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Short Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

2008

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning		6/01	, 2008, and ending		5/31	, 2009	
B Check if applicable		C				D Employer identification number	
<input type="checkbox"/> Address change	<input type="checkbox"/> Please use IRS label or print or type. See Specific Instructions.	CALIFORNIA RHEUMATOLOGY ALLIANCE 2100 WEBSTER ST #112 SAN FRANCISCO, CA 94115				33-1095347	
<input type="checkbox"/> Name change						E Telephone number	
<input type="checkbox"/> Initial return						415-923-3060	
<input type="checkbox"/> Termination						F Group Exemption Number	
<input type="checkbox"/> Amended return							
<input type="checkbox"/> Application pending							
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).				G Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►			
I Website: ► WWW.RHEUMALLIANCE.ORG				H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).			
J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (3) □ (insert no) 4947(a)(1) or 527							
K Check ► <input checked="" type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.							
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ				► \$ 120,305.			
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)							
1 Contributions, gifts, grants, and similar amounts received				1 120,095.			
2 Program service revenue including government fees and contracts				2			
3 Membership dues and assessments				3			
4 Investment income				4 210.			
5a Gross amount from sale of assets other than inventory				5a			
b Less: cost or other basis and sales expenses				5b			
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)				5c			
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>							
a Gross revenue (not including \$ _____ of contributions reported on line 1)				6a			
b Less: direct expenses other than fundraising expenses				6b			
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)				6c			
7a Gross sales of inventory, less returns and allowances				7a			
b Less: cost of goods sold				7b			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c			
8 Other revenue (describe ►)				8			
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)				9 120,305.			
10 Grants and similar amounts paid (attach schedule)				10			
11 Benefits paid to or for members				11			
12 Salaries, other compensation, and employee benefits				12			
13 Professional fees and other payments to independent contractors				13			
14 Occupancy, rent, utilities, and maintenance				14			
15 Printing, publications, postage, and shipping				15			
16 Other expenses (describe ► SEE STATEMENT 1)				16 140,340.			
17 Total expenses (add lines 10 through 16)				17 140,340.			
18 Excess or (deficit) for the year (Subtract line 17 from line 9)				18 -20,035.			
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)				19 132,201.			
20 Other changes in net assets or fund balances (attach explanation)				20			
21 Net assets or fund balances at end of year Combine lines 18 through 20				21 112,166.			
Part II Balance Sheets . If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ							
(See the instructions for Part II)				(A) Beginning of year (B) End of year			
22 Cash, savings, and investments				132,201. 22 112,166.			
23 Land and buildings				23			
24 Other assets (describe ►)				24			
25 Total assets				132,201. 25 112,166.			
26 Total liabilities (describe ►)				0. 26 0.			
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)				132,201. 27 112,166.			

4 59

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? RHEUMATOLOGY CARE/EDUCATION.

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses

(Required for 501(c)(3)
and (4) organizations and
4947(a)(1) trusts; optional
for others)

28 SEE STATEMENT 2

(Grants \$ 5,000.) If this amount includes foreign grants, check here

28a 130, 160.

29

(Grants \$) If this amount includes foreign grants, check here

29 a

30

(Grants \$) If this amount includes foreign grants, check here

30 a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31 a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated See the instrs)

(b) Title and average hours (c) Compensation (if (d) Contributions to (e) Expense account

Part V Other Information (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 501(c)(7) organizations. Enter:	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
b Gross receipts, included on line 9, for public use of club facilities		
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.		
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter amount of tax on line 40c reimbursed by the organization		0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ► CA		

42a The books are in care of ► TREASURER Telephone no. ► 415-923-3060
 Located at ► SAME AS MAILING ZIP + 4 ► 94115

b 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)?

If 'Yes,' enter the name of the foreign country ► _____

Yes	No
42b	X
42c	X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If 'Yes,' enter the name of the foreign country ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 | ► N/A
 N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.

Yes	No
44	X
45	X

Part VI

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

SEE STATEMENT 3

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46	X
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
	b If 'Yes,' was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000 ►		

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	2/25/10
	► Type or print name and title	DAVIS L. CURTIS, M.D. Sec/Treasurer

Paid Preparer's Use Only	Preparer's signature ► <i>Arleen K. Moise, CPA</i>	Date <i>01/25/10</i>	Check if self-employed ► <input checked="" type="checkbox"/> P00185575	Preparer's Identifying Number (See Instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► 367 CIVIC DRIVE, SUITE 12 PLEASANT HILL, CA 94523-1935	EIN ► 68-0320548	Phone no ► 925-680-0110	

May the IRS discuss this return with the preparer shown above? See instructions

BAA

► Yes No

Form 990-EZ (2008)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

CALIFORNIA RHEUMATOLOGY ALLIANCE

Employer identification number
33-1095347

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

The organization is not a private foundation because it is (Please check only one organization.)

