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Form 990   Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>  ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		<b>2010</b>
		<b>Open to Public Inspection</b>

<b>A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010</b>				
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Arthritis Foundation Inc		<b>D Employer identification number</b>  58-1341679	
	Doing Business As		<b>E Telephone number</b>  (404) 872-7100	
	Number and street (or P O box if mail is not delivered to street address) 1330 West Peachtree Street No 100			
	Room/suite			
	City or town, state or country, and ZIP + 4 Atlanta, GA 30309		<b>G</b> Gross receipts \$ 61,826,876	
	<b>F</b> Name and address of principal officer Christopher Corrigan 1330 West Peachtree Street No 100 Atlanta, GA 30309		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		<b>H(c)</b> Group exemption number ▶ 8510
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website:</b> ▶ www.arthritis.org				
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation 1948	<b>M</b> State of legal domicile GA

Part I		Summary	
Activities & Governance	<b>1</b> Briefly describe the organization’s mission or most significant activities The mission of the Arthritis Foundation is to improve lives through leadership in prevention, control and cure of arthritis and related diseases		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	35
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	35
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .	<b>5</b>	189
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	100	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	5,833,674	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	7,046	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	37,690,176	36,965,299
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	7,094,698	7,549,150
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	776,169	804,026
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	6,041,093	5,904,652
		51,602,136	51,223,127
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	8,864,093	6,962,750
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,987,242	13,230,112
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	2,980,715	3,288,723
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶6,359,427		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	29,399,734	27,409,358
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	54,231,784	50,890,943
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	-2,629,648	332,184
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16) . . . . .	68,425,908	65,431,377
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	28,886,972	26,574,378
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	39,538,936	38,856,999

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

<b>Sign Here</b>	***** Signature of officer	2011-06-24 Date			
	Christopher Corrigan CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Susan Hill	Preparer's signature Susan Hill	Date 2011-06-22	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ Metcalf Davis CPAs				Firm's EIN ▶
	Firm's address ▶ 3340 Peachtree Road NE Suite 2600 Atlanta, GA 303261089				Phone no ▶ (404) 264-1700

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

The mission of the Arthritis Foundation is to improve lives through leadership in prevention, control and cure of arthritis and related 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?

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?

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 501(c)(4) organizations and section 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 \$ 23,269,772 including grants of \$ 1,018,583 ) (Revenue \$ 7,549,150 )

Public Health The Arthritis Foundation life Improvement Series empowers people in local communities nationwide Our evidence-based aquatic, exercise and self-help programs are proven to reduce pain and physician visits, decrease stiffness and increase function The people we reach through these programs and arm with information and self management strategies have a better perspective on their disease and, in turn, better outcomes

4b

(Code ) (Expenses \$ 7,729,162 including grants of \$ 5,916,218 ) (Revenue \$ )

Research As the world’s largest nonprofit supporter of arthritis research, the Arthritis Foundation fills a critical role in assuring progress of arthritis research Our research program complements government and industry-based arthritis research by focusing on training new investigators and pursuing innovative strategies for preventing, controlling and curing arthritis Our portfolio includes basic research to identify genes that cause arthritis and underlying disease processes, clinical and behavioral studies to test new treatments, and epidemiology studies and health services research to improve quality of care Since 1948, we have funded more than 2,200 researchers with grants totaling over \$400 million

4c

(Code ) (Expenses \$ 7,533,782 including grants of \$ 25,946 ) (Revenue \$ )

Advocacy/Public Policy Advocacy is valuable to both the Arthritis Foundation and to the individuals who make their voices heard on behalf of the 46 million Americans with arthritis Helping people find their voices by meeting with Congressional representatives and speaking up to ensure access to health care and medications is empowering to patients and benefits millions more in the process Part of our advocacy program includes the Arthritis Ambassador Program to strengthen relationships with members of Congress in each and every one of the 435 Congressional districts through advocacy training and relationship development

4d

Other program services (Describe in Schedule O )





















(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses \$ 38,532,716

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	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? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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 United States? <i>If "Yes," complete Schedule F, Parts I and IV.</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 U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	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 U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i> 	17	Yes
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> 	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	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? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	125
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	Yes
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	189
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes
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 instructions for 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 line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	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	Yes
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8	No
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the organization make any taxable distributions under section 4966?	9a	No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	No
<b>10 Section 501(c)(7) organizations.</b> 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	
<b>11 Section 501(c)(12) organizations.</b> 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	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?			
		14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

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

Section A. Governing Body and Management			Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b> 35		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b> 35		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		No
<b>6</b>	Does the organization have members or stockholders? . . . . .	<b>6</b>		No
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>		No
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .			
<b>a</b>	The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9</b>		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	Yes	
<b>b</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? . . . . .	<b>10b</b>	Yes	
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .			
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	Yes	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	Yes	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . . .			
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	Yes	
<b>b</b>	Other officers or key employees of the organization . . . . .	<b>15b</b>	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) . . . . .			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>		No
<b>b</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? . . . . .	<b>16b</b>		

Section C. Disclosure	
<b>17</b>	List the States with which a copy of this Form 990 is required to be filed▶GA
<b>18</b>	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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
<b>19</b>	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.
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Essil Washington 1330 W Peachtree St Suite 100 Atlanta, GA 30309 (404) 965-7502

