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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
AMERICAN COLLEGE OF RHEUMATOLOGY
RESEARCH EDUCATION FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 2200 LAKE BOULEVARD NE

Room/suite

City or town, state or country, and ZIP + 4
ATLANTA, GA 30319

D Employer identification number
58-1654301

E Telephone number
(404) 633-3777

G Gross receipts $ 15,949,922

F Name and address of principal officer
STEVE ECHARD
2200 LAKE BOULEVARD NE
ATLANTA, GA 30319

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW RHEUMATOLOGY ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1985

M State of legal domicile IL

Part I Summary

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

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	70
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	8,344,557	13,995,938
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	765,787	1,942,934
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-29,031	7,205
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,081,313	15,946,077
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,506,191	9,558,495
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶664,292		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,912,909	2,132,848
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,419,100	11,691,343
19	Revenue less expenses Subtract line 18 from line 12	-3,337,787	4,254,734

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	50,836,775	59,088,974
21	Total liabilities (Part X, line 26)	139,470	86,226
22	Net assets or fund balances Subtract line 21 from line 20	50,697,305	59,002,748

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

****** 2012-05-08
Signature of officer Date

STEVE ECHARD EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
AMY BIBBY	AMY BIBBY			

Firm's name ▶ DIXON HUGHES GOODMAN LLP — Firm's EIN ▶

Firm's address ▶ 500 RIDGEFIELD COURT
ASHEVILLE, NC 28806 — Phone no ▶ (828) 254-2254

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 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 $ 10,683,666 including grants of $ 9,558,495) (Revenue $ 7,146)

THE FOUNDATION IS VERY PLEASED WITH THE PROGRESS IT HAS MADE ON THESE STRATEGIC GOALS 1 CONTINUED SUPPORT FOR CORE PROGRAMS- IN 2003 THE FOUNDATION ESTABLISHED A GENERAL ENDOWMENT WITH THE HOPES THAT THIS ENDOWMENT WOULD BE CAPABLE OF SUPPORTING ITS CORE AWARD AND GRANT PROGRAMS IN PERPETUITY THE REF BOARD HAS BEEN ADDING TO THIS ENDOWMENT EVERY SINCE 2003 AND IT IS NOW VALUED AT ALMOST $20 MILLION THE STRATEGIC PLAN ALSO EMPHASIZES OUR DESIRE TO FUND ALL OUTSTANDING APPLICATIONS TO THE CORE AWARDS PROGRAM IN FY 2011 THE REF FUNDED 100% OF THE APPLICATIONS THAT WERE RATED IN THE "OUTSTANDING" CATEGORY AND 42 86% OF ALL APPLICATIONS FOR THE MULTI-YEAR AWARDS 2 MAINTAINING OUR COMMITMENT TO DISEASE-TARGETED RESEARCH- FIVE YEARS AGO, THE REF ANNOUNCED IT WAS EMBARKING ON A NATIONAL, MULTI-YEAR, $30 MILLION FUNDRAISING CAMPAIGN TO ADVANCE AND ACCELERATE RESEARCH IN THE AREA OF RHEUMATOID ARTHRITIS WE ARE HAPPY TO ANNOUNCE THAT IN APRIL 2011, THE REF WAS ABLE TO SURPASS ITS GOAL WITH $30,719,054 RAISED (102% OF GOAL) THE WITHIN OUR REACH FINDING A CURE FOR RHEUMATOID ARTHRITIS CAMPAIGN HAS ALREADY FUNDED A TOTAL OF $24 6 MILLION TO MORE THAN 50 INVESTIGATORS SINCE JULY 2007 3 LOOKING FOR WAYS TO ENGAGE A DIVERSE GROUP OF DONORS- IN FISCAL YEAR 2011, REF RAISED MORE THAN $777,000 IN ITS ANNUAL GIVING PROGRAM THE STRATEGIC GOALS WAS TO INCREASE THE NUMBER OF NEW DONORS AND THE AVERAGE GIFT AMOUNT ON AN ANNUAL BASIS IN FY 2011, THE FOUNDATION WAS ABLE TO INCREASE TOTAL DONATION BY 26% (OVER FY 2010) AND THE AVERAGE GIFT WAS OVER $500 ANOTHER METRIC THAT THE FOUNDATION IS USING TO MEASURE SUCCESS IS DIVERSIFICATION IN FUNDRAISING IT IS MAKING A STRATEGIC EFFORT TO ATTRACT NEW TYPES OF DONORS INCLUDING FOUNDATIONS AND OTHER LAY DONORS IN FY 2011, THE REF RECEIVED OVER $5 9 MILLION FROM NON-INDUSTRY SOURCES WHICH IS THE MOST IT HAS EVER RECEIVED IN ONE YEAR 4 INCREASING RECOGNITION OF THE ACR RESEARCH AND EDUCATION FOUNDATION AS A MAJOR SOURCE OF RHEUMATOLOGY- SPECIFIC FUNDING REMAINING AN EFFICIENT ORGANIZATION IS VERY IMPORTANT, SO A GOAL SET FORTH IN THE NEW STRATEGIC PLAN IS TO MAINTAIN AN AVERAGE OF 90 PERCENT EFFICIENCY THE REF IS VERY PROUD OF ITS 4-STAR RATING FROM CHARITY NAVIGATOR THE REF CONTINUES TO RUN A VERY EFFICIENT ORGANIZATION WITH 92 PERCENT OF ITS FUNCTIONAL EXPENSES GOING TO PROGRAM SERVICES

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

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

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

4e **Total program service expenses** ▶ $ 10,683,666

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
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? *If "Yes," complete Schedule C, Part III*	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? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	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, line10? *If "Yes," complete Schedule D, Part VI.*	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? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
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? *If "Yes," complete Schedule D, Part VIII.*	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? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
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)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the 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? *If "Yes," complete Schedule F, Parts I and IV*	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 ? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
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 ? *If "Yes," complete Schedule F, Parts III and IV*	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? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** 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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**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)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** 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 . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	3		
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**	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See 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**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a** Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b** Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization 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**	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** 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**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			**9a**	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	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
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 16		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

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

☑ Own website ☑ Another's website ☑ Upon request

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

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

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

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

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) E WILLIAM ST CLAIR MD PRESIDENT	10 00	X		X				0	51,639	0
(2) DAVID DAIKH MD PHD VICE PRESIDENT	5 00	X		X				0	0	0
(3) AUDREY UKNIS MD TREASURER	5 00	X		X				0	37,500	0
(4) JAMES R O'DELL MD SECRETARY	5 00	X		X				0	42,773	0
(5) ROBERT A COLBERT MD PHD RESEARCH REPRESENTATIVE	2 00	X						0	0	0
(6) GARY S FIRESTEIN MD MEMBER-AT-LARGE	2 00	X						0	0	0
(7) V MICHAEL HOLERS MD MEMBER-AT-LARGE	2 00	X						0	0	0
(8) EMILY M ISAACS MD MEMBER-AT-LARGE	2 00	X						0	0	0
(9) DAVID R KARP MD PHD CHAIR, SCIENTIFIC ADVISORY	5 00	X						0	0	0
(10) STEPHEN A PAGET MD CHAIR, DEVELOPMENT ADVISOR	5 00	X						0	0	0
(11) KATHERINE S UPCHURCH MD MEMBER-AT-LARGE	2 00	X						0	0	0
(12) WILLIAM ARNOLD MD MEMBER-AT-LARGE	2 00	X						0	0	0
(13) ABBY ABELSON MD WORKFORCE AND TRAINING REP	5 00	X						0	0	0
(14) KENNETH BAHRT MD IRT REPRESENTATIVE	2 00	X						0	0	0
(15) LEIGH CALLAHAN PHD MEMBER-AT-LARGE	2 00	X						0	0	0
(16) JOSEPH FLOOD MD ACR/REF SECRETARY	5 00	X						0	500	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) ALAN FRIEDMAN MF MEMBER-AT-LARGE	2 00	X						0	0	0
(18) MAURA IVERSON PT DPT SD MPH ARHP REPRESENTATIVE	2 00	X						0	0	0
(19) GREGG J SILVERMAN MD MEMBER-AT-LARGE	2 00	X						0	0	0
(20) STEVEN ECHARD IOM CAE EXECUTIVE DIRECTOR	50 00			X				0	143,089	18,353
(21) COLLEEN MERKEL CPA VP, OPERATIONS & FINANCE	11 00			X				0	122,380	12,763

