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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- [x] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
AMERICAN COLLEGE OF RHEUMATOLOGY
RESEARCH EDUCATION 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 country, and ZIP + 4
ATLANTA, GA 30319

D Employer identification number
58-1654301

E Telephone number
(404) 633-3777

G Gross receipts $ 38,990,999

F Name and address of Principal Officer
MARK ANDREJESKI
2200 LAKE BOULEVARD NE
ATLANTA, GA 30319

H(a) Is this a group return for affiliates? [ ] Yes [x] No

H(b) Are all affiliates included? [ ] Yes [ ] No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

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

J Web site: ▶ WWW RHEUMATOLOGY ORG

K Type of organization [x] Corporation [ ] trust [ ] association [ ] other ▶

L Year of Formation 1985

M State of legal domicile IL

Part I Summary

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

Activities & Governance

2	Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	70
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	7,673,560	10,860,980
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,042,271	-2,455,795
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-24,912	-42,672
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,690,919	8,362,513
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,620,390	10,196,489
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
16a	Professional fundraising fees (Part IX, column (A), line 11e)		87,500
b	(Total fundraising expenses, Part IX, column (D), line 25 647,800)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,924,421	1,995,598
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	8,544,811	12,279,587
19	Revenue less expenses Subtract line 18 from line 12	2,146,108	-3,917,074

		Beginning of Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	58,067,187	51,375,719
21	Total liabilities (Part X, line 26)	81,820	233,149
22	Net assets or fund balances Subtract line 21 from line 20	57,985,367	51,142,570

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

Please Sign Here

****** | 2010-05-12
Signature of officer | Date

MARK ANDREJESKI EXECUTIVE VP
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Amy Bibby | Date | Check if self-empolyed ▶ [ ] | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DIXON HUGHES PLLC
500 Ridgefield Court
Asheville, NC 28806

EIN ▶

Phone no ▶ (828) 254-2254

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

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

1 Briefly describe the organization's mission

THE MISSION OF THE ACR RESEARCH AND EDUCATION FOUNDATION IS TO IMPROVE PATIENTS' LIVES THROUGH SUPPORT OF RESEARCH AND TRAINING THAT ADVANCE THE PREVENTION, TREATMENT, AND CURE OF RHEUMATIC DISEASES

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

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 11,253,033 including grants of $ 10,196,489) (Revenue $ -2,498,467)

THE CROWNING ACHIEVEMENT OF THE ACR RESEARCH AND EDUCATION FOUNDATION CONTINUES TO BE THE SUCCESS OF THE WITHIN OUR REACH FINDING A CURE FOR RHEUMATOID ARTHRITIS PROGRAM IN FY 2009, THE REF RAISED MORE THAN $6 MILLION FOR THE CAMPAIGN AND AWARDED $6 MILLION IN RHEUMATOID ARTHRITIS GRANTS ALONG WITH THE GRANT FUNDING, THE FOUNDATION ALSO CONVENED TWO SEPARATE WOR INVESTIGATORS MEETINGS THESE MEETINGS PROVIDE A FORUM FOR ALL INVESTIGATORS TO SHARE THEIR DATA AND COLLABORATE THESE ACTIVITIES ALONG WITH THE RESEARCH FUNDING WILL CONTINUE TO FOSTER A SOLID RESEARCH ENVIRONMENT FOR THOSE INVESTIGATING THE CAUSES, TREATMENTS AND CURES FOR RHEUMATOID ARTHRITIS WITH THE END OF THE FY 2009, THE BOARD IS PROUD TO REPORT THAT THEY HAVE ACHIEVED ALL OF THE MAJOR GOALS OF THEIR STRATEGIC PLAN SEVERAL HIGHLIGHTS OF THIS PLAN INCLUDE - PROGRAM SERVICES INCREASE THE AMOUNT OF MONEY ALLOCATED TO AWARDS APPROVED BY THE REF BOARD BY 10% ANNUALLY UNTIL ALL OUTSTANDING APPLICATIONS ARE FUNDED THE FY 2009 AWARDS PROGRAM REFLECTS A 50% INCREASE IN ITS "CORE" AWARDS AND GRANTS WHEN COMBINED WITH THE WITHIN OUR REACH GRANTS, THE TOTAL AWARDS BUDGET HAS INCREASED MORE THAN 300% SINCE 2006 ENDOWMENT IN CONCERT WITH THE LARGER FUND RAISING GOALS OF THE REF, ESTABLISH A $25 MILLION RESTRICTED FUND FOR AWARDS (GRANTS AND FELLOWSHIPS) AS OF JUNE 30, 2009, THIS FUND STANDS AT $12,889,379 GRANTS PORTFOLIO REVIEW THE REF BOARD COMPLETED A 5 YEAR REVIEW OF ALL AWARDS AND GRANTS PROGRAMS AND APPROVED CHANGES TO THE FUNDING PROGRAM THAT WILL BE IMPLEMENTED IN THE NEXT FISCAL YEAR FUNDRAISING THE ANNUAL GIVING CAMPAIGN RAISED MORE THAN $750,000, WHICH IS A 66% INCREASE SINCE FY 2006 THE REF BOARD ALSO IMPLEMENTED A PLANNED GIVING PROGRAM WHICH HAS ALREADY SECURED MORE THAN $1 MILLION IN GIFT EXPEXTANCIES THE WITHIN OUR REACH CAMPAIGN HAS RAISED MORE THAN $25 MILLION FOR RHEUMATOID ARTHRITIS RESEARCH SINCE ITS INCEPTION IN MARCH 2006 GOVERNANCE REVIEW THE REF BOARD COMPLETED A THOROUGH REVIEW OF THE REF GOVERNANCE PROCESS AND APPROVED THE FOLLOWING KEY STRATEGIES, BOARD ORIENTATION - COMPREHENSIVE BOARD ORIENTATION PROGRAM, BOARD SELF ASSESSMENT - IMPLEMENTED A PROCESS FOR BOARD SELF-ASSESSMENT, TO BE DONE ANNUALLY AT THE CLOSE OF THE FISCAL YEAR, BOARD EXPECTATIONS - ADOPTED LANGUAGE THAT GIVES CLEAR DIRECTION THAT THE REF SEEKS TO ACHIEVE 100% REF BOARD PARTICIPATION IN GIVING, DIVERSITY - APPROVED A DIVERSITY STATEMENT TO BE USED IN FUNDING DECISIONS AND VOLUNTEER SELECTION, BOARD SKILLS - APPROVED A COMPLETE SET OF CRITERIA AND EXPERTISE NECESSARY TO SERVE ON VARIOUS VOLUNTEER COMMITTEES