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the organizations the organization supports.

Total

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►

1 Gifts, grants, contributions and membership fees received. (Do not include unusual grants.)

2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf

3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.

4 **Total.** Add lines 1-3

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)

6 **Public support.** Subtract line 5 from line 4

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1						
2						
3						
4						
5						
6						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►

7 Amounts from line 4 . . .

8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources

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 IV) . . .

11 **Total support.** Add lines 7 through 10

12 Gross receipts from related activities, etc (see instructions)

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 ►

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7						
8						
9						
10						
11						
12						
13						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))

15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the 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 – 2007.** 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 – 2008.** 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ►

b **10%-facts-and-circumstances test – 2007.** 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 IV 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 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶

1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')
 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 1-5
 7a Amounts included on lines 1, 2, 3 received from disqualified persons
 b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000
 c Add lines 7a and 7b
 8 **Public support** (Subtract line 7c from line 6)

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	79,665.	78,100.	83,831.	115,719.	120,095.	477,410.
2						0.
3						0.
4						0.
5						0.
6 Total.	79,665.	78,100.	83,831.	115,719.	120,095.	477,410.
7a	0.	0.	0.	0.	0.	0.
b	20,000.	48,000.	61,150.	34,999.	25,000.	189,149.
c	20,000.	48,000.	61,150.	34,999.	25,000.	189,149.
8 Public support						288,261.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶

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 IV).
 13 **Total support.** (add lines 9, 10c, 11, and 12)

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	79,665.	78,100.	83,831.	115,719.	120,095.	477,410.
10a						0.
b	0.	0.	0.	0.	0.	0.
c	0.	0.	0.	0.	0.	0.
11						0.
12						0.
13 Total support.						477,410.

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 2008 (line 8, column (f) divided by line 13, column (f))	15	60.4 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	46.5 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.0 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.0 %
19a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

2008**FEDERAL STATEMENTS****PAGE 1****CALIFORNIA RHEUMATOLOGY ALLIANCE****33-1095347****STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

BANK FEES	\$ 25.
BOARD MEETING EXPENSE	3,610.
CONFERENCES, CONVENTIONS, AND MEETINGS	42,584.
DONATION TO NCRA	5,000.
EDUCATION EXPENSES	30,000.
HONORARIUMS	14,499.
MEETING EXPENSES	15,037.
OUTSIDE SERVICES	5,915.
PAYPAL FEES	240.
REIMBURSEMENT EXPENSES	7,371.
REPMT FOR NPO APPLICATION FEES	5,000.
SPEAKER FEES	5,209.
WEBSITE EXPENSES	5,850.
TOTAL \$	<u>140,340.</u>

**STATEMENT 2
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

THE ORGANIZATION PROVIDES IMPROVED MEDICAL CARE AND TREATMENT FOR RHEUMATIC DISEASE PATIENTS AND EDUCATES HEALTH PROFESSIONALS AND INSURANCE PROVIDERS REGARDING APPROPRIATE TREATMENTS FOR RHEUMATIC DISEASE AND OTHER ACTIVITIES ASSOCIATED WITH THESE GOALS.

**STATEMENT 3
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO

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

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

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

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

Type or print	Name of Exempt Organization CALIFORNIA RHEUMATOLOGY ALLIANCE	Employer identification number 33-1095347
	Number, street, and room or suite number If a P O box, see instructions ARLENE K. MOSE, CPA 367 CIVIC DRIVE, SUITE 12	For IRS use only
File by the extended due date for filing the return. See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions. PLEASANT HILL, CA 94523-1935	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

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

- The books are in care of ► **TREASURER**
Telephone No. ► **415-923-3060** FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . ► If it is for part of the group, check this box . ► and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **4/15**, 20 **10**
- 5 For calendar year , or other tax year beginning **6/01**, 20 **08**, and ending **5/31**, 20 **09**.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO COMPLETE THE PREPARATION OF FINANCIAL STATEMENTS WHICH ARE NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.**

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

Signature and Verification

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

Signature ► Arlene Mose Title ► CPA Date ► 1/11/2010

Application for Extension of Time To File an
Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

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

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

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

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

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**.

Type or print	Name of Exempt Organization CALIFORNIA RHEUMATOLOGY ALLIANCE	Employer identification number 33-1095347
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P.O. box, see instructions 2100 WEBSTER ST #112	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions SAN FRANCISCO, CA 94115	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► **TREASURER**

Telephone No. ► **415-923-3060** 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 will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 1/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20 ____ or
- tax year beginning 6/01, 20 08, and ending 5/31, 20 09.

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

3a If this application is for Form 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 Form 990-PF or 990-T, 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, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 4-2009)

A. W. Moore CPA 10/21/2009