HOPKINS OFFICE OF RESEARCH ADMINISTRATION 733 NORTH BROADWAY, STE 117 - BALTIMORE,	52-0595110	501(C)(3)	75,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD
JOHNS HOPKINS UNIVERSITY 733 N. BROADWAY, STE 117 BALTIMORE, MD 21205	52-0595110	501(C)(3)	100,000.	0.			SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL)
JOHNS HOPKINS UNIVERSITY 12529 COLLECTION CENTER DRIVE C/O BANK OF AMERICA - CHICAGO, IL 60693	52-0595110	501(C)(3)	75,000.	0.			SCIENTIST DEVELOPMENT AWARD (CLINICAL)
JOHNS HOPKINS UNIVERSITY JOHNS HOPKINS UNIVERSITY LOCKBOX, C/O BANK OF AMERICA 12529 COLLECTIONS CENT	52-0595110	501(C)(3)	50,000.	0.			PAULA DE MERIEUX FELLOWSHIP TRAINING AWARD

Schedule I (Form 990)

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LOMA LINDA UNIVERSITY 24887 TAYLOR STREET, SUITE 201 LOMA LINDA, CA 92354	95-1816009	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
LOYOLA UNIVERSITY MEDICAL CENTER 2160 SOUTH 1ST AVE CTRE 353 MAYWOOD, IL 60153	36-4015560	501(C)(3)	500.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
LOYOLA UNIVERSITY MEDICAL CENTER LOYOLA UNIVERSITY MEDICAL CENTER: 2160 SOUTH FIRST AVE ATTN: ZINEB AOUHAB -	36-4015560	501(C)(3)	500.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
MARCUS INSTITUTE FOR AGING RESEARCH, HEBREW SENIORLIFE - 1200 CENTRE STREET - BOSTON, MA 02131	04-2104298	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
MASS GENERAL HOSPITAL - RESEARCH BANK OF AMERICA N.A. P.O. BOX 41487 BOSTON, MA 02241-4876	04-2697983	501(C)(3)	25,000.	0.			MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION
MASSACHUSETTS GENERAL HOSPITAL BANK OF AMERICA, N.A PO BOX 414876 REFERENCE INFOED# 2015D005081 - BOSTON,	04-2697983	501(C)(3)	25,000.	0.			SCIENTIST DEVELOPMENT AWARD (CLINICAL)
MASSACHUSETTS GENERAL HOSPITAL ASSEMBLY ROW-PHS CORPORATE OFFICES 399 REVOLUTION DRIVE - SOMERVILLE, MA 02	04-2697983	501(C)(3)	75,000.	0.			SCIENTIST DEVELOPMENT AWARD (CLINICAL)
MASSACHUSETTS GENERAL HOSPITAL 399 REVOLUTION DRIVE SOMERVILLE, MA 02145	04-2697983	501(C)(3)	200,000.	0.			INNOVATIVE RESEARCH AWARD- CLINICAL
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD

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MAYO CLINIC RESEARCH PO BOX 860334 MINNEAPOLIS, MN 55486-0334	41-6011702	501(C)(3)	14,324.	0.			RESIDENT RESEARCH PRECEPTORSHIP
MCGAW MEDICAL CENTER OF NORTHWESTERN UNIVERSITY - 240 E HURON STREET #1-200 - CHICAGO, IL 60611	36-2656113	501(C)(3)	15,000.	0.			EPHRAIM P. ENGLEMAN ENDOWED RESIDENT RESEARCH PRECEPTORSHIP
MCGOVERN MEDICAL SCHOOL AT THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUS - 6431 FANNIN STREET - HOUSTON, TX 77030	74-1761309	GOVT	15,000.	0.			RESIDENT RESEARCH PRECEPTORSHIP
MCINTOSH CLINIC 119 W HILL ST THOMASVILLE, GA 31792	58-2006753	501(C)(3)	25,000.	0.			MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 18 BEE ST - CHARLESTON, SC 29425	57-6028985	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
MEDICINE OFFICE OF RESEARCH RE: TERESA TARRANT - 2200 W. MAIN ST. SUITE 560 DUMC BOX 104024 - DURHAM, NC 27705	56-0532129	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
METROHEALTH SYSTEM PO BOX 73308 CLEVELAND, OH 44193	34-6004382	501(C)(3)	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
NC STATE TREASURER C/O UNC-CHAPEL HILL OFFICE OF SPONSORED RESEARCH - 104 E. MAIN STREET - CARRBORO, NC 27510	56-6001393	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - SCHOOL OF MEDICINE FINANCE NYU SCHOOL OF MEDICINE - SPONSORED PROGRAMS POB 4 - BOSTON,	13-5562308	501(C)(3)	100,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: R BRIDGE