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Bruce Ashcroft Director	0 00	X						0	0	0
(2) Kenneth G Baltes Director	0 00	X						0	0	0
(3) Peter WC Barnhart Director	0 00	X						0	0	0
(4) Jeff Bass Director	0 00	X						0	0	0
(5) Ellen Bradbury Director	0 00	X						0	0	0
(6) Lenore Buckley MD Director	0 00	X						0	0	0
(7) Robert A Campbell CPA Director	0 00	X						0	0	0
(8) Rowland W Chang MD MPH Director	0 00	X						0	0	0
(9) Allen J Cizner Director	0 00	X						0	0	0
(10) John F Coffey Director	0 00	X						0	0	0
(11) Catherine T Dunlay Director	0 00	X						0	0	0
(12) Helen Emery Director	0 00	X						0	0	0
(13) David S Federman CPA Director	0 00	X						0	0	0
(14) John A Geishecker Jr Director	0 00	X						0	0	0
(15) Thomas B Gibson Director	0 00	X						0	0	0
(16) John A Gilpin Director	0 00	X						0	0	0



**Part VII**

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) Forest T Harper Secretary	0 00	X						0	0	0
(18) E Robert Harns Director	0 00	X						0	0	0
(19) Lisa B Hogan Esq Director	0 00	X						0	0	0
(20) William H Huff Director	0 00	X						0	0	0
(21) Margaret Jackson Director	0 00	X						0	0	0
(22) Stuart S Kassin MD FACP FACR Director	0 00	X						0	0	0
(23) Frank Kelly Jr Director	0 00	X						0	0	0
(24) George Liberatore Director	0 00	X						0	0	0
(25) Kip L Lilly Director	0 00	X						0	0	0
(26) Frank P Longobardi Director	0 00	X						0	0	0
(27) James S Louie MD Director	0 00	X						0	0	0
(28) Kathy Lubbers Director	0 00	X						0	0	0
(29) Kevin Mandrell Director	0 00	X						0	0	0
(30) Glenn T Marrichi Director	0 00	X						0	0	0
(31) Peter R Martin Director	0 00	X						0	0	0
(32) Pamela R Massey PT MS Director	0 00	X						0	0	0
(33) Daniel T McGowan Chair, Leadership Forum	0 00	X						0	0	0
(34) Bernard Murphy Director	0 00	X						0	0	0
(35) Patricia Novak Nelson Director	0 00	X						0	0	0
(36) Dennis R Olden Director	0 00	X						0	0	0
(37) Cecile Perich Chair	0 00	X						0	0	0
(38) Warren C Rizzo MD FACR Director	0 00	X						0	0	0
(39) Harry Saal Director	0 00	X						0	0	0
(40) Kevin C Short Director	0 00	X						0	0	0
(41) David E Shuey Vice Chair and Treasurer	0 00	X						0	0	0
(42) Janalee Taylor MSN RN CPNP Director	0 00	X						0	0	0
(43) L Brunson White Immediate Past Chair	0 00	X						0	0	0
(44) W Hayes Wilson Director	0 00	X						0	0	0
(45) Janet S Wyatt PhD RN CRNP Director	0 00	X						0	0	0
(46) Lawrence Zemel MD Director	0 00	X						0	0	0
(47) Roberta K Byrum CPA Chief Operating Officer	35 00				X			285,138	0	0
(48) Christopher Corrigan Chief Financial Officer	35 00				X			190,138	0	0
(49) John H Klippel MD President/CEO	35 00				X			441,138	0	0
(50) Debra Neuman Chief External Relations Officer	35 00				X			260,138	0	0
(51) Marla F Davidson Vice President, Information Technology	35 00					X		180,524	0	0
(52) Lois Modell Vice President,Development	35 00					X		152,821	0	0
(53) Amy Melnick Scharf Vice President, Advocacy	35 00					X		186,295	0	0
(54) Marva C Stanford Vice President, Field Operations	35 00					X		180,000	0	0
<b>1b Sub-Total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .								1,876,192	0	0

<b>2</b>	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization	8
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<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	<b>Yes</b>	<b>No</b>
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>		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
Merkle Inc PO Box 64897 Baltimore, MD 212644897	Direct Mail Counsel	10,817,728
Paradysz Matera & Co Inc 5 Hanover Square New York, NY 10004	List Rental Broker	891,213
The Advertising Council Inc 815 Second Avenue New York, NY 100174503	Advertising Services	732,635
AT&T PO Box 105262 Atlanta, GA 303485262	Computer Consulting Services	637,975
Kable News Company 4515 Paysphere Circle Chicago, IL 60674	Media Services	635,118
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization		23