1b	**Sub-Total**			
c	**Total from continuation sheets to Part VII, Section A**			
d	**Total (add lines 1b and 1c)**	0	397,881	31,116

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c 5,245				
	d	Related organizations 1d 5,000,000				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 8,990,693				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f ▶	13,995,938			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f ▶				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶	796,173			796,173
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 1,146,761				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss): 1,146,761				
	d	Net gain or (loss) ▶	1,146,761			1,146,761
	8a	Gross income from fundraising events (not including $ 5,245 of contributions reported on line 1c) See Part IV, line 18 a 3,845				
	b	Less direct expenses b 3,845				
	c	Net income or (loss) from fundraising events ▶	0			
	9a	Gross income from gaming activities See Part IV, line 19 a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue / Business Code				
	11a	POSTER SALES 900099	7,146	7,146		
	b	OTHER REVENUE 900099	59			59
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d ▶	7,205			
	12	**Total revenue.** See Instructions ▶	15,946,077	7,146	0	1,942,993

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	9,351,995	9,351,995		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	156,500	156,500		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	50,000	50,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
a Fees for services (non-employees) Management	1,191,117	690,848	190,579	309,690
b Legal	8,045		8,045	
c Accounting	35,144	5,617	28,363	1,164
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees	23,250	10,463	6,742	6,045
g Other	202,109	100,834	39,424	61,851
12 Advertising and promotion				
13 Office expenses	139,508	59,183	-10,703	91,028
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	282,638	159,914	27,641	95,083
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	178,793	91,759	14,207	72,827
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,429	5,657	1,886	1,886
23 Insurance				
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 MISCELLANEOUS	62,815	896	37,201	24,718
b				
c				
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	11,691,343	10,683,666	343,385	664,292
26 **Joint costs.** Check here ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		7,106,155	2	9,352,249
	3	Pledges and grants receivable, net		12,892,191	3	12,084,373
	4	Accounts receivable, net			4	
	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			8	
	9	Prepaid expenses and deferred charges		35,860	9	231,776
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 114,014			
	b	Less accumulated depreciation	10b 36,037	87,405	10c	77,977
	11	Investments—publicly traded securities		27,334,827	11	33,508,577
	12	Investments—other securities See Part IV, line 11		3,380,337	12	3,834,022
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		50,836,775	16	59,088,974
Liabilities	17	Accounts payable and accrued expenses		139,470	17	86,226
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	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			25	
	26	**Total liabilities.** Add lines 17 through 25		139,470	26	86,226
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		23,094,118	27	31,937,695
	28	Temporarily restricted net assets		25,297,392	28	24,759,258
	29	Permanently restricted net assets		2,305,795	29	2,305,795
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		50,697,305	33	59,002,748
	34	Total liabilities and net assets/fund balances		50,836,775	34	59,088,974

Part XI Reconcilliation 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	15,946,077
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,691,343
3	Revenue less expenses Subtract line 2 from line 1	3	4,254,734
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	50,697,305
5	Other changes in net assets or fund balances (explain in Schedule O)	5	4,050,709
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	59,002,748

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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 ☑ Separate basis ☐ Consolidated basis ☐ 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?	3a		No
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 . .	3b		

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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
AMERICAN COLLEGE OF RHEUMATOLOGY
RESEARCH EDUCATION FOUNDATION

Employer identification number
58-1654301

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

The organization is not a private foundation because it is (For lines 1 through 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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

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

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

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

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

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

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
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 ")	22,029,542	7,673,560	10,860,980	8,363,097	13,995,938	62,923,117
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	22,029,542	7,673,560	10,860,980	8,363,097	13,995,938	62,923,117
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)						26,805,227
6 **Public Support.** Subtract line 5 from line 4						36,117,890

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	22,029,542	7,673,560	10,860,980	8,363,097	13,995,938	62,923,117
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	851,562	1,136,031	1,062,199	867,321	796,173	4,713,286
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	10,253	11,260	10,656	9,071	7,205	48,445
11 **Total support** (Add lines 7 through 10)						67,684,848

12	Gross receipts from related activities, etc (See instructions)	12	32,426

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	53 360 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15	50 300 %

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 III **Support 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

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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
AMERICAN COLLEGE OF RHEUMATOLOGY
RESEARCH EDUCATION FOUNDATION

Employer identification number
58-1654301

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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 ▶ $ _____

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	22,898,316	19,229,487	21,795,597		
b Contributions	1,494,464	1,500,000	247,500		
c Investment earnings or losses	4,334,742	2,374,518	-2,759,219		
d Grants or scholarships					
e Other expenditures for facilities and programs	821,328	205,689	54,391		
f Administrative expenses					
g End of year balance	27,906,194	22,898,316	19,229,487		

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

- a Board designated or quasi-endowment ▶ 71 500 %
- b Permanent endowment ▶ 8 300 %
- c Term endowment ▶ 20 200 %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		114,014	36,037	77,977
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				77,977

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	3,834,022	F
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	3,834,022	

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

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

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

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

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

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

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	15,946,077
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,691,343
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,254,734
4	Net unrealized gains (losses) on investments	4	4,050,709
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	4,050,709
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	8,305,443

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

1	Total revenue, gains, and other support per audited financial statements			1	19,996,786
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	4,050,709		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	4,050,709
3	Subtract line **2e** from line **1**			3	15,946,077
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**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	15,946,077

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

1	Total expenses and losses per audited financial statements			1	11,691,343
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	11,691,343
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	11,691,343

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 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 INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE FOUNDATION'S ENDOWMENT CONSISTS OF TWELVE INDIVIDUALS FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS, A TERM ENDOWMENT AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	INCOME TAXES- THE FOUNDATION IS RECOGNIZED AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (THE CODE) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 512(A) OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED THE FOUNDATION HAS EVALUATED ITS TAX POSITIONS AND DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2011 FISCAL YEARS ENDING ON AND AFTER JUNE 30, 2008 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF RHEUMATOLOGY
RESEARCH EDUCATION FOUNDATION

Employer identification number
58-1654301

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ **Yes** ☑ **No**

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

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
NORTH AMERICA	0	0	GRANT		50,000
3a Sub-total	0	0			50,000
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			50,000