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NEW YORK UNIVERSITY SCHOOL OF MEDICINE - 360 PARK AVENUE SOUTH 10TH FLOOR - NEW YORK, NY 10010	13-5562308	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
NORTHWESTERN UNIVERSITY ACCOUNTING SERVICES FOR RESEARCH & SPONSORED PROGRAMS 633 CLARK STREET CROWN	36-2167817	501(C)(3)	200,000.	0.			INNOVATIVE RESEARCH AWARD- TRANASLATIONAL
NORTHWESTERN UNIVERSITY 750 N. LAKE SHORE DRIVE, RUBLOFF 7TH FLOOR - CHICAGO, IL 60611-4579	36-2167817	501(C)(3)	14,649.	0.			RESIDENT RESEARCH PRECEPTORSHIP
NORTHWESTERN UNIVERSITY 633 CLARK, ROOM G594 ATTN: PEG MORRISROE, CASH MANAGEMENT MANAGER - EVANSTO	36-2167817	501(C)(3)	15,000.	0.			RESIDENT RESEARCH PRECEPTORSHIP
NORTHWESTERN UNIVERSITY ATTN: PEG MORRISROE, CASH MANAGEMENT MANAGER ACCOUNTING - 633 CLARK, ROOM G594 - EVANSTON, IL 60208	36-2167817	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
NYU SCHOOL OF MEDICINE SPONSORED PROGRAMS - P.O. BOX 415026 - BOSTON, MA 02241-5026	13-5562308	501(C)(3)	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
OKLAHOMA MEDICAL RESEARCH FOUNDATION - 825 NE 13TH STREET - OKLAHOMA CITY, OK 73104	73-0580274	501(C)(3)	179,705.	0.			INNOVATIVE RESEARCH AWARD- CLINICAL
OREGON HEALTH & SCIENCE UNIVERSITY ATTN: OPAM AWARD REVENUE 0690 SW BANCROFT - PORTLAND, OR 97239-4244	93-1176109	GOVT	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
OREGON HEALTH & SCIENCE UNIVERSITY 0690 SW BANCROFT ST. L106OPAM - CASH MANAGEMENT - PORTLAND, OR 97239	93-1176109	GOVT	200,000.	0.			INNOVATIVE RESEARCH AWARD- CLINICAL