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 $ 11,253,033 *Must equal Part IX, Line 25, column (B).*

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	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*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16	Yes	
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
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) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	0		
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			
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 in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," 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			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Yes	
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the 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			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 16		
b	Enter the number of voting members that are independent . .	1b 16		
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?	2		No
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? . .	3	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or 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	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed GA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☑ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

COLLEEN MERKEL
2200 LAKE BOULEVARD NE
ATLANTA, GA 30319
(404) 633-3777

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* 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, or 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 the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(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			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
1b Total ▶								0	290,571	36,635

2 Total number of individuals (including those in 1a) who received more than $100,000 in 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*	**3**		No
4	For any individual listed online 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*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII **Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d 1,000,000				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 9,860,980				
	g	Noncash contributions included in lines 1a-1f $ 195,000				
	h	**Total (Add lines 1a-1f)** . . . . . ▶	10,860,980			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** . . . . . ▶ $				
	3	Investment income (including dividends, interest other similar amounts) . . . . . ▶	1,062,199			1,062,199
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 27,047,834				
	b	Less cost or other basis and sales expenses: 30,565,828				
	c	Gain or (loss): -3,517,994				
	d	Net gain or (loss) . . . . . ▶	-3,517,994	-3,517,994		
	8a	Gross income from fundraising events (not including $ 9,330 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* . . . . . a				
	b	Less direct expenses . . . b 62,658				
	c	Net income or (loss) from fundraising events . . ▶	-53,328	-53,328		
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
Other Revenue		Miscellaneous Revenue / Business Code				
	11a	POSTER SALES 900,099	10,534			10,534
	b	OTHER REVENUE 900,099	122			122
	c					
	d	All other revenue				
	e	**Total. Add lines 11a-11d** . . . . . $ 10,656				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . ▶	8,362,513	-3,571,322	0	1,072,855

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	10,031,540	10,031,540		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	115,000	115,000		
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	49,949	49,949		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	1,038,991	558,598	239,042	241,351
b Legal	3,053	879	2,174	
c Accounting	64,808	16,950	40,919	6,939
d Lobbying				
e Professional fundraising *See Part IV, line 17*	87,500			87,500
f Investment management fees				
g Other	102,801	4,500	3,542	94,759
12 Advertising and promotion				
13 Office expenses	182,862	74,410	37,251	71,201
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	368,054	272,885	27,616	67,553
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	223,373	127,340	17,863	78,170
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,636	982	327	327
23 Insurance				
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a MISCELLANEOUS	10,020		10,020	
b				
c				
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	12,279,587	11,253,033	378,754	647,800
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	10,662,158	2	11,306,045
	3	Pledges and grants receivable, net	13,262,550	3	12,615,065
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	29,509	9	734
	10a	Land, buildings, and equipment cost basis — 10a: 105,561			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 22,238	60,011	10c	83,323
	11	Investments—publicly traded securities	30,610,725	11	24,890,909
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*	3,440,233	12	2,479,643
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	2,001	15	0
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	58,067,187	16	51,375,719
Liabilities	17	Accounts payable and accrued expenses	81,820	17	233,149
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable 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		24	
	25	Other liabilities *Complete Part X of Schedule D*		25	
	26	**Total liabilities.** *Add lines 17 through 25*	81,820	26	233,149
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	25,833,337	27	21,289,932
	28	Temporarily restricted net assets	30,198,735	28	27,546,843
	29	Permanently restricted net assets	1,953,295	29	2,305,795
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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	57,985,367	33	51,142,570
	34	Total liabilities and net assets/fund balances	58,067,187	34	51,375,719

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes" to lines 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?		2c	Yes	
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?		3a		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF RHEUMATOLOGY
RESEARCH EDUCATION FOUNDATION

Employer identification number
58-1654301

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

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

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,402,356	7,421,167	22,029,542	7,673,560	10,860,980	52,387,605
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 line 1-3	4,402,356	7,421,167	22,029,542	7,673,560	10,860,980	52,387,605
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						27,667,026
6 **Public Support** subtract line 5 from line 4						24,720,579

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	4,402,356	798,426	22,029,542	7,673,560	10,860,980	52,387,605
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	293,575	798,426	851,562	1,136,031	1,062,199	4,141,793
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)	3,758	16,328	10,253	11,260	10,656	52,255
11 **Total Support** (Add lines 7 through 10)						56,581,653
12 Gross receipts from related activities, etc (See instructions)					12	40,770

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

Computation of Public Support Percentage

14	Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	**43.690 %**
15	Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	**36.540 %**

16a **33 1/3% Test - 2008.** 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% Test - 2007.** If the organization did not check the 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 the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 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)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% 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 ☐

b **33 1/3% Tests - 2007.** 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 **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF RHEUMATOLOGY
RESEARCH EDUCATION 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" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's 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 XIV

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 Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 why in Part XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	21,795,597				
b Contributions	247,500				
c Investment earnings or losses	-2,759,219				
d Grants or scholarships					
e Other expenditures for facilities and programs	54,391				
f Administrative expenses					
g End of year balance	19,229,487				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 67 100 %
- b Permanent endowment ▶ 11 990 %
- c Term endowment ▶ 20 910 %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		105,561	22,238	83,323
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				83,323

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,362,513
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,279,587
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,917,074
4	Net unrealized gains (losses) on investments	4	-2,925,723
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-2,925,723
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-6,842,797

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	5,499,448
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-2,925,723		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	-2,925,723
3	Subtract line **2e** from line **1**			3	8,425,171
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 XIV)	4b	-62,658		
c	Add lines **4a** and **4b**			4c	-62,658
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	8,362,513

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	12,342,245
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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	62,658		
e	Add lines **2a** through **2d**			2e	62,658
3	Subtract line **2e** from line **1**			3	12,279,587
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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	12,279,587

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	THE FOUNDATION'S ENDOWMENT CONSISTS OF TWELVE INDIVIDUALS FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS, A TERM ENDOWMENT AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS
Part XII, Line 4b - Other Adjustments		SPECIAL EVENTS EXPENSES -62658
Part XIII, Line 2d - Other Adjustments		SPECIAL EVENTS EXPENSES 62658

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF RHEUMATOLOGY
RESEARCH EDUCATION FOUNDATION

Employer identification number
58-1654301

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Totals . . . . . ▶					

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 1

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
ACR REF HEALTH PROFESSIONAL NEW INVESTIGATOR AWARD	NORTH AMERICA	1	49,949	CHECK			