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	ACR REF HEALTH PROFESSIONAL INVESTIGATOR AWARD	50,000	CHECK			

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

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 THE ACR RESEARCH AND EDUCATION FOUNDATION MAINTAINS AN EXTENSIVE AWARDS AND GRANTS PORTFOLIO, WITH OVER TWENTY SUPPORT MECHANISMS EACH AWARD OR GRANT APPLICATION CONTAINS VERY SPECIFIC ELIGIBILITY AND REVIEW CRITERIA INDIVIDUAL APPLICATION FILES DETAILING THESE REQUIREMENTS ARE AVAILABLE AT RHEUMATOLOGY ORG/REF ALL APPLICATIONS UNDERGO RIGOROUS PEER REVIEW IN THEIR ASSIGNED STUDY SECTION, AND ARE SCORED AND RANKED ACCORDING TO THE REVIEW CRITERIA AND OVERALL MERIT OF THE PROPOSAL ALL STUDY SECTION RECOMMENDATIONS ARE SENT TO THE REF SCIENTIFIC ADVISORY COUNCIL FOR REVIEW BEFORE BEING PRESENTED TO THE REF BOARD OF DIRECTORS FOR FINAL APPROVAL AFTER THE AWARD IS MADE, ALL RECIPIENTS OF MULTI-YEAR AWARDS ARE REQUIRED TO SUBMIT ANNUAL PROGRESS REPORTS, WHICH ARE REVIEWED BY THE REF SCIENTIFIC ADVISORY COUNCIL TO ENSURE COMPLIANCE WITH PROGRAMMATIC, SCIENTIFIC, AND FISCAL AND ADMINISTRATIVE POLICIES AND REQUIREMENTS IF THE AWARD IS FOUND TO BE IN COMPLIANCE, THE NEXT YEAR OF FUNDING IS APPROVED FOR DISBURSEMENT IF NOT, THE AWARD IS REVOKED ALL AWARD RECIPIENTS ARE REQUIRED TO SUBMIT A FINAL REPORT AT THE END OF THE AWARD TERM NOTING PROJECT OUTCOMES AND PROVIDING A DETAILED FINANCIAL RECONCILIATION, WHICH REQUIRES A STATEMENT AND SIGNATURES OF INSTITUTIONAL OFFICIALS THAT THE AWARD IS IN COMPLIANCE WITH PROGRAMMATIC, SCIENTIFIC AND FISCAL AND ADMINISTRATIVE POLICIES AND REQUIREMENTS

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF RHEUMATOLOGY
RESEARCH EDUCATION FOUNDATION

Employer identification number
58-1654301

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" 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 . . . ▶ 85

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" 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
See Additional Data Table					

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ACR RESEARCH AND EDUCATION FOUNDATION MAINTAINS AN EXTENSIVE AWARDS AND GRANTS PORTFOLIO, WITH OVER TWENTY SUPPORT MECHANISMS EACH AWARD OR GRANT APPLICATION CONTAINS VERY SPECIFIC ELIGIBILITY AND REVIEW CRITERIA INDIVIDUAL APPLICATION FILES DETAILING THESE REQUIREMENTS ARE AVAILABLE AT RHEUMATOLOGY ORG/REF ALL APPLICATIONS UNDERGO RIGOROUS PEER REVIEW IN THEIR ASSIGNED STUDY SECTION, AND ARE SCORED AND RANKED ACCORDING TO THE REVIEW CRITERIA AND OVERALL MERIT OF THE PROPOSAL ALL STUDY SECTION RECOMMENDATIONS ARE SENT TO THE REF SCIENTIFIC ADVISORY COUNCIL FOR REVIEW BEFORE BEING PRESENTED TO THE REF BOARD OF DIRECTORS FOR FINAL APPROVAL AFTER THE AWARD IS MADE, ALL RECIPIENTS OF MULTI-YEAR AWARDS ARE REQUIRED TO SUBMIT ANNUAL PROGRESS REPORTS, WHICH ARE REVIEWED BY THE REF SCIENTIFIC ADVISORY COUNCIL TO ENSURE COMPLIANCE WITH PROGRAMMATIC, SCIENTIFIC, AND FISCAL AND ADMINISTRATIVE POLICIES AND REQUIREMENTS IF THE AWARD IS FOUND TO BE IN COMPLIANCE, THE NEXT YEAR OF FUNDING IS APPROVED FOR DISBURSEMENT IF NOT, THE AWARD IS REVOKED ALL AWARD RECIPIENTS ARE REQUIRED TO SUBMIT A FINAL REPORT AT THE END OF THE AWARD TERM NOTING PROJECT OUTCOMES AND PROVIDING A DETAILED FINANCIAL RECONCILIATION, WHICH REQUIRES A STATEMENT AND SIGNATURES OF INSTITUTIONAL OFFICIALS THAT THE AWARD IS IN COMPLIANCE WITH PROGRAMMATIC, SCIENTIFIC AND FISCAL AND ADMINISTRATIVE POLICIES AND REQUIREMENTS