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OREGON RHEUMATOLOGY CLINICS, LLC 545 SE OAK STREET STE F HILLSBORO, OR 97123	47-5476940	501(C)(3)	25,000.	0.			MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION
PORTLAND VA RESEARCH FOUNDATION PO BOX 19832 PORTLAND, OR 97280-0832	94-3090170	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
REGENTS OF THE UNIV. MICHIGAN 3003 S. STATE ST. ANN ARBOR, MI 48109-1274	38-6006309	GOVT	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
REGENTS OF THE UNIVERSITY OF CALIFORNIA - UCSF MAIN DEPOSITORY POB 748872 - LOS ANGELES, CA 90074-4872	94-6036493	GOVT	75,000.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
REGENTS OF THE UNIVERSITY OF CALIFORNIA - PAYMENT SOLUTIONS AND COMPLIANCE BOX 957089, 1125 MURPHY HALL 405 HILGARD AV - LOS ANGELES,	95-6006143	GOVT	75,000.	0.			SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL)
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - UCSF MAIN DEPOSITORY P.O. BOX 748872 - LOS ANGELES, CA 90074-4872	94-6036493	GOVT	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
REGENTS OF THE UNIVERSITY OF COLORADO - GRANTS AND CONTRACTS, MAIL STOP F428, ANSCHUTZ MEDICAL CAMPUS, BUILDING 500 - AURORA, CO	84-6000555	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
REGENTS OF THE UNIVERSITY OF COLORADO - 1800 GRANT ST SUITE 800 - DENVER, CO 80203	84-6000555	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
REGENTS OF THE UNIVERSITY OF COLORADO DENVER - GRANTS AND CONTRACTS, MAIL STOP F428 ANSCHUTZ MEDICAL CAMPUS, BUILDING	84-6000555	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF MINNESOTA - SPONSORED PROJECTS ADMINISTRATION 450 MCNAMARA ALUMNI CENTER 200 OAK ST. SE -	41-6007513	GOVT	200,000.	0.			INNOVATIVE RESEARCH AWARD- BASIC
REGENTS OF THE UNIVERSITY OF MINNESOTA - NW 5957 PO BOX 1450 - MINNEAPOLIS, MN 55485	41-6007513	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
RESEARCH FOUNDATION FOR STATE UNIVERSITY OF NEW YORK - PO BOX 9 CASH RECEIPTS DEPARTMENT - ALBANY, NY 12201-0009	14-1368361	501(C)(3)	200,000.	0.			INNOVATIVE RESEARCH AWARD- BASIC
SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION - ATTN: RACHEL LANCASTER, FINANCE & ACCOUNTING MANAGER 5250 CAMPANILE DRIVE -	95-6042721	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
SEATTLE CHILDREN'S HOSPITAL FOUNDATION - ATTN: BRENDA MAJERCIN PO BOX 5731, MS #S-200 - SEATTLE, WA 98145-5005	91-1156519	501(C)(3)	100,000.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
SEATTLE CHILDREN'S HOSPITAL FOUNDATION - SEATTLE CHILDREN'S HOSPITAL FOUNDATION ATTN: BRENDA MAJERCIN PO BOX 5731; M/ -	91-0564748	501(C)(3)	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
SEATTLE INSTITUTE FOR BIOMEDICAL AND CLINICAL RESEARCH - 1325 FOURTH AVENUE, SUITE 1310 - SEATTLE, WA 98101-2573	91-1452438	501(C)(3)	50,000.	0.			SCIENTIST DEVELOPMENT AWARD (CLINICAL)
SOUTHWEST FLORIDA RHEUMATOLOGY 11954 BOYETTE RD RIVERVIEW, FL 33569	20-5385480	501(C)(3)	25,000.	0.			MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION
SSK PHYSICIAN ASSOCIATES, PA 409 GASLIGHT BLVD LUFKIN, TX 75904	46-5185910	501(C)(3)	25,000.	0.			MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STANFORD UNIVERSITY STANFORD UNIVERSITY LOCKBOX P.O. BOX 44253 - SAN FRANCISCO, CA 94144-4253	94-1156365	501(C)(3)	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
STANFORD UNIVERSITY SCHOOL OF MEDICINE - STANFORD UNIVERSITY LOCKBOX P.O. BOX 44253 - SAN FRANCISCO, CA 94144-4253	94-1156365	501(C)(3)	15,000.	0.			RESIDENT RESEARCH PRECEPTORSHIP
SUNY UMU FOUNDATION 750 EAST ADAMS STREET SYRACUSE, NY 13210	16-1068101	501(C)(3)	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM - UNIVERSITY OF WISCONSIN-MADISON RESEARCH AND SPONSORED PROGRAMS 21	39-6006492	GOVT	100,000.	0.			INNOVATIVE RESEARCH AWARD- BASIC
THE CHILDREN'S HOSPITAL OF PHILADELPHIA - 3615 CIVIC CENTER BOULEVARD 1102 ARC - PHILADELPHIA, PA 10194	23-1352166	501(C)(3)	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH - GMO - PO BOX 95000-7530 - PHILADELPHIA, PA 19195-7530	11-2673595	501(C)(3)	50,000.	0.			SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL)
THE PENNSYLVANIA STATE UNIVERSITY/COLLEGE OF MEDICINE - CONTROLLERS OFFICE MAIL CODE G230, P.O. BOX 850 - HERSHEY, PA 17033	24-6000376	GOVT	25,000.	0.			MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - UCSF MAIN DEPOSITORY POB 748872 - LOS ANGELES, CA 90074-4872	94-6036493	GOVT	100,000.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - UCSF MAIN DEPOSITORY POB 748872 - LOS ANGELES, CA 90074-4872	94-6036493	GOVT	125,000.	0.			INVESTIGATOR AWARD (BASIC)