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	ReturnReference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 58-1654301
Name: AMERICAN COLLEGE OF RHEUMATOLOGY RESEARCH EDUCATION FOUNDATION

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF RHEUMATOLOGY
RESEARCH EDUCATION FOUNDATION

Employer identification number
58-1654301

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ Yes ☑ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
COMMUNITY COUNSELLING SERVICE CO LLC	FUNDRAISING CONSULTING AND MANAGEMENT FIRM		No	7,115,036	0	87,500
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)				
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs				
	7 Other direct expenses				
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility **13a**		
b	An outside facility **13b**		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ _____		
	Address ▶ _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____		
c	If "Yes," enter name and address		
	Name ▶ _____		
	Address ▶ _____		
16	Gaming manager information		
	Name ▶ _____		
	Gaming manager compensation ▶ $ _____		
	Description of services provided ▶ _____		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $		

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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 U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF RHEUMATOLOGY
RESEARCH EDUCATION 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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 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 non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 69

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 THE ACR RESEARCH AND EDUCATION FOUNDATION MAINTAINS AN EXTENSIVE AWARDS AND GRANTS PORTFOLIO, WITH OVER TWENTY SUPPORT MECHANISMS EACH AWARD OR GRANT APPLICATION CONTAINS VERY SPECIFIC ELIGIBILITY AND REVIEW CRITERIA INDIVIDUAL APPLICATION FILES DETAILING THESE REQUIREMENTS ARE AVAILABLE AT RHEUMATOLOGY ORG/REF 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 REF SCIENTIFIC ADVISORY COUNCIL FOR REVIEW BEFORE BEING PRESENTED TO THE REF BOARD OF DIRECTORS FOR FINAL APPROVAL AFTER THE AWARD IS MADE, ALL RECIPIENTS OF MULTI-YEAR AWARDS ARE REQUIRED TO SUBMIT ANNUAL PROGRESS REPORTS, WHICH ARE REVIEWED BY THE REF SCIENTIFIC ADVISORY COUNCIL TO ENSURE COMPLIANCE WITH PROGRAMMATIC, SCIENTIFIC, AND FISCAL AND ADMINISTRATIVE POLICIES AND REQUIREMENTS IF THE AWARD IS FOUND TO BE IN COMPLIANCE, THE NEXT YEAR OF FUNDING IS APPROVED FOR DISBURSEMENT IF NOT, THE AWARD IS REVOKED ALL AWARD RECIPIENTS ARE REQUIRED TO SUBMIT A FINAL REPORT AT THE END OF THE AWARD TERM NOTING PROJECT OUTCOMES AND PROVIDING A DETIALED FINANCIAL RECONCILIATION, WHICH REQUIRES A STATEMENT AND SIGNATURES OF INSTITUTIONAL OFFICIALS THAT THE AWARD IS IN COMPLIANCE WITH PROGRAMMATIC, SCIENTIFIC AND FISCAL AND ADMINISTRATIVE POLICIES AND REQUIREMENTS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 58-1654301
Name: AMERICAN COLLEGE OF RHEUMATOLOGY RESEARCH EDUCATION FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 & WOMENS HOSPITAL45 FRANCIS STREET BOSTON,MA 02115	04-2312909	501(c)(3)	90,000				ARTHRITIS INVESTIGATOR AWARD
TUFTS-NEW ENGLAND MEDICAL CENTER800 WASHINGTON STREET 406 BOSTON,MA 02111	04-3400617	501(c)(3)	90,000				ARTHRITIS INVESTIGATOR AWARD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCOPO BOX 0795 SAN FRANCISCO,CA 94143	94-6036493	501(c)(3)	90,000				ARTHRITIS INVESTIGATOR AWARD
STANFORD UNIVERSITY 1000 WELCH ROAD STE 203 PALO ALTO,CA 94304	94-1156365	501(c)(3)	125,000				PHYSICIAN SCIENTIST DEVELOPMENT AWARD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCOPO BOX 0795 SAN FRANCISCO,CA 94143	94-6036493	501(c)(3)	200,000				PHYSICIAN SCIENTIST DEVELOPMENT AWARD
UNIVERSITY OF MICHIGAN 300 N INGALLS ANN ARBOR,MI 48109	38-6006309	501(c)(3)	50,000				PHYSICIAN SCIENTIST DEVELOPMENT AWARD
TRUSTEES OF BOSTON UNIVERSITYEVANS 501 715 ALBANY STREET BOSTON,MA 02118	04-2103547	501(c)(3)	50,000				PHYSICIAN SCIENTIST DEVELOPMENT AWARD
GEORGETOWN UNIVERSITY HOSPITAL 3800 RESERVOIR RD NW WASHINGTON,DC 20007	53-0196603	501(c)(3)	50,000				PHYSICIAN SCIENTIST DEVELOPMENT AWARD
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER5323 HARRY HINES BOULEVARD DALLAS,TX 75390	17-5602868	501(c)(3)	50,000				PHYSICIAN SCIENTIST DEVELOPMENT AWARD
YALE UNIVERSITY SCHOOL OF MEDICINE300 CEDAR ST NEW HAVEN,CT 06520	06-0646973	501(c)(3)	50,000				PHYSICIAN SCIENTIST DEVELOPMENT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH300 HALKET STREET STE 5710 PITTSBURGH,PA 15213	25-0965591	501(c)(3)	100,000				PHYSICIAN SCIENTIST DEVELOPMENT AWARD
UNIVERSITY OF CALIFORNIA AT DAVIS 4800 2ND AVE STE 2600 SACRAMENTO,CA 95817	94-6036494	501(c)(3)	25,000				PHYSICIAN SCIENTIST DEVELOPMENT AWARD
MONTEFIORE MEDICAL CENTER3415 BAINBRIDGE AVE BRONX,NY 10467	13-1740114	501(c)(3)	25,000				PHYSICIAN SCIENTIST DEVELOPMENT AWARD
CHILDREN'S HOSPITAL OF PHILADELPHIA3495 CIVIC CENTER BOULEVARD PHILEDELPHIA,PA 19104	23-1352166	501(c)(3)	50,000				PHYSICIAN SCIENTIST DEVELOPMENT AWARD
UNIVERSITY OF COLORADO AT DENVER PO BOX 6511 AURORA,CO 80045	84-6000555	501(c)(3)	50,000				PHYSICIAN SCIENTIST DEVELOPMENT AWARD
REGENTS OF THE UNIVERSITY OF CALIFORNIA - LOS ANGELES1000 VETERAN AVE LOS ANGELES,CA 90095	95-6006143	501(c)(3)	100,000				PHYSICIAN SCIENTIST DEVELOPMENT AWARD
UNIVERSITY OF PITTSBURGH5022 FORBES TOWER PITTSBURGH,PA 15213	25-0965591	501(c)(3)	50,000				HEALTH PROFESSIONAL INVESTIGATOR AWARD
TUFTS-NEW ENGLAND MEDICAL CENTER800 WASHINGTON STREET 406 BOSTON,MA 02111	04-3400617	501(c)(3)	50,000				HEALTH PROFESSIONAL INVESTIGATOR AWARD
REGENTS OF THE UNIVERSITY OF NEW MEXICOTHE UNIVERSITY OF NEW MEXICO ALBUQUERQUE,NM 87131	85-6000642	501(c)(3)	49,992				HEALTH PROFESSIONAL INVESTIGATOR AWARD
TRUSTEES OF BOSTON UNIVERSITYEVANS 501 715 ALBANY STREET BOSTON,MA 02118	04-2103547	501(c)(3)	50,000				HEALTH PROFESSIONAL INVESTIGATOR AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ALBERT EINSTEIN COM 3415 BAINBRIDGE AVE BRONX,NY 10467	13-1624225	501(c)(3)	1,000				MEDICAL STUDENT RESEARCH PRECEPTORSHIP
BRIGHAM & WOMENS HOSPITAL45 FRANCIS STREET BOSTON,MA 02115	04-2312909	501(c)(3)	1,000				MEDICAL STUDENT RESEARCH PRECEPTORSHIP
CLEVELAND CLINIC FOUNDATION9500 EUCLID AVE CLEVELAND,OH 73104	34-0714585	501(c)(3)	1,000				MEDICAL STUDENT RESEARCH PRECEPTORSHIP
OKLAHOMA MEDICAL RESEARCH FOUNDATION825 N E 13TH STREET OKLAHOMA CITY,OK 73104	73-0580274	501(c)(3)	1,000				MEDICAL STUDENT RESEARCH PRECEPTORSHIP
THE UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL3300 THURSTON BLDG CB 7280 CHAPEL HILL,NC 27599	61-6033693	501(c)(3)	1,000				MEDICAL STUDENT RESEARCH PRECEPTORSHIP
ST LOUIS UNIVERSITY ONE GRAND BLVD ST LOUIS,MO 63103	43-0654872	501(c)(3)	1,000				MEDICAL STUDENT RESEARCH PRECEPTORSHIP
UNIVERSITY OF OKLAHOMA HSC940 NE 13TH STREET OKLAHOMA CITY,OK 73104	73-6017987	501(c)(3)	1,000				MEDICAL STUDENT RESEARCH PRECEPTORSHIP
UNVIERSITY OF TOLEDO HSC2801 W BANCROFT TOLEDO,OH 43606	34-6401483	501(c)(3)	1,000				MEDICAL STUDENT RESEARCH PRECEPTORSHIP
UNIVERSITY OF PITTSBURGH300 HALKET STREET STE 5710 PITTSBURGH,PA 15213	25-0965591	501(c)(3)	1,000				MEDICAL STUDENT RESEARCH PRECEPTORSHIP
THE UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL3300 THURSTON BLDG CB 7280 CHAPEL HILL,NC 27599	61-6033693	501(c)(3)	5,000				HEALTH PROFESSINAL/GRAD STUDENT RESEARCH PRECEPTORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HEBREW REHABILITATION CENTER1200 CENTRE STREET BOSTON,MA 02131	04-2104298	501(c)(3)	2,500				HEALTH PROFESSINAL/GRAD STUDENT RESEARCH PRECEPTORSHIP
THE UNIVERSITY OF IOWA100 MOSSMAN BUSINESS SERVICES BLDG IOWA CITY,IA 52242	42-6004813	501(c)(3)	2,500				HEALTH PROFESSINAL/GRAD STUDENT RESEARCH PRECEPTORSHIP
DUKE UNIVERSITY MEDICAL CENTER2118 SUNSET AVE DURHAM,NC 27705	56-0532129	501(c)(3)	2,500				HEALTH PROFESSINAL/GRAD STUDENT RESEARCH PRECEPTORSHIP
TRUSTEES OF BOSTON UNIVERSITYEVANS 501 715 ALBANY STREET BOSTON,MA 02118	04-2103547	501(c)(3)	2,500				HEALTH PROFESSINAL/GRAD STUDENT RESEARCH PRECEPTORSHIP
REGENTS OF THE UNIVERSITY OF CALIFORNIA - LOS ANGELES1000 VETERAN AVE LOS ANGELES,CA 90095	95-6006143	501(c)(3)	90,000				CLINICAL INVESTIGATOR FELLOWSHIP AWARD
CHILDREN'S HOSPITAL OF PHILADELPHIA34TH ST AND CIVIC CENTER BLVD PHILEDELPHIA,PA 19104	23-1352166	501(c)(3)	90,000				CLINICAL INVESTIGATOR FELLOWSHIP AWARD
THE CLEVELAND CLINIC FOUNDATION9500 EUCLID AVE CLEVELAND,OH 44195	34-0714585	501(c)(3)	90,000				CLINICAL INVESTIGATOR FELLOWSHIP AWARD
REGENTS OF THE UNIVERSITY OF CALIFORNIA - LOS ANGELES1000 VETERAN AVE LOS ANGELES,CA 90095	95-6006143	501(c)(3)	80,500				CLINICAL INVESTIGATOR FELLOWSHIP AWARD
TUFTS-NEW ENGLAND MEDICAL CENTER800 WASHINGTON STREET 406 BOSTON,MA 02111	04-3400617	501(c)(3)	89,050				CLINICAL INVESTIGATOR FELLOWSHIP AWARD
TRUSTEES OF BOSTON UNIVERSITYEVANS 501 715 ALBANY STREET BOSTON,MA 02118	04-2103547	501(c)(3)	75,000				JUNIOR CAREER DEVELOPMENT IN GERIATRIC MEDICINE AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
RUSH UNIVERSITY MEDICAL CENTER1653 W CONGRESS PARKWAY CHICAGO,IL 60612	36-2174823	501(c)(3)	75,000				JUNIOR CAREER DEVELOPMENT IN GERIATRIC MEDICINE AWARD
DUKE UNIVERSITY2118 SUNSET AVE DURHAM,NC 27705	56-0532129	501(c)(3)	74,958				JUNIOR CAREER DEVELOPMENT IN GERIATRIC MEDICINE AWARD
BETH ISRAEL DEACONNESS MEDICAL CENTER4 BLACKFAN CIRCLE RM 244 BOSTON,MA 02115	04-2103881	501(c)(3)	50,000				LUPUS RESEARCH FELLOWSHIP
BAYLOR COLLEGE OF MEDICINE6621 FANNIN STREET HOUSTON,TX 77030	17-4161387	501(c)(3)	50,000				LUPUS RESEARCH FELLOWSHIP
CEDARS SINAI MEDICAL CENTER8700 BEVERLY BLVD LOS ANGELES,CA 90048	95-1644600	501(c)(3)	15,000				RESIDENT RESEARCH PRECEPTORSHIP
UNIVERSITY OF NEBRASKA MEDICAL CENTER42 ND AND EMILE OMAHA,NE 68198	47-0049123	501(c)(3)	15,000				RESIDENT RESEARCH PRECEPTORSHIP
UNIVERSITY OF PENNSYLVANIA3600 SPRUCE STREET PHILEDELPHIA,PA 19104	23-1352685	501(c)(3)	15,000				RESIDENT RESEARCH PRECEPTORSHIP
UNIVERSITY OF COLORADO AT DENVER 777 BANNOCK STREET DENVER,CO 80204	84-6000555	501(c)(3)	50,000				HEALTH PROFESSIONAL NEW INVESTIGATOR AWARD
THE UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL3300 THURSTON BLDG CB 7280 CHAPEL HILL,NC 27599	61-6033693	501(c)(3)	50,000				HEALTH PROFESSIONAL NEW INVESTIGATOR AWARD
NORTHWESTERN UNIVERSITY240 EAST HURON ST CHICAGO,IL 60611	36-2167817	501(c)(3)	49,928				HEALTH PROFESSIONAL NEW INVESTIGATOR AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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TRUSTEES OF BOSTON UNIVERSITYEVANS 501 715 ALBANY STREET BOSTON,MA 02118	04-2103547	501(c)(3)	50,000				HEALTH PROFESSIONAL NEW INVESTIGATOR AWARD
RUSH UNIVERSITY MEDICAL CENTER1653 W CONGRESS PARKWAY CHICAGO,IL 60612	36-2174823	501(c)(3)	50,000				HEALTH PROFESSIONAL NEW INVESTIGATOR AWARD
HEBREW REHABILITATION CENTER1200 CENTRE STREET BOSTON,MA 02131	04-2104298	501(c)(3)	50,000				HEALTH PROFESSIONAL NEW INVESTIGATOR AWARD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCOPO BOX 0795 SAN FRANCISCO,CA 94143	94-6036493	501(c)(3)	50,000				ACADEMIC RE-ENTRY AWARD
THE REGENTS OF THE UNIVERSITY OF MICHIGAN5520 MSRB ANN ARBOR,MI 48109	38-6006309	501(c)(3)	50,000				ACADEMIC RE-ENTRY AWARD
BRIGHAM & WOMENS HOSPITAL45 FRANCIS STREET BOSTON,MA 02115	04-2312909	501(c)(3)	400,000				WITHIN OUR REACH - INNOVATIVE BASIC SCIENCE RA RESEARCH GRANT
UNIVERSITY OF ALABAMA AT BIRMINGHAM1530 3RD AVE S SHEL 310 BIRMINGHAM,AL 35294	63-6005396	501(c)(3)	421,777				WITHIN OUR REACH - INNOVATIVE BASIC SCIENCE RA RESEARCH GRANT
UCSD SOM SAN DIEGO CA9500 GILMAN DRIVE LA JOLLA,CA 92093	65-6006144	501(c)(3)	200,000				WITHIN OUR REACH - INNOVATIVE BASIC SCIENCE RA RESEARCH GRANT
YALE UNIVERSITY SCHOOL OF MEDICINE 300 CEDAR ST NEW HAVEN,CT 06520	06-0646973	501(c)(3)	198,720				WITHIN OUR REACH - INNOVATIVE BASIC SCIENCE RA RESEARCH GRANT
MEDICAL UNIVERSITY OF SOUTH CAROLINAPO BOX 250637 CHARLESTON,SC 29425	57-6000722	501(c)(3)	200,000				WITHIN OUR REACH - INNOVATIVE BASIC SCIENCE RA RESEARCH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF MICHIGAN5520 MSRB ANN ARBOR,MI 48109	38-6006309	501(c)(3)	200,000				WITHIN OUR REACH - INNOVATIVE BASIC SCIENCE RA RESEARCH GRANT
STANFORD UNIVERSITY 1000 WELCH ROAD STE 203 PALO ALTO,CA 94304	94-1156365	501(c)(3)	100,000				WITHIN OUR REACH - INNOVATIVE BASIC SCIENCE RA RESEARCH GRANT
UNIVERSITY OF SOUTH CAROLINA1600 HAMPTON STREET STE 805 COLUMBIA,SC 29208	57-0967350	501(c)(3)	200,000				WITHIN OUR REACH - INNOVATIVE BASIC SCIENCE RA RESEARCH GRANT
THE UNIVERSITY OF CALIFORNIA - SAN DIEGO9500 GILMAN DRIVE LA JOLLA,CA 92093	95-6006144	501(c)(3)	200,000				WITHIN OUR REACH - INNOVATIVE BASIC SCIENCE RA RESEARCH GRANT
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL55 LAKE AVENUE NORTH WORCESTER,MA 01655	04-3167352	501(c)(3)	200,000				WITHIN OUR REACH - INNOVATIVE BASIC SCIENCE RA RESEARCH GRANT
UNIVERSITY OF SOUTHERN CALIFORNIA 2011 ZONAL AVE LOS ANGELES,CA 90033	95-1642394	501(c)(3)	199,938				WITHIN OUR REACH - INNOVATIVE BASIC SCIENCE RA RESEARCH GRANT
NORTHWESTERN UNIVERSITY240 EAST HURON ST CHICAGO,IL 60061	36-2167817	501(c)(3)	400,000				WITHIN OUR REACH - INNOVATIVE BASIC SCIENCE RA RESEARCH GRANT
HOSPITAL FOR SPECIAL SURGERY535 EAST 70TH ST NEW YORK,NY 10021	13-1624134	501(c)(3)	200,000				WITHIN OUR REACH - INNOVATIVE BASIC SCIENCE RA RESEARCH GRANT
UNIVERSITY OF ALABAMA AT BIRMINGHAM1530 3RD AVE S SHEL 310 BIRMINGHAM,AL 35294	63-6005396	501(c)(3)	200,000				WITHIN OUR REACH - TRANSLATIONAL RA RESEARCH GRANT
BRIGHAM & WOMENS HOSPITAL45 FRANCIS STREET BOSTON,MA 02115	04-2312909	501(c)(3)	399,873				WITHIN OUR REACH - TRANSLATIONAL RA RESEARCH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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JOHN HOPKINS UNIVERSITYCENTER TOWER STE 4100 BALTIMORE,MD 21224	52-0595110	501(c)(3)	199,966				WITHIN OUR REACH - TRANSLATIONAL RA RESEARCH GRANT
EMORY UNIVERSITY 101 WOODRUFF CIRCLE ATLANTA,GA 30322	58-0566256	501(c)(3)	198,655				WITHIN OUR REACH - TRANSLATIONAL RA RESEARCH GRANT
UNIVERSITY OF PITTSBURGH300 HALKET STREET STE 5710 PITTSBURGH,PA 15213	25-0965591	501(c)(3)	200,000				WITHIN OUR REACH - TRANSLATIONAL RA RESEARCH GRANT
THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH 350 COMMUNITY DRIVE MANHASSET,NY 11030	11-2673595	501(c)(3)	199,410				WITHIN OUR REACH - TRANSLATIONAL RA RESEARCH GRANT
DARTMOUTH UNIVERSITY DARTMOUTH COLLEGE HANOVER,NH 03755	02-0222111	501(c)(3)	200,000				WITHIN OUR REACH - TRANSLATIONAL RA RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCOPO BOX 0795 SAN FRANCISCO,CA 94143	94-6036493	501(c)(3)	200,000				WITHIN OUR REACH - TRANSLATIONAL RA RESEARCH GRANT
JOHN HOPKINS UNIVERSITYCENTER TOWER STE 4100 BALTIMORE,MD 21224	52-0595110	501(c)(3)	200,000				WITHIN OUR REACH - CLINICAL RA RESEARCH GRANT
UNIVERSITY OF CALIFORNIA - LOS ANGELES1000 VETERAN AVE LOS ANGELES,CA 90095	95-6006143	501(c)(3)	200,000				WITHIN OUR REACH - CLINICAL RA RESEARCH GRANT
UNIVERSITY OF CALIFORNIA - SAN FRANCISCOPO BOX 0795 SAN FRANCISCO,CA 94143	94-6036493	501(c)(3)	200,000				WITHIN OUR REACH - CLINICAL RA RESEARCH GRANT
UNIVERSITY OF ALABAMA AT BIRMINGHAM1530 3RD AVE S SHEL 310 BIRMINGHAM,AL 35294	63-6005396	501(c)(3)	200,000				WITHIN OUR REACH - CLINICAL RA RESEARCH GRANT

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THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH 350 COMMUNITY DRIVE MANHASSET,NY 11030	11-2673595	501(c)(3)	37,500				CAREER DEVELOPMENT BRIDGE FUNDING AWARD
UNIVERSITY OF ARIZONA1501 N CAMPBELL AVE TUCSON,AZ 85724	74-2652689	501(c)(3)	75,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD
MEDICAL COLLEGE OF WISCONSIN8701 WATERTOWN PLANK ROAD MILWAUKEE,WI 53226	39-0806261	501(c)(3)	75,000				CAREER DEVELOPMENT BRIDGE FUNDING AWARD
BRIGHAM & WOMENS HOSPITAL45 FRANCIS STREET BOSTON,MA 02115	04-2312909	501(c)(3)	37,500				CAREER DEVELOPMENT BRIDGE FUNDING AWARD
CEDARS SINAI MEDICAL CENTER8700 BEVERLY BLVD LOS ANGELES,CA 90048	95-1644600	501(c)(3)	37,500				CAREER DEVELOPMENT BRIDGE FUNDING AWARD
STANFORD UNIVERSITY1000 WELCH ROAD STE 203 PALO ALTO,CA 94304	94-1156365	501(c)(3)	37,500				CAREER DEVELOPMENT BRIDGE FUNDING AWARD
CHILDREN'S HOSPITAL & REG MED CTR1100 OLIVE WAY STE 500 SEATTLE,WA 98101	91-1156519	501(c)(3)	50,000				CLINICIAN SCHOLAR EDUCATOR AWARD
UNIVERSITY OF ALABAMA AT BIRMINGHAM1530 3RD AVE S SHEL 310 BIRMINGHAM,AL 35294	63-6005396	501(c)(3)	50,000				CLINICIAN SCHOLAR EDUCATOR AWARD
UNIVERSITY OF FLORIDA1600 SW ARCHER RD GAINSVILLE,FL 32610	59-6002052	501(c)(3)	50,000				CLINICIAN SCHOLAR EDUCATOR AWARD
JOHN HOPKINS UNIVERSITYCENTER TOWER STE 4100 BALTIMORE,MD 21224	52-0595110	501(c)(3)	50,000				CLINICIAN SCHOLAR EDUCATOR AWARD