Additional Data

Return to Form

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF BOSTON UNIVERSITYEVANS 501 715 ALBANY ST BOSTON,MA 02118	04-2103547	501(C)(3)	50,000		FMV		ACR REF HEALTH PROFESSIOANL INVESTIGATOR AWARD
WASHINGTON HOSPITAL CENTER110 IRVING ST NW WASHINGTON,DC 20010	52-6056274	501(C)(3)	125,000		FMV		ACR REF RHEUMATOLOGY INVESTIGATION AWARD
UNIVERSITY OF UTAH201 SOUTH PRESIDENTS CIRCLE PM 406 SALT LAKE CITY,UT 84112	87-6000525	501(C)(3)	32,639				ACR REF RHEUMATOLOGY INVESTIGATION AWARD
BRIGHAM AND WOMEN'S HOSPITAL RESEARCH MANAGEMENTPO BOX 3149 BOSTON,MA 022413149	04-2312909	501(C)(3)	125,000				ACR REF RHEUMATOLOGY INVESTIGATION AWARD
UNIVERSITY OF CALIFORNIA SAN FRANCISCO3333 CALIFORNIA STREET SUITE 315 SAN FRANCISCO,CA 94118	94-6036493	501(C)(3)	375,000		FMV		ACR REF RHEUMATOLOGY INVESTIGATION AWARD
MASSACHUSETTS GENERAL HOSPITAL RESEARCH MANAGEMENT 101 HUNTINGTON AVE SUITE 300 BOSTON,MA 02116	10-4269783	501(C)(3)	50,000		FMV		ACR REF RHEUMATOLOGY SCIENTIST DEVELOPMENT AWARD
UNIVERSITY OF CALIFORNIA SAN FRANCISCO3333 CALIFORNIA STREET SUITE 315 SAN FRANCISCO,CA 941430962	94-6036493	501(C)(3)	150,000		FMV		ACR REF RHEUMATOLOGY SCIENTIST DEVELOPMENT AWARD
BRIGHAM AND WOMEN'S HOSPITAL RESEARCH MANAGEMENTPO BOX 3149 BOSTON,MA 02241	04-2312909	501(C)(3)	50,000		FMV		ACR REF RHEUMATOLOGY SCIENTIST DEVELOPMENT AWARD
TRUSTEES OF BOSTON UNIVERSITY85 EAST NEWTON STREET M-921 BOSTON,MA 02118	04-2103547	501(C)(3)	50,000		FMV		ACR REF RHEUMATOLOGY SCIENTIST DEVELOPMENT AWARD
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 109 KINKEAD HALL LEXINGTON,MA 40506	61-6033693	501(C)(3)	50,000		FMV		ACR REF RHEUMATOLOGY SCIENTIST DEVELOPMENT AWARD
STANFORD UNIVERSITY SCHOOL OF MEDICINE301 RAVENSWOOD AVENUE 2ND FLOOR MENLO PARK,CA 94025	94-1156365	501(C)(3)	25,000		FMV		ACR REF RHEUMATOLOGY SCIENTIST DEVELOPMENT AWARD
UNIVERSITY OF CHICAGO 970 E 58TH STREET CHICAGO,IL 60637	36-2177139	501(C)(3)	84,641		FMV		ACR REF RHEUMATOLOGY SCIENTIST DEVELOPMENT AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY47 COLLEGE STREET STE 203 PO BOX 208047 NEW HAVEN,CT 065208047	06-0646973	501(C)(3)	75,000		FMV		ACR RED/ASP JUNIOR CAREER DEVELOPMENT IN GERIATRIC MEDICINE AWARD
STANFORD UNIVERSITY 1000 WELCH RD STE 203 PAOLO ALTO,CA 94304	94-1156365	501(C)(3)	75,000		FMV		ACR RED/ASP JUNIOR CAREER DEVELOPMENT IN GERIATRIC MEDICINE AWARD
REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S STATE STREET ANN ARBOR,MI 481091274	38-6006309	501(C)(3)	25,000		FMV		ACR RED/PAULA DE MERIEUX RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
BOSTON UNIVERSITY85 EAST NEWTON STREET M-921 BOSTON,MA 02118	04-2103547	501(C)(3)	58,800		FMV		ACR REF CLINICIAN SCHOLAR EDUCATOR AWARD
UNIVERSITY OF MICHIGAN 3003 S STATE STREET ANN ARBOR,MI 481091274	04-2103547	501(C)(3)	60,000		FMV		ACR REF CLINICIAN SCHOLAR EDUCATOR AWARD
UNIVERSITY OF PITTSBURGH CENTRAL OFFICE OF RESEARCHPO BOX 8550 PHILADELPHIA,PA 191781457	23-1352166	501(C)(3)	60,000		FMV		ACR REF CLINICIAN SCHOLAR EDUCATOR AWARD
CLEVELAND CLINIC FOUNDATION9500 ECUCLID AVE CLEVELAND,OH 44195	34-0714585	501(C)(3)	50,000		FMV		ACR REF CLINICIAN SCHOLAR EDUCATOR AWARD
VANDERBILT UNIVERTY DEPARTMENT OF FINANCE DEPT AT 40303 40303 ATLANTA,GA 311920303	62-0476822	501(C)(3)	60,000		FMV		ACR REF CLINICIAN SCHOLAR EDUCATOR AWARD
GWMFA DEPT OF MEDICINE2150 PENNSYLVANIA AVE NW WASHINGTON,DC 20037	53-0196584	501(C)(3)	60,000		FMV		ACR REF CLINICIAN SCHOLAR EDUCATOR AWARD
LEHIGH VALLEY HOSPITAL DEPARTMETN OF MEDICINEPO BOX 689 ALLENTOWN,PA 18105	23-1689692	501(C)(3)	60,000		FMV		ACR REF CLINICIAN SCHOLAR EDUCATOR AWARD
UNIVERSITY OF SOUTHERN CALIFORNIA 2011 ZONAL AVE LOS ANGELES,CA 90033	95-1642394	501(C)(3)	58,669		FMV		ACR REF CLINICIAN SCHOLAR EDUCATOR AWARD
HOSPITAL FOR SPECIAL SURGERY535 EAST 70TH ST NEW YORK,NY 10021	13-1624135	501(C)(3)	60,000		FMV		ACR REF CLINICIAN SCHOLAR EDUCATOR AWARD

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WASHINGTON HOSPITAL CENTER110 IRVING ST NW WASHINGTON,DC 20010	52-6056274	501(C)(3)	52,970		FMV		ACR REF CLINICIAN SCHOLAR EDUCATOR AWARD
SUNY-UNIVERSITY OF PHYSICIANS OF BROOKLYN450 CLARKSON AVE BOX BROOKLYN,NY 11203	14-1368361	501(C)(3)	51,250		FMV		ACR REF CLINICIAN SCHOLAR EDUCATOR AWARD
UCLA DAVID GEFFEN SCHOOL OF MEDICINE 11000 KINROSS BUILDING SUITE 102 LOS ANGELES,CA 900951670	95-6006143	501(C)(3)	25,000		FMV		ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
WASHINGTON UNIVERSITY 660 SOUTH EUCLID CAMPUS BOX 8018 ST LOUIS,MO 60611	43-0653611	501(C)(3)	25,000		FMV		ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
NORTHWESTERN UNIVERSITY750 N LAKE SHORE DRIVE RUBLOFF 7TH FLOOR CHICAGO,IL 38163	36-2167817	501(C)(3)	25,000		FMV		ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
UNIVERSITY OF TENNESSEE910 MADISON AVENUE 823 MEMPHIS,TN 38163	62-6001636	501(C)(3)	25,000		FMV		ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
VANDERBILT UNIVERTY 3319 WEST END AVENUE STE 100 NASHVILLE,TN 372036968	62-0476822	501(C)(3)	25,000		FMV		ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
UNIVERSITY OF WASHINGTON12455 COLLECTIONS DRIVE CHICAGO,IL 60693	91-6001537	501(C)(3)	25,000		FMV		ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
JOHNS HOPKINS UNIVERSITYBROADWAY RESEARCH BUILDING 733 N BROADWAY SUITE 117 BALTIMORE,MD 21205	52-0595110	501(C)(3)	25,000		FMV		ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
LSUHSC-SHREVEPORT OFFICE1501 KINGS HIGHWAY SHREVEPORT,LA 71103	72-0702002	501(C)(3)	25,000		FMV		ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
CINCINNATI CHILDREN'S HOSPITAL3333 BURNET AVE CINCINNATI,OH 45229	31-0833936	501(C)(3)	25,000		FMV		ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILLCB 1350 104 AIRPORT DR STE 2200 CHAPEL HILL,NC 275991350	56-6001393	501(C)(3)	25,000		FMV		ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD

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UNIVERSITY OF PENNSYLVANIA3451 WALNUT STREET P221 PHILADELPHIA,PA 191046205	23-1352685	501(C)(3)	25,000		FMV		ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
FLETCHER ALLEN HEALTH CARE111 COLCHESTER AVENUE MAILSTOP 130BS3 BURLINGTON,VT 05401	03-0219309	501(C)(3)	25,000		FMV		ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 109 KNIKEAD HALL LEXINGTON,KY 405060057	61-6033693	501(C)(3)	25,000		FMV		ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
UNIVERSITY OF MIAMI 1400 NW 10TH AVE DOMINION TOWER 10TH FLOOR-1007-0 MIAMI,FL 33136	59-0624458	501(C)(3)	25,000		FMV		ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
UNIVERSITY OF MISSISSIPPI2500 N STATE STREET JACKSON,MS 39216	64-6008520	501(C)(3)	25,000		FMV		ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
TUFTS MEDICAL CENTER RESEARCH ADMINISTRATION800 WASHINGTON ST BOSTON,MA 02111	04-3400617	501(C)(3)	25,000		FMV		ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
UNIVERSITY OF MINNESOTA200 OAK STREET SE SUITE 450 MINNEAPOLIS,MN 554552070	41-6007513	501(C)(3)	25,000		FMV		ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
SAINT LOUIS UNIVERSITY FUSZ MEMORIAL HALL 3700 WEST PINE MALL ST LOUIS,MO 63108	43-0654872	501(C)(3)	25,000		FMV		ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
NYU HOSPITAL FOR JOINT DISEASE301 E 17TH STREET RM 1410 NEW YORK,NY 10003	13-3971298	501(C)(3)	25,000		FMV		ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
DUKE UNIVERSITY2200 ERWIN SQUARE SUITE 820 DURHAM,NC 27708	56-0532129	501(C)(3)	25,000		FMV		ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
UNIVERSITY OF PITTSBURGH CENTRAL OFFICE OF RESEARCH3615 CIVIC CENTER BOULEVARD PHILADEPHIA,PA 191046205	23-1352166	501(C)(3)	25,000		FMV		ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
UNIVERSITY OF FLORIDA 123 GRINTER HALL GAINESVILLE,FL 32611	59-6002052	501(C)(3)	25,000		FMV		ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD

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GEORGETOWN UNIVERSITY3300 WHITEHAVE ST NW STE 1100 HARRIS BUILDING WASHINGTON,DC 20007	53-0196603	501(C)(3)	25,000		FMV		ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
SEATTLE CHILDREN'S HOSPITALPO BOX 5371 SEATTLE,WA 981455004	91-1156519	501(C)(3)	25,000		FMV		ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
UNIVERSITY OF OKLAHOMA HEALTH SCIENCE CENTER1000 STANTON L YOUNG BLVD-LIB ROOM 121 OKLAHOMA CITY,OK 73117	73-6017987	501(C)(3)	25,000		FMV		ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
REGENTS OF UNIVERSITY OF CALIFORNIA9500 GILMAN DRIVE MC 0012 LA JOLLA,CA 920930012	95-6006144	501(C)(3)	25,000		FMV		ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
THE UNIVERSITY OF CHICAGO6030 S ELLIS AVENUE CHICAGO,IL 60637	36-2177139	501(C)(3)	25,000		FMV		ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
WASHINGTON HOSPITAL CENTER110 IRVING ST NW WASHINGTON,DC 20010	52-1272129	501(C)(3)	25,000		FMV		ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
UNIVERSITY OF COLORADO DENVERPO BOX 238 DENVER,CO 802910238	84-6000555	501(C)(3)	25,000		FMV		ACR REF/AMGEN/PFIZER RHEUMATOLOGY FELLOWSHIP TRAINING AWARD
GEORGE WASHINGTON UNIVERSITY2121 EYE ST NW SUITE 601 WASHINGTON,DC 20052	53-0196584	501(C)(3)	200,000		FMV		WITHIN OUR REACH RA INVESTIGATOR INITIATED GRANT-INNOVATIVE BASIC SCIENCE RESEARCH
UNIVERSITY OF COLORADO AT DENVER 777 BANNOCK ST DENVER,CO 80204	95-6006143	501(C)(3)	200,000		FMV		WITHIN OUR REACH RA INVESTIGATOR INITIATED GRANT-INNOVATIVE BASIC SCIENCE RESEARCH
BRIGHAM & WOMENS HOSPITAL42 FRANCIS ST BOSTON,MA 02115	95-1642394	501(C)(3)	200,000		FMV		WITHIN OUR REACH RA INVESTIGATOR INITIATED GRANT-INNOVATIVE BASIC SCIENCE RESEARCH
HOSPITAL FOR SPECIAL SURGERY535 EAST 70TH ST NEW YORK,NY 10021	53-0196584	501(C)(3)	77,708		FMV		WITHIN OUR REACH RA INVESTIGATOR INITIATED GRANT-INNOVATIVE BASIC SCIENCE RESEARCH
UNIVERSITY OF MINNESOTA200 OAK STREET SE 450 MCNAMARA ALUMNI CTR MINNEAPOLIS,MN 554552020	41-6007513	501(C)(3)	438,814		FMV		WITHIN OUR REACH RA INVESTIGATOR INITIATED GRANT-INNOVATIVE BASIC SCIENCE RESEARCH

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NATIONAL JEWISH HEALTH 1400 JACKSON STREET RM M217D DENVER,CO 80206	74-2044647	501(C)(3)	200,000		FMV		WITHIN OUR REACH RA INVESTIGATOR INITIATED GRANT-INNOVATIVE BASIC SCIENCE RESEARCH
STANFORD UNIVERSITY 1000 WELCH RD STE 203 PALO ALTO,CA 94304	94-1156365	501(C)(3)	200,000		FMV		WITHIN OUR REACH RA INVESTIGATOR INITIATED GRANT-INNOVATIVE BASIC SCIENCE RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA-LOS ANGELES1000 VETERAN AVE LOS ANGELES,CA 90095	95-6006143	501(C)(3)	200,000		FMV		WITHIN OUR REACH RA INVESTIGATOR INITIATED GRANT-INNOVATIVE BASIC SCIENCE RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM1530 3RD AVE S SHEL 310 BIRMINGHAM,AL 35294	63-6005396	501(C)(3)	101,882		FMV		WITHIN OUR REACH RA INVESTIGATOR INITIATED GRANT-INNOVATIVE BASIC SCIENCE RESEARCH
JOHNS HOPKINS UNIVERSITYCENTER TOWER SUITE 4100 BALTIMORE,MD 21224	52-0595110	501(C)(3)	400,000		FMV		WITHIN OUR REACH RA INVESTIGATOR INITIATED GRANT-INNOVATIVE BASIC SCIENCE RESEARCH
UNIVERSITY OF COLORADO AT DENVER 777 BANNOCK ST DENVER,CO 80204	84-6000555	501(C)(3)	399,986		FMV		WITHIN OUR REACH RA INVESTIGATOR INITIATED GRANT-INNOVATIVE BASIC SCIENCE RESEARCH
THE REGENTS OF THE UNIVERSITY OF MICHIGAN 5520 MSRB ANN ARBOR,MI 481091274	38-6006309	501(C)(3)	200,000		FMV		WITHIN OUR REACH RA INVESTIGATOR INITIATED GRANT-INNOVATIVE BASIC SCIENCE RESEARCH
THE PENNSYLVANIA STATE UNIVERSITY500 UNIVERSITY DRIVE PO BOX 850 MCH 138 HERSHEY,PA 170330850	24-6000376	501(C)(3)	200,000		FMV		WITHIN OUR REACH RA INVESTIGATOR INITIATED GRANT-INNOVATIVE BASIC SCIENCE RESEARCH
UNIVERSITY OF MIAMIPO BOX 016960 R64 MIAMI,FL 33101	25-0965591	501(C)(3)	200,000		FMV		WITHIN OUR REACH RA INVESTIGATOR INITIATED GRANT-INNOVATIVE BASIC SCIENCE RESEARCH
JOHNS HOPKINS UNIVERSITYCENTER TOWER SUITE 4100 BALTIMORE,MD 21224	52-0595110	501(C)(3)	189,519		FMV		WITHIN OUR REACH RA COLLABORATIVE GRANT-TRANSLATIONAL RESEARCH
THE TRUSTEES OF COLUMBIA UNIVERSITY 630 W168 STREET BOX 49 NEW YORK,NY 100323702	13-5598093	501(C)(3)	331,443		FMV		WITHIN OUR REACH RA COLLABORATIVE GRANT-TRANSLATIONAL RESEARCH
REGENTS OF THE UNIVERSITY OF MINNESOTA200 OAK STREET SE MINNEAPOLIS,MN 554552070	41-6007513	501(C)(3)	357,077		FMV		WITHIN OUR REACH RA COLLABORATIVE GRANT-TRANSLATIONAL RESEARCH