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

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THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - UCSF MAIN DEPOSITORY P.O. BOX 748872 - LOS ANGELES, CA 90074-4872	94-6036493	GOVT	200,000.	0.			INNOVATIVE RESEARCH AWARD- BASIC
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - UCSF MAIN DEPOSITORY PO BOX 748875 - LOS ANGELES, CA 90074-4872	94-6036493	GOVT	50,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: K SUPPLEMENT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 9500 GILMAN DRIVE #0656 MAIL CODE: 0656 - LA JOLLA, CA 92093	95-6006144	GOVT	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - UCLA PAYMENT SOLUTIONS & COMPLIANCE BOX 957089, 1125 MURPHY HALL, 405 HILGAR - LOS	95-6006143	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - OFFICE OF CONTRACT AND GRANT ADMINISTRATION LEVEL 3 WEST 10300 NORTH TORREY - LA	95-6006144	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - UCSD CASHIER'S OFFICE 9500 GILMAN DRIVE, MC 0009 - LA JOLLA, CA	95-6006144	GOVT	200,000.	0.			INNOVATIVE RESEARCH AWARD- BASIC
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - UCSF MAIN DEPOSITORY, P.O. BOX 748872 - LOS ANGELES, CA 90074-4872	94-6036493	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - P.O. BOX 748872 UCSF MAIN DEPOSITORY - LOS ANGELES, CA 90074-4872	94-6036493	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - C/O BNY MELLON BOX 223131 - PITTSBURGH, PA 15251-2131	38-6006309	GOVT	200,000.	0.			INNOVATIVE RESEARCH AWARD- BASIC

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THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK (SUNY) - UPSTATE MEDICAL UNIV. 750 E. ADAMS STREET WEISKOTTEN HALL,	14-1368361	501(C)(3)	30,000.	0.			RHEUMATOLOGY FUTURE PHYSICIAN SCIENTIST AWARD
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)	60,000.	0.			CLINICIAN SCHOLAR EDUCATOR AWARD
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - P.O. BOX 29789 GENERAL POST OFFICE - NEW YORK, NY	13-5598093	501(C)(3)	25,000.	0.			MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM - ATTN: RHEUMATOLOGY FINANCE GROUP 1825 UNIVERSITY BLVD. SHEL 176 - BIRMINGHAM, AL	63-6005396	GOVT	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
THE UNIVERSITY OF CHICAGO ATTN: NANCY GORMLEY, DIRECTOR, GIFT ADMINISTRATION AND BUSINESS DATA 5235 S.	36-2177139	GOVT	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - ATTN: BANK OF AMERICA LCOKBOX SERVICES PO BOX 402420 - ATLANTA, GA 30384-2420	56-6001393	GOVT	200,000.	0.			INNOVATIVE RESEARCH AWARD- CLINICAL
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET P221 FRANKLIN BUILDING - PHILADELPHIA, PA 19104-6205	23-1352685	GOVT	31,250.	0.			SCIENTIST DEVELOPMENT AWARD (CLINICAL)
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET, P-221 FRANKLIN BLDG ATTN: JENNIFER ROWAN - PHILADELPHIA, PA	23-1352685	GOVT	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 422 CURIE BLVD 709C STELLAR CHANCE - PHILADELPHIA, PA 19104	23-1352685	GOVT	500.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP

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

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TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 422 CURIE BLD 706 STELLAR CHANCE - PHILADELPHIA, PA 19104	23-1352685	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
TUFTS MEDICAL CENTER 800 WASHINGTON STREET BOX 453 BOSTON, MA 02111	04-3400617	501(C)(3)	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
TUFTS MEDICAL CENTER 800 WASHINGTON STREET BOX 406 BOSTON, MA 02111	04-3400617	501(C)(3)	500.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UC REGENTS BOX 957089 1125 MURPHY HALL 405 HILGARD AVE. - LOS ANGELES, CA 90095	95-6006143	GOVT	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
UC SAN FRANCISCO 34 MORNING STAR COURSE CORTE MADERA, CA 94925	57-1658333	GOVT	750.	0.			EDMUND L. DUBOIS, MD MEMORIAL LECTURESHIP
UK DIVISION OF RHEUMATOLOGY KENTUCKY CLINIC, J503 740 S. LIMEST LEXINGTON, KY 40535	61-6001218	GOVT	500.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIV OF NC AT CHAPEL HILL THURSTON ARTHR RES 3300 DOC J THURSTON BLDG CB 7280 - CHAPEL HILL, NC 27599	56-6001393	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY AT BUFFALO 1001 MAIN STREET, 5TH FLOOR BUFFALO, NY 14203	16-1238821	GOVT	500.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY AT BUFFALO 1001 MAIN STREET 5TH FLOOR, ATTENTION JENNIFER HOSMER - BUFFALO, NY 14203	16-1238821	GOVT	500.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP

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UNIVERSITY OF ALABAMA AT BIRMINGHAM - 701 20TH STREET SOUTH ADMINISTRATION BUILDING 1170 - BIRMINGHAM, AL 35233	63-6005396	GOVT	200,000.	0.			INNOVATIVE RESEARCH AWARD- TRANASLATIONAL
UNIVERSITY OF BUFFALO 1001 MAIN STREET, 5TH FLOOR BUFFALO, NY 14203	16-1238821	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF CALIFORNIA SAN FRANCISCO - 513 PARNASSUS AVENUE, 8TH FLOOR, ROOM S-857 (BOX 0500) - SAN FRANCISCO, CA 94117	94-6036493	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 513 PARNASSUS AVENUE 8TH FLOOR, ROOM S-857 (BOX 0500) - SAN FRANCISCO, CA 94117	94-6036493	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF COLORADO GRANTS AND CONTRACTS, MS F428 ANSCHUTZ MEDICAL CAMPUS, BLDG 500 13001 E. 17	84-6000555	GOVT	50,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: K SUPPLEMENT
UNIVERSITY OF COLORADO 1775 AURORA COURT, MAIL STOP B115 AURORA, CO 80045	84-6000555	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF COLORADO 1775 AURORA COURT, MAIL STOP B115 AURORA, CO 80045	84-6000555	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF COLORADO DENVER GRANTS AND CONTRACTS (#191668 J. CHRISTENSEN) PO BOX 910238 - DENVER, CO 80	84-6000555	GOVT	12,000.	0.			LAWREN H. DALTRY HEALTH PROFESSIONAL PRECEPTORSHIP
UNIVERSITY OF COLORADO DENVER 1775 AURORA COURT MAIL STOP B115; R AURORA, CO 80045	84-6000555	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP

Schedule I (Form 990)

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UNIVERSITY OF COLORADO SCHOOL OF MEDICINE - 13001 E. 17TH PLACE - AURORA, CO 80045	84-6000555	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE - 1775 AURORA COURT MAIL STOP B115 - AURORA, CO 80045	84-6000555	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF DELAWARE 540 S. COLLEGE AVE 210L NEWARK, DE 19713	51-6000297	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF DELAWARE 540 S COLLEGE AVENUE NEWARK, DE 19713	51-6000297	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF DELAWARE 540 S COLLEGE AVENUE NEWARK, DE 19713	51-6000297	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF IOWA 200 HAWKINS DR IOWA CITY, IA 52245	42-6004813	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF KANSAS MEDICAL CENTER - 3901 RAINBOW BLVD, MS 1039 - KANSAS CITY, KS 66160	48-1108830	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF MARYLAND, BALTIMORE P.O. BOX 41428 BALTIMORE, MD 21203-6428	52-6002033	GOVT	44,063.	0.			SCIENTIST DEVELOPMENT AWARD (CLINICAL)
UNIVERSITY OF NEBRASKA MEDICAL CENTER - 985100 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198-5100	47-0049123	GOVT	50,000.	0.			SCIENTIST DEVELOPMENT AWARD (CLINICAL)