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UNIVERSITY OF PENNSYLVANIA3600 SPRUCE STREET PHILEDELPHIA,PA 19106	23-1352685	501(c)(3)	50,000				CLINICIAN SCHOLAR EDUCATOR AWARD
HACKENSACK UNIVERSITY MEDICAL CENTER30 PROSPECT AVE HACKENSACK,NJ 07601	22-1487576	501(c)(3)	50,000				CLINICIAN SCHOLAR EDUCATOR AWARD
CLEVELAND CLINIC FOUNDATION9500 EUCLID AVE CLEVELAND,OH 44195	34-0714585	501(c)(3)	50,000				CLINICIAN SCHOLAR EDUCATOR AWARD
INDIANA UNIVERSITY 107 S INDIANA AVE BLOOMINGTON,IN 47405	35-6001673	501(c)(3)	60,000				CLINICIAN SCHOLAR EDUCATOR AWARD
GWMFA DEPT OF MEDICINE2150 PENNSYLVANIA AVE NW WASHINGTON,DC 20037	53-0196584	501(c)(3)	60,000				CLINICIAN SCHOLAR EDUCATOR AWARD
LEHIGH VALLEY HOSPITAL DEPARTMENT OF MEDICINEPO BOX 689 ALLENTOWN,PA 18105	23-1689692	501(c)(3)	60,000				CLINICIAN SCHOLAR EDUCATOR AWARD
UNIVERSITY OF SOUTHERN CALIFORNIA 2011 ZONAL AVE LOS ANGELES,CA 90033	95-1642394	501(c)(3)	58,669				CLINICIAN SCHOLAR EDUCATOR AWARD
INDIANA UNIVERSITY 107 S INDIANA AVE BLOOMINGTON,IN 47405	35-6001673	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
UNIVERSITY OF PITTSBURGH300 HALKET STREET STE 5710 PITTSBURGH,PA 15213	25-0965591	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
NYU HOSPITAL FOR JOINT DISEASES301 EAST 17TH STREET NEW YORK,NY 10003	13-5562309	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD

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JOHN HOPKINS UNIVERSITYCENTER TOWER STE 4100 BALTIMORE,MD 21224	52-0595110	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
DUKE UNIVERSITY2118 SUNSET AVE DURHAM,NC 27705	56-0532129	501(c)(3)	50,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
CHILDREN'S HOSPITAL FOUNDATION2201 BROADWAY STE 600 OAKLAND,CA 94612	94-1657474	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
TUFTS-NEW ENGLAND MEDICAL CENTER800 WASHINGTON STREET 406 BOSTON,MA 02111	04-3400617	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
UNIVERSITY OF COLORADO AT DENVER 777 BANNOCK STREET DENVER,CO 80204	84-6000555	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
THE REGENTS OF THE UNIVERSITY OF MICHIGAN5520 MSRB ANN ARBOR,MI 48109	38-6006309	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
STANFORD UNIVERSITY 1000 WELCH ROAD STE 203 PALO ALTO,CA 94304	94-1156365	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH350 COMMUNITY DRIVE MANHASSET,NY 11030	11-2673595	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
YALE UNIVERSITY SCHOOL OF MEDICINE 300 CEDAR ST NEW HAVEN,CT 06520	06-0646973	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
NORTHWESTERN UNIVERSITY240 EAST HURON ST CHICAGO,IL 60611	36-2167817	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD

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UAB DIVISION OF RHEUMATOLOGY1530 3RD AVE SOUTH BIRMINGHAM,AL 35294	63-6005396	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
UC REGENTS1111 FRANKLIN ST 12TH FLOOR OAKLAND,CA 94607	94-6002123	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION410 ADMINISTRATION DRIVE LEXINGTON,KY 40506	61-6033693	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
LSU HEALTH SCIENCES CENTER IN SHREVEPORT 1501 KINGS HIGHWAY PO BOX 33932 SHREVEPORT,LA 71130	72-0702002	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIAPO BOX 0795 SAN FRANCISCO,CA 94143	94-6036493	501(c)(3)	50,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
BAYLOR COLLEGE OF MEDICINE6621 FANNIN STREET HOUSTON,TX 77030	74-1613878	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
VIRGINIA COMMONWEALTH UNIVERSITY1112 EAST CLAY STREET RICHMOND,VA 23219	60-0175820	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
UNIVERSITY OF MIAMI 1400 NW 10TH AVE STE 906 MIAMI,FL 33136	59-0624458	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
CHILDREN'S HOSPITAL OF PHILADELPHIA3405 CIVIC CENTER BOULEVARD PHILEDELPHIA,PA 19104	23-1352166	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE660 S EUCLID ST LOUIS,MO 63110	43-0653611	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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OFFICE OF SPONSORED RESEARCH UNC-CHAPEL HILL3330 THRUSTON BLDG CB 7280 CHAPEL HILL,NC 27599	61-6033693	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
DIVISON OF RHEUMATOLOGY SAINT LOUIS UNIVERSITYONE GRAND BLVD ST LOUIS,MO 63103	43-0654872	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
GEORGETOWN UNIVERSITY HOSPITAL 3800 RESERVOIR RD NW WASHINGTON,DC 20007	53-0196603	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
WASHINGTON HOSPITAL CENTER110 IRVING ST NW WASHINGTON,DC 20010	52-6056274	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
THE BOARD OF REGENTS OF THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER1100 N LINDSAY OAKLAHOMA CITY,OK 73104	73-6017987	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
BRIGHAM & WOMENS HOSPITAL45 FRANCIS STREET BOSTON,MA 02115	04-2312909	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
UNIVERSITY OF NEBRASKA MEDICAL CENTER42 ND AND EMILE OMAHA,NE 68198	47-0049123	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
UNIVERSITY OF UTAH SCHOOL OF MEDICINE 30 N 1900 E ROOM 1C029 SALT LAKE CITY,UT 84132	87-6000525	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
TRUSTEES OF BOSTON UNIVERSITYEVANS 501 715 ALBANY STREET BOSTON,MA 02118	04-2103547	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
UNIVERSITY OF MARYLAND BALTIMORE 10 S PINE ST BALTIMORE,MD 21201	52-6002033	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY INTERNAL MEDICINE ASSOCIATES 2830 VICKORY PARKWAY STE 310 CINCINNATI,OH 45206	31-6000989	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
SCRIPPS CLINICSCRIPPS GREEN HOSPITAL4275 CAMPUS POINT CT SAN DIEGO,CA 92121	95-1684089	501(c)(3)	25,000				RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
UNIVERSITY HOSPITALS OF CLEVELAND11100 EULID AVE CLEVELAND,OH 44106	34-1567805	501(c)(3)	25,000				PAULA DE MERIEUX RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
MIAMI UNIVERSITY500 E HIGH STREET OXFORD,OH 45056	31-6402089	501(c)(3)	7,500				LAWREN H DALTROY FELLOWSHIP AWARD
ALBERT EINSTEIN COMMONTEFIORE3415 BAINBRIDGE AVE BRONX,NY 10467	13-1624225	501(c)(3)	1,000				RESIDENT RECRUITMENT AWARD
STANFORD UNIVERSITY 1000 WELCH ROAD STE 203 PALO ALTO,CA 94304	94-1156365	501(c)(3)	50,000				NEW INITATIVES IN RHEUMATOLOGY AWARD

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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 STUDUENT RESEARCH PRECEPTORSHIP	9	27,000			
HEALTH PROFESSIONAL GRADUATE STUDENT RESEARCH PRECEPTORSHIP	6	21,000			
MEDICAL GRADUATE STUDENT ACHIEVEMENT AWARD	19	14,250			
PEDIATRIC RHEUMATOLOGY RESEARCH AWARD	4	4,000			
MEDICAL AND PEDIATRIC RESIDENT RESEARCH AWARD	2	1,500			
MEDICAL STUDENT CLINICAL PRECEPTORSHIP	30	30,000			
PEDIATRIC VISITING PROFESSORSHIP PROGAM	2	4,000			
MEMORIAL LECTURESHIPS	6	13,250			

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF RHEUMATOLOGY
RESEARCH EDUCATION FOUNDATION

Employer identification number
58-1654301

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
STEVEN ECHARD IOM CAE	(i) (ii)	134,983				19,787	154,770	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

OMB No 1545-0047

2008

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Name of the organization
AMERICAN COLLEGE OF RHEUMATOLOGY
RESEARCH EDUCATION FOUNDATION

Employer identification number
58-1654301

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X		195,000	COST AND SELLING PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (describe _____)				
26 Other (describe _____)				
27 Other (describe _____)				
28 Other (describe _____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, *Part IV, Donee Acknowledgement* **29**

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes", describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		No
b	If "Yes", describe in Part II		
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF RHEUMATOLOGY
RESEARCH EDUCATION FOUNDATION

Employer identification number
58-1654301

Identifier	Return Reference	Explanation
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 $1,037,565 IN 2009 AND ARE INCLUDED IN MANAGEMENT FEES IN THE ACCOMPANYING STATEMENTS OF FUNCATIONAL EXPENSES

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		A DRAFT COPY OF THE FORM 990 WAS SENT TO THE FULL BOARD FOR THEIR REVIEW AND COMMENT PRIOR TO FILING OF THE RETURN THE QUESTION AND ANSWER PERIOD OF THE BOARD WAS HELD WITH ASSISTANCE FROM THE VICE PRESIDENT, OPERATIONS AND FINANCE, AND THE TAX PREPARER AND WAS DOCUMENTED IN THE MINUTES THE EXECUTIVE VICE PRESIDENT SIGNED THE RETURN AFTER CONSIDERING COMMENTS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		ALL BOARD MEMBERS ANNUAL SUBMISSION OF DISCLOSURE STATEMENTS ARE ON FILE WITH LEGAL COUNSEL THE COUNSEL REVIEWS MEETING AGENDAS PRIOR TO THE MEETING AND NOTFIES LEADERSHIP OF ANY ISSUES THAT NEED TO BE ADDRESSED BEFORE THE DISCUSSION CAN TAKE PLACE ANY INDIVIDUAL WHO GIVES NOTICE OF POTENTIAL CONFLICT IS TO ABSTAIN FROM PARTICIPATING IN ANY ITEM OF BUSINESS WHICH BECOMES BEFORE THE BOARD

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE RESEARCH EDUCATION FOUNDATION HAS A MANAGEMENT AGREEMENT WITH AMERICAN COLLEGE OF RHEUMATOLOGY AMERICAN COLLEGE OF RHEUMATOLOGY'S POLICIES APPLY TO THE RESEARCH EDUCATION FOUNDATION THE PROCESS OF DETERMINING COMPENSATION FOR THE EXECUTIVE VICE PRESIDENT INCLUDES REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS OF THE COLLEGE, USE OF DATA AS TO COMPARABLE COMPENSATION, AND CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING THE PROCESS OF DETERMINING COMPENSATION FOR ALL OTHER COLLEGE EMPLOYEES IS DETERMINED BY THE EXECUTIVE VICE PRESIDENT WITH THE REVIEW AND APPROVAL OF THE EXECUTIVE COMMITTEE 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 CONFIDENT RECORDS OF ALL DECISIONS AFFECTING COLLEGE EMPLOYEES

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
Schedule A, Part II, Line 10	Explanation for Other Income	POSTER SALES SHIPPING INCOME MISCELLANEOUS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF RHEUMATOLOGY
RESEARCH EDUCATION FOUNDATION

Employer identification number
58-1654301

Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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

(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
AMERICAN COLLEGE OF RHEUMATOLOGY INC 2200 LAKE BOULEVARD NE ATLANTA, GA30319 58-1627547	PROVIDES EDUCATION, RESEARCH, ADVOCACY AND PRACTICE SUPPORT	IL	501(C)6		

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) Disproprtionate allocations? No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) General or managing partner? No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions with Related Organizations

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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**		**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**Yes**	
d	Loans or loan guarantees to or for other organization(s)	**1d**		**No**
e	Loans or loan guarantees by other organization(s)	**1e**		**No**
f	Sale of assets to other organization(s)	**1f**		**No**
g	Purchase of assets from other organization(s)	**1g**		**No**
h	Exchange of assets	**1h**		**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**Yes**	
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**		**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**Yes**	
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**Yes**	
n	Sharing of paid employees	**1n**	**Yes**	
o	Reimbursement paid to other organization for expenses	**1o**	**Yes**	
p	Reimbursement paid by other organization for expenses	**1p**		**No**
q	Other transfer of cash or property to other organization(s)	**1q**		**No**
r	Other transfer of cash or property from other organization(s)	**1r**		**No**

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 other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:

Software Version:

EIN: 58-1654301

Name: AMERICAN COLLEGE OF RHEUMATOLOGY RESEARCH EDUCATION FOUNDATION

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
LESLIE J CROFFORD MD , PRESIDENT	10 00	X						0	40,500	0
E WILLIAM ST CLAIR MD , VICE PRESIDENT	5 00	X						0	0	0
DAVID GBORENSTIEN , TREASURER	5 00	X						0	0	0
JAMES R O'DELL MD , SECRETARY	5 00	X						0	0	0
C KENT KWOH MD , MEMBER-AT-LARGE	2 00	X						0	0	0
KATHLEEN BOS MD , IRT REPRESENTATIVE	2 00	X						0	0	0
ROBERT A COLBERT MD P , RESEARCH REPRESENTATIVE	2 00	X						0	0	0
DAVID DAIKH MD PHD , TRAINING REPRESENTATIVE	2 00	X						0	0	0
GARY S FIRESTEIN MD , MEMBER-AT-LARGE	2 00	X						0	0	0
ELLEN M GRAVALLESE MD , MEMBER-AT-LARGE	2 00	X						0	0	0
V MICHAEL HOLERS MD , MEMBER-AT-LARGE	2 00	X						0	0	0
EMILY M ISAACS MD , MEMBER-AT-LARGE	2 00	X						0	0	0
DAVID R KARP MD PHD , CHAIR, SCIENTIFIC ADVISO	5 00	X						0	0	0
CAROL OATIS PT PHD , ARHP REPRESENTATIVE	2 00	X						0	0	0
STEPHEN A PAGET MD , CHAIR, DEVELOPMENT ADVIS	5 00	X						0	0	0
KATHERINE S UPCHURCH M , MEMBER-AT-LARGE	2 00	X						0	0	0
STEVEN ECHARD IOM CAE , EXECUTIVE DIRECTOR	50 00			X				0	134,983	19,787
COLLEEN MERKEL , VP OPERATIONS AND FINANC	40 00			X				0	115,088	16,848