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YALE UNIVERSITY300 CEDAR ST NEW HAVEN,CT 065208047	06-0646973	501(C)(3)	193,130		FMV		WITHIN OUR REACH RA INVESTIGATOR INITIATED GRANT-CLINICAL RESEARCH
DUKE UNIVERSITY2118 SUNSET AVE DURHAM,NC 27705	56-0532129	501(C)(3)	200,000		FMV		WITHIN OUR REACH RA INVESTIGATOR INITIATED GRANT-CLINICAL RESEARCH
UNIVERSITY OF CALIFORNIA SAN FRANCISCO3333 CALIFORNIA STREET SUITE 315 SAN FRANCISCO,CA 941430962	94-6036493	501(C)(3)	200,000		FMV		WITHIN OUR REACH RA INVESTIGATOR INITIATED GRANT-CLINICAL RESEARCH
JOHNS HOPKINS UNIVERSITY733 N BROADWAY SUITE 117 BALTIMORE,MD 21205	52-0595110	501(C)(3)	200,000		FMV		WITHIN OUR REACH RA INVESTIGATOR INITIATED GRANT-CLINICAL RESEARCH
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL104 AIRPORT DRIVE SUITE 2200 AOB CB 1350 CHAPEL HILL,NC 275991350	56-6001393	501(C)(3)	199,263		FMV		WITHIN OUR REACH RA INVESTIGATOR INITIATED GRANT-CLINICAL RESEARCH
BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA987835 NEBRASKA MEDICAL CENTER OMAHA,NE 681987835	47-0049123	501(C)(3)	400,000		FMV		WITHIN OUR REACH RA COLLABORATIVE GRANT-CLINCIAL RESEARCH
THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH 350 COMMUNITY DRIVE MANHASSET,NY 110302816	11-1267359	501(C)(3)	9,000		FMV		WITHIN OUR REACH TA CLINICAL TRIAL PLANNING GRANT
UNIVERSITY OF ALABAMA AT BIRMINGHAM1530 3RD AVENUE SOUTH AB 1170 BIRMINGHAM,AL 352940111	16-3600656	501(C)(3)	9,000		FMV		WITHIN OUR REACH TA CLINICAL TRIAL PLANNING GRANT
UCD GRANTS AND CONTRACTSMAIL STOP F428 ANSCHUTZ MEDICAL CAMPUS BLDG 500 ROOM W1126 13001 EA AURORA,CO 80045	84-6000555	501(C)(3)	9,000		FMV		WITHIN OUR REACH TA CLINICAL TRIAL PLANNING GRANT
OFFICE OF RESEARCH UNIVERSITY OF PITTSBURGH123 UNIVERSITY PLACE PITTSBURGH,PA 152132303	25-0965591	501(C)(3)	9,000		FMV		WITHIN OUR REACH TA CLINICAL TRIAL PLANNING GRANT
CLEVELAND CLINICPO BOX 931531 CLEVELAND,OH 441935012	34-0714585	501(C)(3)	1,000		FMV		ACR REF/ABBOTT MEDICAL STUDENT RESEARCH PRECEPTORSHIP
UNIVERSITY OF MINNESOTA2-112 MOLECULAR BIOSCIENCES BUILDING MINNEAPOLIS,MN 55422	41-6007513	501(C)(3)	1,000		FMV		ACR REF/ABBOTT MEDICAL STUDENT RESEARCH PRECEPTORSHIP

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MEDICAL UNIVERSITY OF SOUTH CAROLINA96 JONATHAN LUCAS STREET SUITE 912 CHARLESTON,SC 29425	57-6000722	501(C)(3)	2,000		FMV		ACR REF/ABBOTT MEDICAL STUDENT RESEARCH PRECEPTORSHIP
CHILDREN'S RESEARCH CENTER2430 N HALSTED ST BOX 205 CHICAGO,IL 606144314	23-1352685	501(C)(3)	1,000		FMV		ACR REF/ABBOTT MEDICAL STUDENT RESEARCH PRECEPTORSHIP
JOHNS HOPKINS UNIVERSITY12529 COLLECTIONS CENTER DRIVE CHICAGO,IL 60693	52-0595110	501(C)(3)	2,000		FMV		ACR REF/ABBOTT MEDICAL STUDENT RESEARCH PRECEPTORSHIP
KANSAS UNIVERSITY CHILDRENS CENTER FOUNDATION3901 RAINBOW BLVD KANSAS CITY,KS 661460433	48-0771044	501(C)(3)	1,000		FMV		ACR REF/ABBOTT MEDICAL STUDENT RESEARCH PRECEPTORSHIP
UNIVERSITY OF NORTH CAROLINA OFFICE OF SPONSORED RESEARCHPO BOX 402420 ATLANTA,GA 303842420	56-6001393	501(C)(3)	1,000		FMV		ACR REF/ABBOTT MEDICAL STUDENT RESEARCH PRECEPTORSHIP
OKLAHOMA MEDICAL RESEARCH FOUNDATION 825 NE 13TH STREET MS 18 OKLAHOMA CITY,OK 73104	73-0580274	501(C)(3)	1,000		FMV		ACR REF/ABBOTT MEDICAL STUDENT RESEARCH PRECEPTORSHIP
SUNY UPSTATE MEDICAL UNIVERSITY750 EAST ADAMS STREET SYRACUSE,NY 13210	16-1068101	501(C)(3)	1,000		FMV		ACR REF/ABBOTT MEDICAL STUDENT RESEARCH PRECEPTORSHIP
UNIVERSITY OF OKLAHOMA HEALTH SCIENCE CENTERPO BOX 26901 SCB 228 OKLAHOMA CITY,OK 731260901	73-6017987	501(C)(3)	2,000		FMV		ACR REF/ABBOTT MEDICAL STUDENT RESEARCH PRECEPTORSHIP
UMDNJ UMDNJ GRANTS AND CONTRACTS355 GEORGE STREET LIBERTY PLAZA NEW BRUNSWICK,NJ 08903	22-1980408	501(C)(3)	1,000		FMV		ACR REF/ABBOTT MEDICAL STUDENT RESEARCH PRECEPTORSHIP
PENNSYLVANNIA STATE COLLEGE OF MEDICINEPO BOX G-230 HERSHEY,PA 170330850	24-6000376	501(C)(3)	1,000		FMV		ACR REF/ABBOTT MEDICAL STUDENT RESEARCH PRECEPTORSHIP
UNIVERSITY OF COLORADO DENVER ANSHUTZ MEDICAL CAMPUS BUILDING 500 ROOM W1126 13001 EAST 17TH PLACE AURORA,CO 80045	84-6000555	501(C)(3)	1,000		FMV		ACR REF/ABBOTT MEDICAL STUDENT RESEARCH PRECEPTORSHIP
THE RESEARCH FOUNDATION OF STATE UNIVERISTY OF NEW YORK 402 CROFS HALL BUFFALO,NY 14260	14-1368361	501(C)(3)	2,000		FMV		ACR REF/ABBOTT HEALTH PROFESSIONAL GRADUATE STUDENT RESEARCH PRECEPTORSHIP