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UNIVERSITY OF NEBRASKA MEDICAL CENTER - C/O MS. JODI PARROCK 983025 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198-3025	47-0049123	GOVT	200,000.	0.			INNOVATIVE RESEARCH AWARD- HEALTH SERVICES
UNIVERSITY OF NEBRASKA MEDICAL CENTER - 983332 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198	47-0049123	GOVT	14,995.	0.			RESIDENT RESEARCH PRECEPTORSHIP
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - THURSTON ARTHRITIS RESEARCH CENTER - 3300 THURSTON BUILDING CB# 7280 - CHAPEL HILL,	56-6001393	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER - GRANTS & CONTRACTS ACCOUNTING URP 865 STE., 490 POB 26901 - OKLAHOMA CITY, OK	73-1563627	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF PENNSYLVANIA 3400 SPRUCE ST WHITE BUILDING ROOM PHILADELPHIA, PA 19104	23-1352685	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF PITTSBURGH 4401 PENN AVENUE RANGOS RESEARCH CENTER, 8131 - PITTSBURGH, PA 15224	25-0965591	GOVT	50,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: K SUPPLEMENT
UNIVERSITY OF ROCHESTER BROOKS LANDING BUSINESS CENTER 910 GENESEE ST., SUITE 200 - ROCHESTER, NY 1	16-0743209	GOVT	50,000.	0.			SCIENTIST DEVELOPMENT AWARD (TRANSLATIONAL)
UNIVERSITY OF ROCHESTER 518 HYLAN BUILDING ROCHESTER, NY 14627-0140	16-0743209	GOVT	60,000.	0.			CLINICIAN SCHOLAR EDUCATOR AWARD
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - P.O. BOX 841753 - DALLAS, TX 75284-1753	75-6002868	GOVT	50,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: R BRIDGE

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UNIVERSITY OF VERMONT MEDICAL CENTER - 111 COLCHESTER AVE - BURLINGTON, VT 05401	03-0219309	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UNIVERSITY OF WASHINGTON 4300 ROOSEVELT WAY NE, SUITE 300 BOX 354966 - SEATTLE, WA 98195-4966	91-6001537	GOVT	200,000.	0.			INNOVATIVE RESEARCH AWARD- TRANASLATIONAL
UNIVERSITY OF WASHINGTON N 4333 BROOKLYN AVE NE BOX 359472 SEATTLE, WA 98195-9472	91-6001537	GOVT	100,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: R BRIDGE
UNMC DEPARTMENT OF RHEUMATOLOGY 986270 NEBRASKA MEDICAL CENTER OMAHA, NE 68198-6270	47-0049123	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
UT SOUTHWESTERN MEDICAL CENTER UT SOUTHWESTERN CASH MANAGEMENT P.O. BOX 841765 - DALLAS, TX 75284-1753	75-2556007	GOVT	50,000.	0.			SCIENTIST DEVELOPMENT AWARD (BASIC)
UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD. DALLAS, TX 75390-9020	75-2556007	GOVT	25,000.	0.			MENTORED NURSE PRACTITIONER/PHYSICIAN ASSISTANT AWARD FOR WORKFORCE EXPANSION
VANDERBILT UNIVERSITY MEDICAL CENTER, OFFICE OF SPONSORED PROGRAMS - 3319 WEST END AVENUE, STE. 970 - NASHVILLE, TN 37203	35-2528741	501(C)(3)	15,000.	0.			RESIDENT RESEARCH PRECEPTORSHIP
VANDERBILT UNIVERSITY MEDICAL CENTER/ FINANCIAL MAGEMENT - DEPT 1236 P.O. BOX 121236 - DALLAS, TX 75312-1236	35-2528741	501(C)(3)	50,000.	0.			FELLOWSHIP TRAINING AWARD- WORKFORCE EXPANSION
WASHINGTON STATE UNIVERSITY PO BOX 641060 LIGHTY 280 PULLMAN, WA 99164-1060	91-6001108	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON UNIVERSITY ATTN: JOSEPH M. GINDHART, ASSOC. VICE CHANCELLOR FOR FINANCE AND SPONSORED P	43-0653611	GOVT	1,000.	0.			MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP
WASHINGTON UNIVERSITY IN ST LOUIS 700 ROSEDALE AVENUE BOX 1034 ST LOUIS, MO 63122-1408	43-0653611	GOVT	50,000.	0.			AMGEN FELLOWSHIP TRAINING AWARD
YALE UNIVERSITY OFFICE OF SPONSORED PROGRAMS PO BOX NEW HAVEN, CT 06508	06-0646973	501(C)(3)	50,000.	0.			CAREER DEVELOPMENT BRIDGE FUNDING AWARD: K SUPPLEMENT
YALE UNIVERSITY, OFFICE OF SPONSORED PROJECTS - P.O. BOX 1873 - NEW HAVEN, CT 06508-1873	06-0646973	501(C)(3)	191,092.	0.			INNOVATIVE RESEARCH AWARD- HEALTH SERVICES

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ACR EXCELLENCE IN INVESTIGATIVE MENTORING AWARD	1	3,000.	0.		
HEALTH PROFESSIONAL ONLINE EDUCATION GRANT	4	5,082.	0.		
HENCH LECTURE	1	2,500.	0.		
MARSHALL J. SCHIFF, MD MEMORIAL FELLOW RESEARCH AWARD	2	3,000.	0.		
MEDICAL AND GRADUATE STUDENT PRECEPTORSHIP	69	196,000.	0.		

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

PART I, LINE 2:

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
MEDICAL AND PEDIATRIC RESIDENT RESEARCH AWARD	5.	3,750.	0.		
MEMORIAL LECTURESHIP: CHARLES M. PLOTZ, MD	1.	1,000.	0.		
OSCAR S. GLUCK, MD MEMORIAL LECTURESHIP	1.	1,500.	0.		
PEDIATRIC RESEARCH AWARD	2.	2,000.	0.		
PEDIATRIC VISITING PROFESSORSHIP	4.	8,000.	0.		
PRESIDENTIAL GOLD MEDAL	1.	5,000.	0.		
STUDENT ACHIEVEMENT AWARD	9.	6,750.	0.		
STUDENT AND RESIDENT ACR/ARHP ANNUAL MEETING SCHOLARSHIP	24.	36,000.	0.		

Part IV Supplemental Information

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

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

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|---|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARY WHEATLEY EXECUTIVE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	175,050.	0.	216.	16,908.	11,737.	203,911.	0.
(2) COLLEEN MERKEL, CPA VP, OPERATIONS & FINANCE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	170,898.	0.	552.	16,486.	17,006.	204,942.	0.
(3) CHARLIE GOLDSMITH SR. DIRECTOR - DEVELOPMENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	119,470.	0.	3,048.	10,809.	22,351.	155,678.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

RHEUMATOLOGY RESEARCH FOUNDATION

Employer identification number

58-1654301

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

THE FOUNDATION PROVIDES FUNDING TO HELP RECRUIT MEDICAL STUDENTS AND RESIDENTS INTO THE SUBSPECIALTY, AND SUPPORTS INVESTIGATORS WORKING IN THE FIELD OF RHEUMATOLOGY. GRANTS ARE AWARDED FOR DIFFERENT TRAINING OPPORTUNITIES, FROM MEDICAL STUDENTS TO ESTABLISHED INVESTIGATORS, BUILDING A MORE CAPABLE, ROBUST TEAM OF RHEUMATOLOGY PROFESSIONALS AROUND THE NATION. IN THE LAST FIVE YEARS, RESEARCHERS RECEIVING FOUNDATION FUNDING HAVE PUBLISHED 964 PAPERS, RECEIVED \$84.5M IN RELATED NIH FUNDING AND GIVEN 737 SCIENTIFIC PRESENTATIONS ON THEIR PROJECTS WORLDWIDE.