Part VIII

Statement of Revenue

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections  512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	45,959	36,965,299				
	b	Membership dues . . . . .	1b						
	c	Fundraising events . . . . .	1c	74,350					
	d	Related organizations . . . . .	1d						
	e	Government grants (contributions)	1e	1,033,367					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	35,811,623					
	g	Noncash contributions included in lines 1a-1f \$		353,191					
	h	Total. Add lines 1a-1f . . . . .							
	Program Service Revenue	2a	Business Code						7,549,150
		Sales and service fees			624100				
b									
c									
d									
e									
f		All other program service revenue							
g		Total. Add lines 2a-2f . . . . .			7,549,150				
Other Revenue		3	Investment income (including dividends, interest and other similar amounts) . . . . .			768,907			
	4	Income from investment of tax-exempt bond proceeds . .							
	5	Royalties . . . . .			144,476			144,476	
	6a	(i) Real		(ii) Personal	55,506		55,506		
		669,895							
		614,389							
		55,506							
	b	Less rental expenses							
	c	Rental income or (loss)							
	d	Net rental income or (loss) . . . . .							
	7a	(i) Securities		(ii) Other	35,119			35,119	
		9,957,892							
		9,922,773							
		35,119							
	b	Less cost or other basis and sales expenses							
	c	Gain or (loss)							
	d	Net gain or (loss) . . . . .							
	8a	Gross income from fundraising events (not including \$ 74,350 of contributions reported on line 1c) See Part IV, line 18 . . . . .			168,389	101,802		101,802	
		a							
		b			66,587				
	c	Net income or (loss) from fundraising events . .							
9a	Gross income from gaming activities See Part IV, line 19 . . a								
	b								
	c								
10a	Gross sales of inventory, less returns and allowances . . . . .								
	a								
	b								
c	Net income or (loss) from sales of inventory . .								
Miscellaneous Revenue				Business Code	5,778,168		5,778,168		
11a	Advertising revenue			541800					
b	Miscellaneous revenues			900099					
c									
d	All other revenue . . . . .								
e	Total. Add lines 11a-11d . . . . .			5,602,868					
12	Total revenue. See Instructions . . . . .			51,223,127	7,549,150	5,833,674	875,004		

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	6,960,747	6,960,747		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	2,003	2,003		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	2,084,021	1,167,052	604,366	312,603
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	8,761,200	5,013,190	2,416,441	1,331,569
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	661,414	370,392	198,425	92,597
9	Other employee benefits . . . . .	947,451	553,524	261,367	132,560
10	Payroll taxes . . . . .	776,026	449,389	210,929	115,708
a	Fees for services (non-employees) Management . . . . .				
b	Legal . . . . .	282,858	201,553	32,790	48,515
c	Accounting . . . . .	184,362	51,399	114,527	18,436
d	Lobbying . . . . .	65,974	63,335	2,639	
e	Professional fundraising services See Part IV, line 17 . . . . .	3,288,723			3,288,723
f	Investment management fees . . . . .				
g	Other . . . . .	4,741,438	4,205,201	341,950	194,287
12	Advertising and promotion . . . . .	999,799	899,552	12,457	87,790
13	Office expenses . . . . .	4,674,800	3,537,560	893,135	244,105
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	328,600	269,279	29,889	29,432
17	Travel . . . . .	689,307	435,939	96,702	156,666
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	483,199	418,507	36,759	27,933
20	Interest . . . . .	46,990	36,251	5,568	5,171
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	251,297	193,187	30,977	27,133
23	Insurance . . . . .	146,689	112,851	17,831	16,007
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	Year-round program serv	8,118,696	8,118,696		
b	Printing, publications,	2,516,134	2,460,184	11,831	44,119
c	Data processing service	1,266,250	614,685	590,342	61,223
d	Advertising commissions	628,176	628,176		
e	Misc expenses	222,861	174,247	26,407	22,207
f	All other expenses	1,761,928	1,595,817	63,468	102,643
25	Total functional expenses. Add lines 1 through 24f	50,890,943	38,532,716	5,998,800	6,359,427
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				9,499,643	1	10,076,296
	2	Savings and temporary cash investments . . . . .					2	
	3	Pledges and grants receivable, net . . . . .				5,917,285	3	4,636,742
	4	Accounts receivable, net . . . . .				11,802,210	4	11,031,883
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L . . . . .					6	
	7	Notes and loans receivable, net . . . . .					7	
	8	Inventories for sale or use . . . . .				666,243	8	610,750
	9	Prepaid expenses and deferred charges . . . . .				1,772,720	9	1,485,629
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	22,458,301	5,532,897	10c	7,331,283	
	b	Less: accumulated depreciation . . . . .	10b	15,127,018				
	11	Investments—publicly traded securities . . . . .				25,855,877	11	21,607,941
	12	Investments—other securities. See Part IV, line 11 . . . . .					12	
	13	Investments—program-related. See Part IV, line 11 . . . . .					13	
	14	Intangible assets . . . . .					14	
	15	Other assets. See Part IV, line 11 . . . . .				7,379,033	15	8,650,853
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .				68,425,908	16	65,431,377	
Liabilities	17	Accounts payable and accrued expenses . . . . .				6,682,531	17	5,574,753
	18	Grants payable . . . . .				6,232,614	18	3,821,886
	19	Deferred revenue . . . . .					19	
	20	Tax-exempt bond liabilities . . . . .				3,200,000	20	2,800,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .					21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .					22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .					23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .					24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .				12,771,827	25	14,377,739
	26	Total liabilities. Add lines 17 through 25 . . . . .				28,886,972	26	26,574,378
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets . . . . .				9,235,832	27	9,565,439
	28	Temporarily restricted net assets . . . . .				16,415,198	28	15,249,247
	29	Permanently restricted net assets . . . . .				13,887,906	29	14,042,313
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds . . . . .					30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .					31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .					32	
	33	Total net assets or fund balances . . . . .				39,538,936	33	38,856,999
	34	Total liabilities and net assets/fund balances . . . . .				68,425,908	34	65,431,377

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	51,223,127
2	Total expenses (must equal Part IX, column (A), line 25)	2	50,890,943
3	Revenue less expenses Subtract line 2 from line 1	3	332,184
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,538,936
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,014,121
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	38,856,999

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
Arthritis Foundation Inc

Employer identification number  
58-1341679

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

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

(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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	47,216,224	53,280,562	45,636,230	37,690,176	36,965,299	220,788,491
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	47,216,224	53,280,562	45,636,230	37,690,176	36,965,299	220,788,491
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						220,788,491

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	47,216,224	53,280,562	45,636,230	37,690,176	36,965,299	220,788,491
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,012,563	1,213,951	1,305,115	1,276,403	913,383	5,721,415
9 Net income from unrelated business activities, whether or not the business is regularly carried on	120,256	598,896	140,717	92,134	8,046	960,049
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	854,470	595,171	205,486	10,531	-175,300	1,490,358
11 Total support (Add lines 7 through 10)						228,960,313
12 Gross receipts from related activities, etc. (See instructions.)					12	35,053,814
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 ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	96.430 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	96.440 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. 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—2010. 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—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part 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 section501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2009. 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. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
Schedule A , Part IV , Supplemental Information Other income is an accumulation of individually insignificant transactions of revenues and expenses incurred during normal day-to-day operations of the Organization and were not orginally recorded in specific income or expense accounts during the year For financial reporting purposes this accumulated balance was deemed immaterial and remained separately reported on the Organization's financial statements as 'Miscellaneous revenues and (losses) ' Additionally, a portion of other income is due to unused grant expenditures that were refunded to the Organization during the year

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

**If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Arthritis Foundation Inc	Employer identification number 58-1341679
--	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1

Provide a description of the organization’s direct and indirect political campaign activities in Part IV
- 2

Political expenditures

▶ \$ \_\_\_\_\_
- 3

Volunteer hours

\_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1

Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$ \_\_\_\_\_
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$ \_\_\_\_\_
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).**

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$ \_\_\_\_\_
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities

▶ \$ \_\_\_\_\_
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

▶ \$ \_\_\_\_\_
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		187,543													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		229,219													
c Total lobbying expenditures (add lines 1a and 1b)		416,762													
d Other exempt purpose expenditures		50,474,181													
e Total exempt purpose expenditures (add lines 1c and 1d)		50,890,943													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-		0													
i Subtract line 1f from line 1c If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	368,058	533,571	395,127	416,762	1,713,518
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	165,626	240,107	177,807	187,543	771,083

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?			
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b>	Media advertisements?			
<b>d</b>	Mailings to members, legislators, or the public?			
<b>e</b>	Publications, or published or broadcast statements?			
<b>f</b>	Grants to other organizations for lobbying purposes?			
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b>	Other activities? If "Yes," describe in Part IV			
<b>j</b>	Total lines 1c through 1i			
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>		
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>		
<b>3</b>	Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>		

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
Arthritis Foundation Inc

Employer identification number  
58-1341679

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 for any other purpose conferring impermissible private benefit	<input type="checkbox"/> Yes <input type="checkbox"/> 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 a 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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

► \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

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

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 the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 . . . . .	7,126,682	6,163,456	6,795,413		
b Contributions . . . . .	306,960	200,000	250,000		
c Investment earnings or losses . . . . .	552,774	1,085,046	-881,957		
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	1,918,260	321,820			
f Administrative expenses . . . . .					
g End of year balance . . . . .	6,068,156	7,126,682	6,163,456		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 11 000 %

b

Permanent endowment ▶ 89 000 %

c

Term endowment ▶

3a

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

(i) unrelated organizations . . . . .

3a(i)

☐

Yes

☐

No

(ii) related organizations . . . . .

3a(ii)

☐

Yes

☐

No

b

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

3b

☐

Yes

☐

No

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) Accumulated depreciation	(d) Book value
1a Land . . . . .		2,400,000		2,400,000
b Buildings . . . . .		5,923,934	3,322,307	2,601,627
c Leasehold improvements . . . . .		1,104,049	941,797	162,252
d Equipment . . . . .		13,030,318	10,862,914	2,167,404
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				7,331,283



Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	151,223,127
2	Total expenses (Form 990, Part IX, column (A), line 25)	250,890,943
3	Excess or (deficit) for the year Subtract line 2 from line 1	332,184
4	Net unrealized gains (losses) on investments	2,492,002
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	8-3,506,123
9	Total adjustments (net) Add lines 4 - 8	9-1,014,121
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-681,937

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	153,536,302
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a2,492,002	
b	Donated services and use of facilities . . . . .2b218,218	
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d-397,045	
e	Add lines 2a through 2d . . . . .	2e2,313,175
3	Subtract line 2e from line 1 . . . . .	351,223,127
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	
c	Add lines 4a and 4b . . . . .	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	50
		551,223,127

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	151,723,550
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities . . . . .2a218,218	
b	Prior year adjustments . . . . .2b	
c	Other losses . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d614,389	
e	Add lines 2a through 2d . . . . .	2e832,607
3	Subtract line 2e from line 1 . . . . .	350,890,943
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 . . . . .	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	50
		550,890,943

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Description of Uncertain Tax Positions Under FIN 48	Part X	Income Taxes - The National Office is a not-for-profit corporation and has been recognized as exempt from federal income taxes on related income under Section 501(c)(3) of the Internal Revenue Code ("IRC"). At times the National Office may be engaged in certain activities unrelated to the mission of the National Office for which it is responsible for payment of unrelated business income tax. Deferred tax assets and liabilities are measured based on enacted tax laws and rates expected to apply to taxable income in the years in which temporary differences are expected to be recorded or settled. Income taxes did not have a material impact on the financial position or change in net assets of the National Office as of and for the years ended December 31, 2010 and 2009. The National Office adopted certain provisions of FASB Accounting Standards Codification ("ASC") 740 "Income Taxes" relating to accounting for uncertainty in income taxes on January 1, 2009. This standard requires that the Foundation recognize in its financial statements the financial effects of a tax position, if that position is more likely than not of being sustained upon examination, including any appeals or litigation processes, based upon the technical merits of the position. Also this standard recognizes related guidance on measurement, classification, interest and penalties, and disclosure. The implementation of this standard had no impact on the National Office's statement of financial position or statement of activities and management does not believe that there are any unrecognized tax benefits or costs that should be recorded.
Part XI, Line 8 - Other Adjustments		- Net change in valuation of split interest agreement - Net assets for chapters which relinquished charters - Net assets for chapters added to combined
Part XII, Line 2d - Other Adjustments		Net of rental expense and change in valuation of split interest agreements
Part XIII, Line 2d - Other Adjustments		Net rental expense and rounding variance between financials and Form 990



SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
Arthritis Foundation Inc

Employer identification number  
58-1341679

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

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☒

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

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 services?

☒ 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 and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
Merkle Inc PO Box 64897  Baltimore, MD 212644897	Year-Round Direct Response Marketing	Yes		14,514,485	10,817,728	3,107,066
MDS Communication Corporation 545 W Juanita Ave  Mesa, AZ 85210	Telemarketing service		No	157,317	72,963	84,354
Strategic Fundraising Inc 7591 9th St N  St Paul, MN 55128	Telemarketing service		No	86,354	122,682	-36,328
Advanced Remarketing Services 308 Market Street  Warren, RI 02885	Auto's for Arthritis - Donated Vehicles	Yes		64,950	13,034	51,916
Total . . . . . ▶				14,823,106	11,026,407	3,207,008

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.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, DC

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.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>Arthritis Walk</u>	<u>Jingle Bell Run</u>	<u>4</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts . . . . .	100,463	79,248	63,028	242,739	
	2	Less Charitable contributions . . . . .	31,900	16,950	25,500	74,350	
3	Gross income (line 1 minus line 2) . . . . .	68,563	62,298	37,528	168,389		
Direct Expenses	4	Cash prizes . . . . .					
	5	Non-cash prizes . . . . .					
	6	Rent/facility costs . . . . .					
	7	Food and beverages . . . . .					
	8	Entertainment . . . . .					
	9	Other direct expenses . . . . .	16,763	37,010	12,814	66,587	
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶					66,587
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶					101,802

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div> %	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div> %	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div> %	
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) . . . . . ▶					

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? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_

11

Does the organization operate gaming activities with nonmembers?

Yes

No

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?

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?

Yes

No

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?

Yes

No

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 \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Arthritis Foundation Inc

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

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Employer identification number  
58-1341679

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" to 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. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (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
See Additional Data Table							

2

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

49

3

Enter total number of other organizations . . . . .

5

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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

Part IV

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Monitoring is provided by the Arthritis Foundation's National Office through oversight of the terms and conditions of a written grant agreement Multiyear agreements require yearly progress and financial reports for continuation of funding

Software ID:  
Software Version:  
EIN: 58-1341679  
Name: Arthritis Foundation Inc

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
Benaroya Research Institute at Virginia Mason1201 Ninth Avenue Seattle,WA 981012795	91-0653422	501(c)(3)	50,000				research
Beth Israel Deaconess Medical Center330 Brookline Avenue BR 109 Boston,MA 02215	04-2103881	501(c)(3)	100,000				research
Boston UniversityOffice of Research Administration 85 East Newton Street M-921 Boston,MA 021182394	04-2103547	501(c)(3)	90,000				research
Brigham and Women's Hospital IncResearch Management PO Box 3149 Boston,MA 022413149	04-2312909	501(c)(3)	139,800				research
Children's Hospital at MontefioreMontefiore Medical Center for CARRA 3415 Brainbridge Avenue Bronx,NY 10467	13-1740114	501(c)(3)	50,000				research
Cincinnati Children's Hospital Medical Center - Research Foundation3333 Burnet Avenuem ML 7030 Cincinnati,OH 45229	31-0833936	501(c)(3)	100,000				research
Cleveland Clinic Foundation 9500 Euclid Avenue PO Box 931531 Cleveland,OH 44193	34-0714585	501(c)(3)	50,000				research
Duke UniversityOffice of Sponsored Programs 2200 W Main Street Suite 300 Durham,NC 27708	56-0532129	501(c)(3)	190,000				research
Harvard School of Public HealthPresident and Fellows of Harvard College 677 Huntington Avenue Boston,MA 02115	04-2103580	501(c)(3)	50,000				research
Harvard School of Public HealthPO Box 415649 Boston,MA 022415649	04-2103580	501(c)(3)	100,000				research
Harvard UniversityOffice for Sponsored Programs at Harvard University Holyoke Center S Cambridge,MA 02138	04-2103580	501(c)(3)	50,000				research
Hospital for Special Surgery 535 East 70th Street New York,NY 10021	13-1671474	501(c)(3)	200,000				research

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
Johns Hopkins University 3400 N Charles Street Baltimore,MD 21218	52-0595110	501(3)	50,000				research
MARQUETTE UNIVERSITY Marquette University Physical Therapy Department 561 N 15 Steet b Milwaukee,WI 53233	39-0806251	501(3)	49,999				research
Massachusetts General Hospital (The General Hospital Corp)MGH Research Finance PO Box 414876 Boston,MA 022414876	04-2697983	509 (a) (1)	100,000				research
National Jewish Medical and Research CenterTreasury Dept M213 1400 Jackson Street Denver,CO 80228	74-2044647	501(c)(3)	50,000				research
Nemours Children's Clinic - Delaware Valley1600 Rockland Road Admin/Research Bldg Room 227 Wilmington,DE 19803	59-0634433	501(c)(3)	100,000				research
New York University School of MedicinePO Box 415026 Boston,MA 022415026	19-5687151	501(c)(3)	50,000				research
New York University School of MedicineSponsored Programs 545 First Avenue New York,NY 10016	19-5687151	501(c)(3)	100,000				research
Northwestern University633 Clark Street Evanston,IL 60208	36-2167817	501(c)(3)	30,000				research
Northwestern University (Chicago Campus) Accounting Services for Research Sponsored Programs 750 N Lake Shore Chicago,IL 60611	36-2167817	501(c)(3)	140,000				research
Oklahoma Medical Research Foundation825 NE 13 Street Oklahoma City,OK 73104	73-0580274	501(c)(3)	190,000				research
Palo Alto Insitute for Research and Education3801 Miranda Ave 151P PO Box V - 38 38 Palo Alto,CA 943040038	77-0207331	501(c)(3)	140,000				research
Regents of the University of MinnesotaNW 5957 PO Box 1450 Minneapolis,MN 554855957	41-6007513	501(c)(3)	180,000				research

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 Center1700 West Van Buren Rm277 Chicago,IL 60612	36-2174823	501(c)(3)	200,000				research
Saint Francis Hospital and Medical CenterDepartment of Research 114 Woodland Street Hartford,CT 061051299	06-1008255	501(c)(3)	50,000				research
Stanford UniversityPO Box 44253 San Francisco, CA 941444253	94-1156365	501(c)(3)	312,500				research
Stanford UniversityWells Fargo Lockbox 44253 3440 Walnut Avenue Bldg A 2nd Floor Fremont, CA 94538	94-1156365	501(c)(3)	100,000				research
Temple UniversityResearch Accounting Services PO Box 824242 Philadelphia, PA 191824242	23-1365791	501(c)(3)	50,000				research
The Children's Hospital of Philadelphia Research InstituteLockbox 1457 CHOP Research Philadelphia, PA 191781457	23-1352166	509 (a) (1)	150,000				research
The Feinstein Institute for Medical ResearchGrants Contracts 350 Community Drive Manhasset,NY 11030	11-2673595	501(c)(3)	70,833				research
The MetroHealth SystemPO Box 73308 Cleveland,OH 44193	34-6004382	501(c)(3)	60,000				research
The Ohio State University Research Foundation1960 Kenny Road blank Columbus,OH 432101063	31-6401599	501(c)(3)	75,921				research
The Regents of the University of California San FranciscoAccounting - EMF Box 0897 San Francisco, CA 941430897	94-6036493	501(c)(3)	25,000				research
The Regents of the University of Michigan3003 S State Street Room 1054 Ann Arbor,MI 481091274	38-6006309	501(c)(3)	190,000				research
The Scripps Research InstituteOffice of Sponsored Programs 10550 North Torrey Pines Road TPC-7 La Jolla,CA 92037	33-0435951	501(c)(3)	87,500				research



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
The University of Alabama at Birmingham701 20th Street South AdmBldg Room 990D Birmingham, AL 352940109	63-6005396	501(3)	50,000				research
The University of Tennessee-Health Science Center62 South Dunlap Suite 300 Memphis, TN 38163	62-6001636	501(c)(3)	50,000				research
The University of Texas Southwestern Medical Center at DallasBank of America Lockbox Services Lockbox 841753 Dallas, TX 75207	75-6002868	501(c)(3)	100,000				research
Trustees of Dartmouth College11 Rope Ferry Road HB 6210 blank Hanover, NH 03756	02-0222111	501(3)	85,500				research
University of California Davis Div of Rheumatology Allergy Clinical Immunology TB 192 School o Davis, CA 95616	94-6036494	501(c)(3)	34,998				research
University of California San Diego - Health Sciences Cashers Office 9500 Gilman Drive 0009 La Jolla, CA 920930012	96-6006144	501(c)(3)	50,000				research
University of California San FranciscoControllers Office 1855 Folsom Street Suite 425 Box 0897 San Francisco, CA 94143	94-6036493	501(c)(3)	190,000				research
University of Colorado at DenverOffice of Grants and Contracts Department 238 Denver, CO 802910238	84-6000555	501(c)(3)	90,000				research
University of Colorado DenverGrants and Contracts Mail Stop F428 Department 238 Denver, CO 802910238	84-6000555	501(c)(3)	50,000				research
University of Florida Contracts Grants Accounting Engineering PO Box 116550 Gainesville, FL 32611	59-6002052	501(c)(3)	90,000				research
University of Medicine and Dentisty of New JerseyPO Box 2688 New Brunswick, NJ 08903	22-1775306	147c	90,000				research
University of Nebraska University of Nebraska Medical Center985100 Nebraska Medical Center Omaha, NE 68198	47-0049123	170 (b) (1)	50,000				research

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 North Carolina at Chapel HillThurston Arthritis Research Center CB 7280 3330 Thurston Building Chapel Hill, NC 275997280	56-6001393	501(c)(3)	50,000				research
University of PittsburghOffice of Research/Cost Accounting PO Box 371220 Pittsburgh, PA 152517220	25-0965591	501(c)(3)	165,096				research
University of Washington Grants Contracts Accounting 12455 Collections Drive Chicago, IL 60693	91-6001537	115	90,000				research
Washington University School of Medicine7700 Rosedale Campus Box 1034 St Louis, MO 631121408	43-0653611	501(c)(3)	150,000				research
Yale UniversityGrants Contract Financial Administration PO Box 1873 New Haven, CT 065081873	06-0646973	501(c)(3)	250,000				research

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization Arthritis Foundation Inc	Employer identification number 58-1341679
--	--

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate 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.</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div>		
<div>1b</div> <div>If any of the boxes in line 1a are 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.</div>		
<div>2</div> <div>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?</div>		
<div>3</div> <div>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.</div> <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
<div>4</div> <div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div> <div><div>a Receive a severance payment or change-of-control payment from the organization or a related organization?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		
<div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div>		
<div>5</div> <div>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:</div> <div><div>a The organization?</div><div>b Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>		
<div>6</div> <div>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:</div> <div><div>a The organization?</div><div>b Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>		
<div>7</div> <div>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.</div>	Yes	
<div>8</div> <div>Were any amounts reported in Form 990, Part VII, paid or accrued 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.</div>		No
<div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>		

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

For each individual whose compensation must be reported 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) Retirement and other 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 reportable compensation				
(1) Roberta K Byrum CPA	(i) (ii)	245,000 0	40,000 0	138 0	23,093 0	1,162 0	309,393 0	 0
(2) Christopher Corrigan	(i) (ii)	190,000 0	0 0	138 0	10,962 0	6,747 0	207,847 0	 0
(3) John H Klippel MD	(i) (ii)	362,500 0	70,000 0	8,638 0	40,804 0	16,515 0	498,457 0	 0
(4) Debra Neuman	(i) (ii)	250,000 0	10,000 0	138 0	14,508 0	9,471 0	284,117 0	 0
(5) Marla F Davidson	(i) (ii)	180,386 0	0 0	138 0	14,843 0	7,010 0	202,377 0	 0
(6) Lois Modell	(i) (ii)	152,683 0	0 0	138 0	8,809 0	9,242 0	170,872 0	 0
(7) Amy Melnick Scharf	(i) (ii)	186,157 0	0 0	138 0	10,567 0	7,016 0	203,878 0	 0
(8) Marva C Stanford	(i) (ii)	180,000 0	0 0	0 0	17,308 0	9,770 0	207,078 0	 0
( 9 )								
( 10 )								
( 11 )								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

Part IIISupplemental 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
	Part I, Line 7	Senior management performance based incentive compensation plan
	Part I, Line 8	CEO has a contract

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
Arthritis Foundation Inc

Employer identification number  
58-1341679

Part I

Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . . ▶ \$										

Part III

Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

**Part IV**

**Business Transactions Involving Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Debra R Lappin JD	Director Emeritus	65,974	Professional fees for O A Summit and Services for public policy		No

**Part V**

**Supplemental Information**  
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

Name of the organization  
Arthritis Foundation Inc

Employer identification number  
58-1341679

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
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 .	X	1	197	Fair market value
7 Boats and planes . . . .				
8 Intellectual property . .				
9 Securities—Publicly traded	X	3	125,865	Realized sales 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 .				
Airline				
25 Other ► ( Tickets )	X	1	227,129	Fair market value
26 Other ► ( )	X			
27 Other ► ( )				
28 Other ► ( )				

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

45

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? . . . . .	Yes	No
	b If "Yes," describe the arrangement in Part II		No
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? . . . . .	Yes	
	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	Return Reference	Explanation
Third Party Use	Part I, Line 32b	Auto's for Arthritis- Advanced Remarketing Services delivers professional remarketing services to the Arthritis Foundation car donation programs Services include state of the art call center, nationwide towing coverage, established network of buyers and auctions, comprehensive reporting and processing of all required State and IRS documents Funds collected (gross, less applicable fees) are direct deposited into the National Office bank account National Office accounting staff has been given access to the online report system to generate report used to disburse funds to the apporiate chapters based on the donor zip code

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

**Name of the organization**  
Arthritis Foundation Inc

**Employer identification number**

58-1341679

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The Form 990 was prepared by a public accounting firm with input from the Foundation's accounting staff and CFO. A draft copy of the Form 990 was reviewed by key accounting staff and senior management, including the Foundation's COO. Each person individually reviewed the Form (including schedules) and submitted questions or comments to management as necessary. Questions and comments were resolved appropriately to the satisfaction of the Foundation's CFO. The Form 990 (including schedules) was then reviewed and approved by the Audit Committee of the Board of Directors at a scheduled meeting. Comments and suggested changes were incorporated into a subsequent draft of the Form 990, the final draft of the Form 990 was presented to the full Board of Directors prior to submission. The final filed form is made available to the public via the Foundation's website and the final filed version was provided to each member of the Audit Committee.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	At least annually, all employees must sign a Conflict of Interest disclosure form. Volunteers in positions of governance such as for Board members, Committee members and ad hoc task force members shall complete a conflict of interest disclosure form annually and prior to initial appointment to serve in these various positions. The board of directors audit committee reviews and adjudicates potential volunteer conflicts. If potential conflicts exist as to Arthritis Foundation Staff, the appropriate management and/or the Human Resources department shall address them.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	The Compensation and Personnel Committee met on 10/04/10 to review total compensation and benefits for the CEO and nine other key employees. The Committee received compensation reports prepared by an independent compensation consultant, James E. Rocco Associates, and reviewed the comparative analysis of market data for peer organizations with the total compensation paid by the Arthritis Foundation for each position. It was the consultant's unreserved opinion that the base salaries and total compensation provided to the Foundation's ten senior management executives, including the CEO, meet all standards of reasonableness and are not excessive. The Committee meets annually to complete this review and reports to the Board of Directors.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	The organization makes public the majority of its governing documents, conflict of interest policy, and financial statements via the National Office's website at <a href="http://www.arthritis.org">www.arthritis.org</a> . All other documents not readily available via this website are available upon request.

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 2,492,002 - Net change in valuation of split interest agreement - 1,011,434 - Net assets for chapters which relinquished charters -3,698,617 - Net assets for chapters added to combined 1,203,928 Total to Form 990, Part XI, Line 5 -1,014,121

Identifier	Return Reference	Explanation
	Form 990, PART VI, Section A, Line 1a, Executive Committee	There shall be an Executive Committee of the Board of Directors (the "Board") consisting of the Officers and up to eight at-large members elected annually by the Board from among the Directors based on the particular needs of the Organization, which shall have and may exercise any and all powers of the Board between meetings of the full Board, and shall be subject at all times to the control and direction of the Board

Additional Data

Software ID:  
Software Version:  
EIN: 58-1341679  
Name: Arthritis Foundation Inc

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Bruce Ashcroft Director	0 00	X						0	0	0
Kenneth G Baltes Director	0 00	X						0	0	0
Peter WC Barnhart Director	0 00	X						0	0	0
Jeff Bass Director	0 00	X						0	0	0
Ellen Bradbury Director	0 00	X						0	0	0
Lenore Buckley MD Director	0 00	X						0	0	0
Robert A Campbell CPA Director	0 00	X						0	0	0
Rowland W Chang MD MPH Director	0 00	X						0	0	0
Allen J Cizner Director	0 00	X						0	0	0
John F Coffey Director	0 00	X						0	0	0
Catherine T Dunlay Director	0 00	X						0	0	0
Helen Emery Director	0 00	X						0	0	0
David S Federman CPA Director	0 00	X						0	0	0
John A Geishecker Jr Director	0 00	X						0	0	0
Thomas B Gibson Director	0 00	X						0	0	0
John A Gilpin Director	0 00	X						0	0	0
Forest T Harper Secretary	0 00	X						0	0	0
E Robert Harris Director	0 00	X						0	0	0
Lisa B Hogan Esq Director	0 00	X						0	0	0
William H Huff Director	0 00	X						0	0	0
Margaret Jackson Director	0 00	X						0	0	0
Stuart S Kassan MD FACP FACR Director	0 00	X						0	0	0
Frank Kelly Jr Director	0 00	X						0	0	0
George Liberatore Director	0 00	X						0	0	0
Kip L Lilly Director	0 00	X						0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
Frank P Longobardi Director	0 00	X						0	0	0	
James S Louie MD Director	0 00	X						0	0	0	
Kathy Lubbers Director	0 00	X						0	0	0	
Kevin Mandrell Director	0 00	X						0	0	0	
Glenn T Marrichi Director	0 00	X						0	0	0	
Peter R Martin Director	0 00	X						0	0	0	
Pamela R Massey PT MS Director	0 00	X						0	0	0	
Daniel T McGowan Chair, Leadership Forum	0 00	X						0	0	0	
Bernard Murphy Director	0 00	X						0	0	0	
Patricia Novak Nelson Director	0 00	X						0	0	0	
Dennis R Olden Director	0 00	X						0	0	0	
Cecile Perich Chair	0 00	X						0	0	0	
Warren C Rizzo MD FACR Director	0 00	X						0	0	0	
Harry Saal Director	0 00	X						0	0	0	
Kevin C Short Director	0 00	X						0	0	0	
David E Shuey Vice Chair and Treasurer	0 00	X						0	0	0	
Janalee Taylor MSN RN CPNP Director	0 00	X						0	0	0	
L Brunson White Immediate Past Chair	0 00	X						0	0	0	
W Hayes Wilson Director	0 00	X						0	0	0	
Janet S Wyatt PhD RN CRNP Director	0 00	X						0	0	0	
Lawrence Zemel MD Director	0 00	X						0	0	0	
Roberta K Byrum CPA Chief Operating Officer	35 00				X			285,138	0	0	
Christopher Corrigan Chief Financial Officer	35 00				X			190,138	0	0	
John H Klippel MD President/CEO	35 00				X			441,138	0	0	
Debra Neuman Chief External Relations Officer	35 00				X			260,138	0	0	

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Marla F Davidson Vice President, Information Technology	35 00					X		180,524	0	0
Lois Modell Vice President, Development	35 00					X		152,821	0	0
Amy Melnick Scharf Vice President, Advocacy	35 00					X		186,295	0	0
Marva C Stanford Vice President, Field Operations	35 00					X		180,000	0	0