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UNIVERSITY OF COLORADO DENVERMAIL STOP F428 DEPARTMENT 238 DENVER,CO 802910238	84-6000555	501(C)(3)	2,000		FMV		ACR REF/ABBOTT HEALTH PROFESSIONAL GRADUATE STUDENT RESEARCH PRECEPTORSHIP
SUNY UPSTATE MEDICAL UNIVERSITY750 EAST ADAMS STREET SYRACUSE,NY 13210	16-1068101	501(C)(3)	2,000		FMV		ACR REF/ABBOTT HEALTH PROFESSIONAL GRADUATE STUDENT RESEARCH PRECEPTORSHIP
TEMPLE UNIVERSITY SPA 3400 N BROAD PHILADELPHIA,PA 19122	23-1365971	501(C)(3)	2,000		FMV		ACR REF/ABBOTT HEALTH PROFESSIONAL GRADUATE STUDENT RESEARCH PRECEPTORSHIP
JOHNS HOPKINS UNIVERSITY733 N BROADWAY SUITE 117 BALTIMORE,MD 21205	52-0595110	501(C)(3)	2,000		FMV		ACR REF/ABBOTT HEALTH PROFESSIONAL GRADUATE STUDENT RESEARCH PRECEPTORSHIP
ST LOUIS UNIVERSITY 3556 CAROLINE MALL ST LOUIS,MO 63104	43-0654872	501(C)(3)	3,000		FMV		ACR REF/ABBOTT MEDICAL STUDENT CLINICAL RECEPTORSHIP
CHILDREN'S HOSPITAL OF PHILADELPHIA3615 CIVIC CENTER BOULEVARD PHILADELPHIA,PA 191044318	23-1352166	501(C)(3)	500		FMV		ACR REF/ABBOTT MEDICAL STUDENT CLINICAL RECEPTORSHIP
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA3451 WALNUT STREET FRANKLIN BUILDING P-221 PHILADELPHIA,PA 191046205	23-1352685	501(C)(3)	500		FMV		ACR REF/ABBOTT MEDICAL STUDENT CLINICAL RECEPTORSHIP
CENTER FOR ARTHRITIS 2043 HUNTERS TRAIL NORFOLK,VA 23518	17-3468368	501(C)(3)	500		FMV		ACR REF/ABBOTT MEDICAL STUDENT CLINICAL RECEPTORSHIP
MEDICAL UNIVERSITY OF SOUTH CAROLINA96 JONATHAN LUCAS STREET SUITE 912 CHARLESTON,SC 29425	57-6000722	501(C)(3)	2,500		FMV		ACR REF/ABBOTT MEDICAL STUDENT CLINICAL RECEPTORSHIP
PACIFIC ARTHRITIS CENTER MEDICAL GROUP 607 E PLAZA DRIVE SUITE A SANTA MARIA,CA 93454	77-0159422	501(C)(3)	500		FMV		ACR REF/ABBOTT MEDICAL STUDENT CLINICAL RECEPTORSHIP
UNIVERSITY OF MIAMI OFFICE OR RESEARCHC-221 1120 NW 14TH STREET MIAMI,FL 33136	59-0624458	501(C)(3)	500		FMV		ACR REF/ABBOTT MEDICAL STUDENT CLINICAL RECEPTORSHIP
UNIVERSITY OF MISSISSIPPI2500 N STATE STREET JACKSON,MS 39216	64-6008520	501(C)(3)	500		FMV		ACR REF/ABBOTT MEDICAL STUDENT CLINICAL RECEPTORSHIP

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 COLORADO DENVER1775 AURORA CT BOX B-115 AURORA,CO 80045	84-6000555	501(C)(3)	1,000		FMV		ACR REF/ABBOTT MEDICAL STUDENT CLINICAL RECEPTORSHIP
UNIVERSITY OF MICHIGAN 1500 W MEDICAL CENTER DRIVE 3918 TC-SDC 5358 ANN ARBOR,MI 481095358	38-6006309	501(C)(3)	500		FMV		ACR REF/ABBOTT MEDICAL STUDENT CLINICAL RECEPTORSHIP
REGENTS OF THE UNIVERSITY OF CALIFORNIABOX 951432 1125 MURPHY HALL 405 HILGARD AVE LOS ANGELES,CA 900959000	95-6006143	501(C)(3)	1,000		FMV		ACR REF/ABBOTT RESIDENT RECRUITMENT DINNER
OHIO STATE UNIVERSITY 700 CHILDRENS DR COLUMBUS,OH 43205	31-1024403	501(C)(3)	2,000		FMV		ACR REF/ABBOTT PEDIATRIC RHEUMATOLOGY VISITING PROFESSORSHIP PROGRAM
CHILDRENS OF MERCY HOSPITAL AND CLINICS 2401 GILLHAM ROAD KANSAS CITY,MO 84108	44-0505373	501(C)(3)	2,000		FMV		ACR REF/ABBOTT PEDIATRIC RHEUMATOLOGY VISITING PROFESSORSHIP PROGRAM
BAYLOR COLLEGE OF MEDICINE6621 FANNIN STREET HOUSTON,TX 77030	74-1613878	501(C)(3)	2,000		FMV		ACR REF/ABBOTT PEDIATRIC RHEUMATOLOGY VISITING PROFESSORSHIP PROGRAM
MAYO CLINICPO BOX 4008 ROCHESTER,MN 55905	41-6011702	501(C)(3)	37,500		FMV		ACR/REF AF CAREER DEVELOPMENT BRIDGE FUNDING AWARD
THE CHILDREN'S HOSPITAL OF PHILADELPHIAPO BOX 8500 PHILADELPHIA,PA 19122	23-1352166	501(C)(3)	75,000		FMV		ACR/REF AF CAREER DEVELOPMENT BRIDGE FUNDING AWARD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA-UCLA11000 KINROSS BUILDING SUITE 102 LOS ANGELES,CA 90095	95-6006143	501(C)(3)	75,000		FMV		ACR/REF AF CAREER DEVELOPMENT BRIDGE FUNDING AWARD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA-UCSF1855 FOLSOM STREET SUITE 425 SAN FRANCISCO,CA 941430812	94-6036493	501(C)(3)	37,500		FMV		ACR/REF AF CAREER DEVELOPMENT BRIDGE FUNDING AWARD
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER5323 HARRY HINES BOULEVARD DALLAS,TX 753909020	75-6002868	501(C)(3)	37,500		FMV		ACR/REF AF CAREER DEVELOPMENT BRIDGE FUNDING AWARD
JOHNS HOPKINS UNIVERSITY12529 COLLECTIONS CENTER DRIVE CHICAGO,IL 60693	52-0595110	501(C)(3)	37,500		FMV		ACR/REF AF CAREER DEVELOPMENT BRIDGE FUNDING AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY300 CEDAR ST NEW HAVEN,CT 065208047	06-0646973	501(C)(3)	25,000		FMV		ACR REF PHYSICIAN SCIENTIST DEVELOPMENT AWARD
REGENTS OF THE UNIVERSITY OF CALIFORNIA-LOS ANGELES1000 VETERAN AVE LOS ANGELES,CA 90095	95-6006143	501(C)(3)	125,000		FMV		ACR REF PHYSICIAN SCIENTIST DEVELOPMENT AWARD
REGENTS OF THE UNIVERSITY OF CALIFORNIA-SAN FRANCISCOPO BOX 0795 SAN FRANCISCO,CA 941430812	94-6036493	501(C)(3)	100,000		FMV		ACR REF PHYSICIAN SCIENTIST DEVELOPMENT AWARD
BRIGHAM & WOMENS HOSPITAL45 FRANCIS ST BOSTON,MA 02115	04-2312909	501(C)(3)	50,000		FMV		ACR REF PHYSICIAN SCIENTIST DEVELOPMENT AWARD
HOSPITAL FOR SPECIAL SURGERY535 EAST 70TH ST NEW YORK,NY 10021	13-1624135	501(C)(3)	100,000		FMV		ACR REF PHYSICIAN SCIENTIST DEVELOPMENT AWARD
STANFORD UNIVERSITY 1000 WELCH RD STE 203 PALO ALTO,CA 94304	94-1156365	501(C)(3)	100,000		FMV		ACR REF PHYSICIAN SCIENTIST DEVELOPMENT AWARD
UNIVERSITY OF WASHINGTON12455 COLLECTIONS DRIVE CHICAGO,IL 60693	91-6001537	501(C)(3)	75,000		FMV		ACR REF PHYSICIAN SCIENTIST DEVELOPMENT AWARD
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL3300 THURSTON BLDG CB 7280 CHAPEL HILL,NC 27599	56-6001393	501(C)(3)	89,713		FMV		ACR REF CLINICAL FELLOWSHIP AWARD
REGENTS OF THE UNIVERSITY OF CALIFORNIA-LOS ANGELES1000 VETERAN AVE LOS ANGELES,CA 90095	95-6006143	501(C)(3)	90,000		FMV		ACR REF CLINICAL FELLOWSHIP AWARD
JOHNS HOPKINS UNIVERSITYCENTER TOWER SUITE 4100 BALTIMORE,MD 21224	52-0595110	501(C)(3)	90,000		FMV		ACR REF CLINICAL FELLOWSHIP AWARD
SEATTLE CHILDREN'S HOSPITALPO BOX 50020 SEATTLE,WA 981455004	91-0564748	501(C)(3)	59,230		FMV		ACR REF CLINICAL FELLOWSHIP AWARD
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD PORTLAND,OR 972393098	93-1176109	501(C)(3)	45,400		FMV		ACR REF HEALTH PROFESSIONAL NEW INVESTIGATOR AWARD