THE FOUNDATION IS A 501(C)(3) CHARITABLE ORGANIZATION DEDICATED TO ADVANCING TREATMENT FOR PEOPLE LIVING WITH RHEUMATIC DISEASE, AND IS THE LARGEST PRIVATE FUNDING SOURCE OF RHEUMATOLOGY RESEARCH AND TRAINING IN THE UNITED STATES. THE ORGANIZATION HAS RECEIVED A 4-STAR RATING, THE HIGHEST OFFERED BY CHARITY NAVIGATOR, FOR ELEVEN CONSECUTIVE YEARS BASED ON GOOD GOVERNANCE, SOUND FISCAL MANAGEMENT, AND COMMITMENT TO ACCOUNTABILITY AND TRANSPARENCY. THE ORGANIZATION HAS COMMITTED OVER \$170M DIRECTLY TO RESEARCH AND TRAINING SINCE IT WAS FOUNDED IN 1985 BY THE GRANTING OF 3,403 INDIVIDUAL AWARDS.

FORM 990, PART V, LINE 2A

EXPLANATION OF FULL TIME EMPLOYEES:

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

Name of the organization

RHEUMATOLOGY RESEARCH FOUNDATION

Employer identification number

58-1654301

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

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

THE AMERICAN COLLEGE OF RHEUMATOLOGY PROVIDES MANAGEMENT AND ADMINISTRATIVE SERVICES FOR THE FOUNDATION. MANAGEMENT FEES CHARGED TO THE FOUNDATION BY THE COLLEGE AMOUNTED TO \$2,337,575.00 FOR THE FISCAL YEAR ENDING JUNE 30, 2019 AND ARE INCLUDED IN MANAGEMENT FEES IN THE ACCOMPANYING STATEMENTS OF FUNCTIONAL EXPENSES.

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

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

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

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

Name of the organization

RHEUMATOLOGY RESEARCH FOUNDATION

Employer identification number

58-1654301

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

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

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

THE RHEUMATOLOGY RESEARCH FOUNDATION HAS A MANAGEMENT AGREEMENT WITH AMERICAN COLLEGE OF RHEUMATOLOGY. AMERICAN COLLEGE OF RHEUMATOLOGY'S POLICIES APPLY TO THE FOUNDATION. THE EXECUTIVE DIRECTOR AND DIRECTOR OF HUMAN RESOURCES USES COMPARABILITY DATA TO DEVELOP COMPENSATION RANGES AND TARGETS. THE DIRECTOR OF HUMAN RESOURCES CONTEMPORANEOUSLY DOCUMENTS AND MAINTAINS CONFIDENTIAL RECORDS OF ALL DECISIONS AFFECTING COLLEGE AND FOUNDATION EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND ON THE ORGANIZATION'S WEBSITE.

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

RECOVERIES OF PRIOR YEAR GRANTS 455,536.

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN COLLEGE OF RHEUMATOLOGY	B	350,000.	CASH
(2) AMERICAN COLLEGE OF RHEUMATOLOGY	M	2,337,575.	CASH
(3)			
(4)			
(5)			
(6)			

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

COLLEEN MERKEL

- The books are in the care of ▶ **2200 LAKE BOULEVARD NE - ATLANTA, GA 30319**
Telephone No. ▶ **404-633-3777** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**.

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

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

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

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

COLLEEN MERKEL

- The books are in the care of ▶ **2200 LAKE BOULEVARD NE - ATLANTA, GA 30319**
Telephone No. ▶ **404-633-3777** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2020** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2018** , and ending **JUN 30, 2019** .

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

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

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