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF ILLINOIS CHICAGOPO BOX 20787 SPRINGFIELD,IL 627080787	37-6000511	501(C)(3)	50,000		FMV		ACR REF HEALTH PROFESSIONAL NEW INVESTIGATOR AWARD
BRIGHAM & WOMENS HOSPITAL45 FRANCIS ST BOSTON,MA 02115	04-2312909	501(C)(3)	50,000		FMV		ACR REF HEALTH PROFESSIONAL NEW INVESTIGATOR AWARD
TRUSTEES OF BOSTON UNIVERSITYEVANS 501 715 ALBANY ST BOSTON,MA 02118	04-2103547	501(C)(3)	50,000		FMV		ACR REF HEALTH PROFESSIONAL NEW INVESTIGATOR AWARD

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
MEDICAL STUDUENT RESEARCH PRECEPTORSHIP	16	48,000		FMV	
HEALTH PROFESSIONAL GRADUATE STUDENT RESEARCH PRECEPTORSHIP	5	17,500		FMV	
MEDICAL GRADUATE STUDENT ACHIEVEMENT AWARD	12	9,000		FMV	
PEDIATRIC RHEUMATOLOGY RESEARCH AWARD	2	2,000		FMV	
MEDICAL STUDENT CLINICAL PRECEPTORSHIP	15	30,000		FMV	
MEDICAL/PEDIATRIC RESIDENT RESEARCH AWARD	4	3,000		FMV	
PEDIATRIC RHEUMATOLOGY VISITING PROFESSORSHIP PROGRAM	7	12,000		FMV	
MEMORIAL LECTURESHIPS	6	8,750		FMV	
ACR EXCELLENCE IN INVESTOGATIVE MENTORING	1	3,000		FMV	
ACR PRESIDENTIAL GOLD MEDAL	1	5,000		FMV	

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF RHEUMATOLOGY
RESEARCH EDUCATION FOUNDATION

Employer identification number
58-1654301

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☐ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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) STEVEN ECHARD	(i)	0	0	0	0	0	0	0
IOM CAE	(ii)	140,689	0	2,400	0	18,353	161,442	0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	AMERICAN COLLEGE OF RHEUMATOLOGY FOUNDATION SENT TWO PEOPLE (ONE BOARD MEMBER AND ONE EMPLOYEE) TO LONDON

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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
AMERICAN COLLEGE OF RHEUMATOLOGY
RESEARCH EDUCATION FOUNDATION

Employer identification number
58-1654301

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3		THE AMERICAN COLLEGE OF RHEUMATOLOGY PROVIDES MANAGEMENT AND ADMINISTRATIVE SERVICES FOR THE FOUNDATION MANAGEMENT FEES CHARGED TO THE FOUNDATION BY THE COLLEGE AMOUNTED TO $1,191,117 IN 2010 AND ARE INCLUDED IN MANAGEMENT FEES IN THE ACCOMPANYING STATEMENTS OF FUNCTIONAL EXPENSES

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		A DRAFT COPY OF THE FORM 990 WAS SENT TO THE FULL BOARD FOR THEIR REVIEW AND COMMENT PRIOR TO FILING OF THE RETURN THE QUESTION AND ANSWER PERIOD OF THE MEETING WAS HELD WITH ASSISTANCE FROM THE VICE PRESIDENT, OPERATIONS AND FINANCE, AND THE TAX PREPARER AND WAS DOCUMENTED IN THE MINUTES THE EXECUTIVE VICE PRESIDENT SIGNED THE RETURN AFTER CONSIDERING COMMENTS

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE RESEARCH EDUCATION FOUNDATION HAS A MANAGEMENT AGREEMENT WITH AMERICAN COLLEGE OF RHEUMATOLOGY AMERICAN COLLEGE OF RHEUMATOLOGY'S POLICIES APPLY TO THE RESEARCH EDUCATION FOUNDATION THE PROCESS OF DETERMINING COMPENSATION FOR THE EXECUTIVE VICE PRESIDENT INCLUDES REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS OF THE COLLEGE, USE OF DATA AS TO COMPARABLE COMPENSATION, AND CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING THE PROCESS OF DETERMINING COMPENSATION FOR ALL OTHER COLLEGE EMPLOYEES IS DETERMINED BY THE EXECUTIVE VICE PRESIDENT WITH THE REVIEW AND APPROVAL OF THE EXECUTIVE COMMITTEE THE EXECUTIVE DIRECTOR AND DIRECTOR OF HUMAN RESOURCES USES COMPARABILITY DATA TO DEVELOP COMPENSATION RANGES AND TARGETS THE DIRECTOR OF HUMAN RESOURCES CONTEMPORANEOUSLY DOCUMENTS AND MAINTAINS CONFIDENTIAL RECORDS OF ALL DECISIONS AFFECTING COLLEGE EMPLOYEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND ON THE ORGANIZATION'S WEBSITE

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 4,050,709

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF RHEUMATOLOGY
RESEARCH EDUCATION FOUNDATION

Employer identification number
58-1654301

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

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

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

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

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN COLLEGE OF RHEUMATOLOGY	L	1,191,117	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation