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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

Arthritis Foundation Inc

Doing Business As

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

1330 West Peachtree Street No 100

Room/suite

City or town, state or country, and ZIP + 4

Atlanta, GA 30309

F Name and address of principal officer

Christopher Corrigan

1330 West Peachtree Street No 100

Atlanta, GA 30309

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

8510

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (Insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

www.arthritis.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1948

M State of legal domicile

GA

Part I

Summary

Activities & Governance	<div>1 Briefly describe the organization's mission or most significant activities</div> <div>The mission of the Arthritis Foundation is to improve lives through leadership in prevention, control and cure of arthritis and related diseases</div>		
Revenue	<div>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div>		
	3	Number of voting members of the governing body (Part VI, line 1a)	35
	4	Number of independent voting members of the governing body (Part VI, line 1b)	35
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	169
	6	Total number of volunteers (estimate if necessary)	136
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	6,598,045
	7b	Net unrelated business taxable income from Form 990-T, line 34	-6,583
Expenses	8	Contributions and grants (Part VIII, line 1h)	36,965,299
	9	Program service revenue (Part VIII, line 2g)	7,549,150
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	804,026
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,904,652
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	51,223,127
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,962,750
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	13,230,112
Net Assets or Fund Balances	16a	Professional fundraising fees (Part IX, column (A), line 11e)	3,288,723
	b	Total fundraising expenses (Part IX, column (D), line 25) <div>6,393,779</div>	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	27,409,358
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	50,890,943
	19	Revenue less expenses Subtract line 18 from line 12	332,184
	20	Total assets (Part X, line 16)	65,431,377
	21	Total liabilities (Part X, line 26)	26,574,378
	22	Net assets or fund balances Subtract line 21 from line 20	38,856,999

Part II

Signature Block

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

Sign Here

Signature of officer

2012-06-22

Date

Christopher Corrigan CFO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Susan Hill

Date

2012-06-22

Check if self-employed

☐

Preparer's taxpayer identification number (see instructions)

P00846200

Firm's name (or yours if self-employed), address, and ZIP + 4

Metcalf Davis CPAs

3340 Peachtree Road NE Suite 2600

Atlanta, GA 303261089

EIN

58-1729751

Phone no

(404) 264-1700

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If “Yes,” describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 23,633,171 including grants of \$ 138,157) (Revenue \$ 6,217,776)

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

4b

(Code) (Expenses \$ 10,608,677 including grants of \$ 8,311,139) (Revenue \$)

Research As the world’s largest nonprofit supporter of arthritis research, the Arthritis Foundation fills a critical role in assuring progress of arthritis research Our research program complements government and industry-based arthritis research by focusing on training new investigators and pursuing innovative strategies for preventing, controlling and curing arthritis Our portfolio includes basic research to identify genes that cause arthritis and underlyingdisease processes, clinical and behavioral studies to test new treatments, and epidemiology studies and health services research to improve quality of care Since 1948, we have funded more than 2,600 researchers with grants totaling over \$400 million

4c

(Code) (Expenses \$ 8,055,331 including grants of \$ 26,304) (Revenue \$)

Advocacy/Public Policy Advocacy is valuable to both the Arthritis Foundation and to the individuals who make their voices heard on behalf of the 50 million Americans with arthritis Helping people find their voices by meeting with Congressional representatives and speaking up to ensure access to health care and medications is empowering to patients and benefits millions more in the process Part of our advocacy program includes the Arthritis Ambassador Program to strengthen relationships with members of Congress in each and every one of the 435 Congressional districts through advocacy training and relationship development

4d

Other program services (Describe in Schedule O)





















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

4e

Total program service expenses \$ 42,297,179

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> 	17	Yes
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> 	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			Yes	No
Check if Schedule O contains a response to any question in this Part V				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a152		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0		
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.	2a169		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities 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	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes	
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		No
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a		
b	Enter the aggregate 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 aggregate 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	35		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	35
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	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a	Yes
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes
11a	Has the organization provided a complete 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 the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. 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. Essil Washington 1330 W Peachtree St Suite 100 Atlanta, GA 30309 (404) 965-7502

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

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

Form **990** (2011)

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	2,074,356	0	222,135

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. **9**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Merkle Inc PO Box 64897 Baltimore, MD 212644897	Direct Mail Counsel	11,090,284
Paradysz Matera & Co Inc 5 Hanover Square New York, NY 10004	List Rental Broker	943,987
Blackbaud Internet Solutions Division PO Box 930256 Atlanta, GA 311930256	Technology and Software Services	823,428
The Advertising Council Inc 815 Second Avenue New York, NY 100174503	Advertising Services	741,021
Palm Coast Data LLC 3 Commerce Blvd Palm Coast, FL 32164	Media Services	631,104
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 29		

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	9,372					
	b	Membership dues	1b						
	c	Fundraising events	1c						
	d	Related organizations	1d						
	e	Government grants (contributions)	1e	548,922					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	38,440,345					
	g	Noncash contributions included in lines 1a-1f \$ 81,258							
	h	Total. Add lines 1a-1f						38,998,639	
Program Service Revenue			Business Code						
	2a	Sales and service fees	624100	6,217,776	6,217,776				
	b								
	c								
	d								
	e								
	f	All other program service revenue							
	g	Total. Add lines 2a-2f			6,217,776				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		713,845			713,845		
	4	Income from investment of tax-exempt bond proceeds . .							
	5	Royalties		84,514			84,514		
	6a	(i) Real							
		(ii) Personal							
		692,850							
	b	Less rental expenses		705,665					
	c	Rental income or (loss)		-12,815					
	d	Net rental income or (loss)			-12,815		-12,815		
	7a	(i) Securities							
		(ii) Other							
		7,002,316							
	b	Less cost or other basis and sales expenses		6,827,764					
	c	Gain or (loss)		174,552					
	d	Net gain or (loss)			174,552		174,552		
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18							
								a	19,022
								b	8,012
	c	Net income or (loss) from fundraising events . .			11,010		11,010		
	9a	Gross income from gaming activities See Part IV, line 19							
a									
b									
c	Net income or (loss) from gaming activities . .								
10a	Gross sales of inventory, less returns and allowances								
							a		
							b		
c	Net income or (loss) from sales of inventory . .								
Miscellaneous Revenue		Business Code							
11a	Advertising revenue	541800	6,610,860		6,610,860				
b	Miscellaneous revenues	900099	335,022			335,022			
c									
d	All other revenue								
e	Total. Add lines 11a-11d			6,945,882					
12	Total revenue. See Instructions			53,133,403	6,217,776	6,598,045	1,318,943		

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	8,475,600	8,475,600		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,296,491	114,825	2,112,771	68,895
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	8,791,732	6,056,619	976,043	1,759,070
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	773,669	416,030	249,166	108,473
9	Other employee benefits	983,867	519,322	319,080	145,465
10	Payroll taxes	782,075	439,611	215,275	127,189
11	Fees for services (non-employees)				
a	Management				
b	Legal	260,219	187,304	35,830	37,085
c	Accounting	129,242	21,109	108,133	
d	Lobbying	45,786	43,497	2,289	
e	Professional fundraising See Part IV, line 17	2,776,615			2,776,615
f	Investment management fees				
g	Other	6,424,736	5,754,182	368,620	301,934
12	Advertising and promotion	704,931	556,014	10,265	138,652
13	Office expenses	4,281,651	3,309,562	684,148	287,941
14	Information technology				
15	Royalties				
16	Occupancy	292,179	222,055	35,062	35,062
17	Travel	1,025,633	668,975	123,671	232,987
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	500,194	438,481	28,117	33,596
20	Interest	74,122	56,333	8,894	8,895
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	290,732	220,956	34,888	34,888
23	Insurance	153,714	116,822	18,446	18,446
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Year-round program serv	8,985,164	8,985,164		
b	Printing, publications,	2,870,847	2,824,027	9,126	37,694
c	Data processing service	1,301,319	720,208	449,915	131,196
d	Advertising commissions	713,635	713,635		
e					
f	All other expenses	1,673,520	1,436,848	126,976	109,696
25	Total functional expenses. Add lines 1 through 24f	54,607,673	42,297,179	5,916,715	6,393,779
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	11,761,779	8,985,164	121,947	2,654,668

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			10,076,296	1	9,278,452
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			4,636,742	3	6,652,569
	4	Accounts receivable, net			11,031,883	4	10,516,621
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			610,750	8	430,906
	9	Prepaid expenses and deferred charges			1,485,629	9	1,672,474
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	13,002,841			
	b	Less accumulated depreciation	10b	5,825,216	7,331,283	10c	7,177,625
	11	Investments—publicly traded securities			21,607,941	11	21,581,174
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			8,650,853	15	7,303,296
	16	Total assets. Add lines 1 through 15 (must equal line 34)			65,431,377	16	64,613,117
Liabilities	17	Accounts payable and accrued expenses			5,574,753	17	6,434,961
	18	Grants payable			3,821,886	18	5,836,605
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			2,800,000	20	2,400,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			14,377,739	25	15,256,211
	26	Total liabilities. Add lines 17 through 25			26,574,378	26	29,927,777
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			9,565,439	27	9,167,433
	28	Temporarily restricted net assets			15,249,247	28	13,036,516
	29	Permanently restricted net assets			14,042,313	29	12,481,391
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			38,856,999	33	34,685,340
	34	Total liabilities and net assets/fund balances			65,431,377	34	64,613,117

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	53,133,403
2	Total expenses (must equal Part IX, column (A), line 25)	2	54,607,673
3	Revenue less expenses Subtract line 2 from line 1	3	-1,474,270
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	38,856,999
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,697,389
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	34,685,340

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

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

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☒

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	53,280,562	45,636,230	37,690,176	36,965,299	38,998,639	212,570,906
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	53,280,562	45,636,230	37,690,176	36,965,299	38,998,639	212,570,906
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)						1,579,472
6 Public Support. Subtract line 5 from line 4						210,991,434

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	53,280,562	45,636,230	37,690,176	36,965,299	38,998,639	212,570,906
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,213,951	1,305,115	1,276,403	913,383	798,359	5,507,211
9 Net income from unrelated business activities, whether or not the business is regularly carried on	598,896	140,717	92,134	8,046	-6,583	833,210
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	595,171	205,486	10,531	-175,300	335,022	970,910
11 Total support (Add lines 7 through 10)						219,882,237

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

1234,301,887

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 2011 (line 6 column (f) divided by line 11 column (f))	14	95.960 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	96.430 %

16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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—2010. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

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

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

- A
- Check
- ☐
- if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check
- ☐
- if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	181,854													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	222,266													
c	Total lobbying expenditures (add lines 1a and 1b)	404,120													
d	Other exempt purpose expenditures	54,203,553													
e	Total exempt purpose expenditures (add lines 1c and 1d)	54,607,673													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	533,571	395,127	416,762	404,120	1,749,580
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	240,107	177,807	187,543	181,854	787,311

Part II-B

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

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

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

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

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
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SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	<div>Yes</div> <div>No</div>	
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	
	<div>Yes</div> <div>No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

Number of states where property subject to conservation easement is located

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

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

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

\$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

Yes

No

9

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

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

\$

(ii)

Assets included in Form 990, Part X

\$

2

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

a

Revenues included in Form 990, Part VIII, line 1

\$

b

Assets included in Form 990, Part X

\$

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
<div><div>c</div><div>Beginning balance</div></div>	
<div><div>d</div><div>Additions during the year</div></div>	
<div><div>e</div><div>Distributions during the year</div></div>	
<div><div>f</div><div>Ending balance</div></div>	

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
<div><div>1a</div><div>Beginning of year balance</div></div>	6,068,156	7,126,682	6,163,456	6,795,413	
<div><div>b</div><div>Contributions</div></div>		306,960	200,000	250,000	
<div><div>c</div><div>Investment earnings or losses</div></div>	-42,379	552,774	1,085,046	-881,957	
<div><div>d</div><div>Grants or scholarships</div></div>					
<div><div>e</div><div>Other expenditures for facilities and programs</div></div>	636,849	1,918,260	321,820		
<div><div>f</div><div>Administrative expenses</div></div>					
<div><div>g</div><div>End of year balance</div></div>	5,388,928	6,068,156	7,126,682	6,163,456	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 96 090 %

c

Term endowment ▶ 3 910 %

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
<div><div>3a(i)</div></div>		No
<div><div>3a(ii)</div></div>		No
<div><div>3b</div></div>		

4

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<div><div>1a</div><div>Land</div></div>		2,400,000		2,400,000
<div><div>b</div><div>Buildings</div></div>		4,577,787	2,436,682	2,141,105
<div><div>c</div><div>Leasehold improvements</div></div>		2,777,207	2,136,844	640,363
<div><div>d</div><div>Equipment</div></div>		1,749,665	1,251,690	497,975
<div><div>e</div><div>Other</div></div>		1,498,182		1,498,182
<div><div>Total.</div><div>Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶</div></div>				7,177,625

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	53,133,403
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	54,607,673
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,474,270
4	Net unrealized gains (losses) on investments	4	-1,549,836
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,147,553
9	Total adjustments (net) Add lines 4 - 8	9	-2,697,389
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-4,171,659

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	51,889,505
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-1,549,836
b	Donated services and use of facilities	2b	102,459
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	203,479
e	Add lines 2a through 2d	2e	-1,243,898
3	Subtract line 2e from line 1	3	53,133,403
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	53,133,403

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	55,415,796
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	102,459
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	705,664
e	Add lines 2a through 2d	2e	808,123
3	Subtract line 2e from line 1	3	54,607,673
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	54,607,673

Part XIVSupplemental Information

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

Identifier	Return Reference	Explanation
Description of Uncertain Tax Positions Under FIN 48	Part X	Income Taxes - The National Office is a not-for-profit corporation and has been recognized as exempt from federal income taxes on related income under Section 501(c)(3) of the Internal Revenue Code ("IRC"). At times the National Office may be engaged in certain activities for which it is responsible for payment of unrelated business income tax. Deferred tax assets and liabilities are measured based on enacted tax laws and rates expected to apply to taxable income in the years in which temporary differences are expected to be recorded or settled. Income taxes did not have a material impact on the financial position or change in net assets of the National Office as of and for the years ended December 31, 2011 and 2010. The National Office adopted certain provisions of FASB Accounting Standards Codification ("ASC") 740 "Income Taxes" relating to accounting for uncertainty in income taxes on January 1, 2009. This standard requires that the Foundation recognize in its financial statements the financial effects of a tax position, if that position is more likely than not of being sustained upon examination, including any appeals or litigation processes, based upon the technical merits of the position. Also this standard recognizes related guidance on measurement, classification, interest and penalties, and disclosure. The implementation of this standard had no impact on the National Office's statement of financial position or statement of activities and management does not believe that there are any unrecognized tax benefits or costs that should be recorded.
Part XI, Line 8 - Other Adjustments		- Net change in valuation of split interest agreement -502,186 - Net assets for chartered entities which relinquished charters -645,367 Total to Schedule D, Part XI, Line 8 -1,147,553
Part XII, Line 2d - Other Adjustments		Net of rental expense and change in valuation of split interest agreements 203,479
Part XIII, Line 2d - Other Adjustments		Net rental expense and rounding variance between financials and Form 990 705,664

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Bruce Ashcroft Director	0 00	X						0	0	0
Kenneth G Baltes Treasurer	0 00	X						0	0	0
Peter WC Barnhart Director	0 00	X						0	0	0
Robert A Campbell CPA Director	0 00	X						0	0	0
Rowland W Chang MD MPH Secretary	0 00	X						0	0	0
Charles L Christian MD Director Emeritus	0 00	X						0	0	0
Allen J Cizner Director	0 00	X						0	0	0
David C Clapp Director Emeritus	0 00	X						0	0	0
K Andrew Crighton MD Director	0 00	X						0	0	0
Santiago M de Solo MD Director	0 00	X						0	0	0
Catherine T Dunlay Director	0 00	X						0	0	0
Helen Emery Director	0 00	X						0	0	0
Kathleen M Ferrell PT MLA Director Emeritus	0 00	X						0	0	0
John A Geishecker Jr Director	0 00	X						0	0	0
John A Gilpin Director	0 00	X						0	0	0
E Robert Harris Director	0 00	X						0	0	0
Tanya N Harriston-Whitner Director	0 00	X						0	0	0
Lisa B Hogan Esq Director	0 00	X						0	0	0
Margaret Oldham Jackson Director	0 00	X						0	0	0
Stuart S Kassan MD FACP FACR Director	0 00	X						0	0	0
Armin U Kruder Esq Director Emeritus	0 00	X						0	0	0
Jerry G Langley Director Emeritus	0 00	X						0	0	0
Debra R Lappin JD Director Emeritus	0 00	X						0	0	0
Richard L Lautizenheiser MD Director Emeritus	0 00	X						0	0	0
George Liberatore Director	0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kip L Lilly Director	0 00	X						0	0	0
Frank P Longobardi Director	0 00	X						0	0	0
Kathy Lubbers Director	0 00	X						0	0	0
Kevin Mandrell Director	0 00	X						0	0	0
Glenn T Marrichi Director Emeritus	0 00	X						0	0	0
Peter R Martin Director	0 00	X						0	0	0
Pamela R Massey PT MS Director	0 00	X						0	0	0
Daniel T McGowan Vice Chair	0 00	X						0	0	0
Pattye L Moore Apr Director Emeritus	0 00	X						0	0	0
William J Mulvihill Director Emeritus	0 00	X						0	0	0
Patricia Novak Nelson Director	0 00	X						0	0	0
Dennis R Olden Director	0 00	X						0	0	0
Micheal V Ortman Director	0 00	X						0	0	0
Eugene Overfelt CPA Director Emeritus	0 00	X						0	0	0
Cecile Perich Immediate Past Chair	0 00	X						0	0	0
Laura Robbins DSW Director Emeritus	0 00	X						0	0	0
Stanford K Rubin Esq Director Emeritus	0 00	X						0	0	0
William W Satterfield Director Emeritus	0 00	X						0	0	0
Kevin Short Director	0 00	X						0	0	0
David E Shuey Chair	0 00	X						0	0	0
Janalee Taylor MSN RN CPNP Director	0 00	X						0	0	0
Kelli L Thompson Director	0 00	X						0	0	0
L Brunson White Director Emeritus	0 00	X						0	0	0
W Hayes Wilson Director	0 00	X						0	0	0
Janet S Wyatt PhD RN CRNP Director	0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Roberta K Byrum CPA Chief Operating Officer	37 50				X			291,192	0	30,757
Christopher Corrigan Chief Financial Officer	37 50				X			215,248	0	20,078
John H Klippel MD President/CEO	37 50				X			457,731	0	50,926
Debra Neuman Chief External Relations Officer	37 50				X			279,423	0	24,238
Marla F Davidson Vice President, Information	37 50					X		182,972	0	25,620
Lois Modell Vice President, Development	37 50					X		157,146	0	19,759
Amy Melnick Scharf Vice President, Advocacy	37 50					X		192,180	0	18,820
Marva C Stanford Vice President, Field Operations	37 50					X		141,058	0	12,776
Brennan George P National Sales Director, AT	37 50					X		157,406	0	19,161

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization Arthritis Foundation Inc	Employer identification number 58-1341679
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Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

a ☒ Mail solicitations

b ☒ Internet and e-mail solicitations

c ☒ Phone solicitations

d ☒ In-person solicitations

e ☒ Solicitation of non-government grants

f ☒ Solicitation of government grants

g ☒ Special fundraising events

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Merkle Inc PO Box 64897 Baltimore, MD 212644897	Year-Round Direct Response Marketing	Yes		14,086,464	11,090,284	2,996,180
MDS Communication Corporation 545 W Juanita Ave Mesa, AZ 85210	Telemarketing service		No	166,906	76,381	90,525
Strategic Fundraising Inc 7591 9th St N St Paul, MN 55128	Telemarketing service		No	142,978	166,735	-23,757
Advanced Remarketing Services 308 Market Street Warren, RI 02885	Auto's for Arthritis - Donated Vehicles	Yes		66,350	10,160	56,190
Total ▶				14,462,698	11,343,560	3,119,138

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.
- AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, DC

Part II Fundraising Events.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Virtual Joints In Motion (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	19,022		19,022
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	19,022		19,022
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	8,012		8,012
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d) ▶			
					11,010

Part III Gaming.

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

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

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

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

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

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Arthritis Foundation Inc

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
58-1341679

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(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 listed in the line 1 table ▶

60

3

Enter total number of other organizations listed in the line 1 table ▶

5

Part III

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

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

Part IV

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Albert Einstein College of Medicine of Yeshiva University 1300 Morris Park Avenue Bronx, NY 10461	13-1624225	501(c)(3)	150,000				research
Benaroya Research Institute at Virginia Mason1201 Ninth Avenue Seattle, WA 981012795	91-0653422	501(c)(3)	50,000				research
Beth Israel Deaconess Medical Center330 Brookline Avenue BR 109 Boston, MA 02215	04-2103881	501(c)(3)	50,000				research
Boston University Office of Research Administration 85 East Newton Street M-921 Boston, MA 021182394	04-2103547	501(c)(3)	90,000				research
Brigham and Women's Hospital IncResearch Management PO Box 3149 Boston, MA 022413149	04-2312909	501(c)(3)	150,000				research
Children's Hospital BostonResearch Finance Boston, MA 02441	04-2744411	501(c)(3)	100,000				research
Children's Hospital at MontefioreMontefiore Medical Center for CARRA 3415 Brainbridge Avenue Bronx, NY 10467	13-1740114	501(c)(3)	750,000				research
Cincinnati Children's Hospital Medical Center - Research Foundation3333 Burnet Avenuem ML 7030 Cincinnati, OH 45229	31-0833936	501(c)(3)	100,000				research
Cleveland Clinic Foundation9500 Euclid Avenue PO Box 931531 Cleveland, OH 44193	34-0714585	501(c)(3)	50,000				research
Duke University Office of Sponsored Programs 2200 W Main Street Suite 300 Durham, NC 27708	56-0532129	501(c)(3)	480,000				research
Georgia Tech Research Corporation PO Box 100117 Atlanta, GA 303840117	58-0602146	501(c)(3)	100,000				research
Hackensack University Medical Center30 Prospect Avenue Research Building Hackensack, NJ 07601	22-1487576	501(c)(3)	200,000				research
Harvard School of Public Health President and Fellows of Harvard College 677 Huntington Avenue Boston, MA 02115	04-2103580	501(c)(3)	50,000				research
Harvard School of Public HealthPO Box 415649 Boston, MA 022415649	04-2103580	501(c)(3)	150,000				research
Hospital for Special Surgery535 East 70th Street New York, NY 10021	13-1671474	501(c)(3)	100,000				research
Johns Hopkins University3400 N Charles Street Baltimore, MD 21218	52-0595110	501(c)(3)	93,625				research
Massachusetts General Hospital (The General Hospital Corp)MGH Research Finance PO Box 414876 Boston, MA 022414876	04-2697983	509 (a) (1)	140,000				research
Mayo Clinic200 First St SW Rochester, MN 559050001	41-6011702	501(c)(3)	50,000				research
Medical University of South Carolina Research Sponsored Programs Charleston, SC 294258060	57-6000722	501(c)(3)	50,000				research
Mount Sinai School of MedicineOne Gustave L Levy Place New York City, NY 10029	13-6171197	501(c)(3)	50,000				research

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Nemours Children's Clinic - Delaware Valley1600 Rockland Road Admin/Research Bldg Room 227 Wilmington, DE 19803	59-0634433	501(c)(3)	100,000				research
New York University School of MedicinePO Box 415026 Boston, MA 022415026	13-5562308	501(c)(3)	240,000				research
Northwestern University633 Clark Street Evanston,IL 60208	36-2167817	501(c)(3)	80,000				research
Oklahoma Medical Research Foundation825 NE 13 Street Oklahoma City, OK 73104	73-0580274	501(c)(3)	150,000				research
Oregon Health & Science University Sponsored Projects Administration Portland,OR 972393098	93-1176109	501(c)(3)	50,000				research
Rush University Medical Center1700 West Van Buren Rm277 Chicago,IL 60612	36-2174823	501(c)(3)	200,000				research
Saint Francis Hospital and Medical Center Department of Research 114 Woodland Street Hartford, CT 061051299	06-1008255	501(c)(3)	50,000				research
Seattle Children's Hospital Foundation PO Box 5371M/S S-200 Seattle, WA 981455005	91-0564748	501(c)(3)	100,000				research
St Jude Children's Research HospitalPO Box 1000 Dept 949 Memphis, TN 381480949	16-2064601	501(c)(3)	50,000				research
Stanford University PO Box 44253 San Francisco, CA 941444253	94-1156365	501(c)(3)	245,833				research
Temple University Research Accounting Services PO Box 824242 Philadelphia, PA 191824242	23-1365791	501(c)(3)	90,000				research
The Children's Hospital of Philadelphia Research InstituteLockbox 1457 CHOP Research Philadelphia, PA 191781457	23-1352166	509 (a) (1)	150,100				research
The Feinstein Institute for Medical ResearchGrants Contracts 350 Community Drive Manhasset, NY 11030	11-2673595	501(c)(3)	50,000				research
The Medical College of Wisconsin8701 Watertown Plank Road Milwaukee, WI 53226	39-0806261	501(c)(3)	40,000				research
The MetroHealth SystemPO Box 73308 Cleveland, OH 44193	34-6004382	501(c)(3)	60,000				research
The Regents of the University of CaliforniaCachiers Office West Sacramento, CA 957989062	94-6036494	501(c)(3)	150,000				research
The Regents of the University of California Los AngelesUniversity of California Los Angeles Los Angeles, CA 90095	95-6006143	501(c)(3)	90,000				research
The Regents of the University of Michigan 3003 S State Street Room 1054 Ann Arbor, MI 481091274	38-6006309	501(c)(3)	170,000				research
The Research Institute at Nationwide Children's Hospital700 Childrens Drive Columbus, OH 43205	13-1605623	501(c)(3)	40,000				research
The Scripps Research InstituteOffice of Sponsored Programs 10550 North Torrey Pines Road TPC-7 La Jolla, CA 92037	33-0435951	501(c)(3)	150,000				research

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Trustees of the University of PennsylvaniaPO Box 785541 Philadelphia, PA 191785541	23-1352685	501(c)(3)	50,000				research
The University of Alabama at Birmingham701 20th Street South AdmBldg Room 990D Birmingham, AL 352940109	63-6005396	501(c)(3)	90,000				research
The University of ChicagoGift Services Chicago,IL 60637	36-2177139	501(c)(3)	50,000				research
The University of Tennessee-Health Science Center62 South Dunlap Suite 300 Memphis,TN 38163	62-6001636	501(c)(3)	50,000				research
The University of Texas Health Science Center at HoustonP O Box 203382 Houston,TX 772216338	74-1761309	501(c)(3)	100,000				research
The University of Texas Southwestern Medical Center at DallasBank of America Lockbox Services Lockbox 841753 Dallas,TX 75207	75-6002868	501(c)(3)	45,834				research
University of California San Diego - Health Sciences Cashers Office 9500 Gilman Drive 0009 La Jolla, CA 920930012	96-6006144	501(c)(3)	45,833				research
University of California San FranciscoControllers Office 1855 Folsom Street Suite 425 Box 0897 San Francisco, CA 94143	94-6036493	501(c)(3)	190,000				research
University of Colorado Denver Grants and Contracts Mail Stop F428 Department 238 Denver, CO 802910238	84-6000555	501(c)(3)	40,000				research
University of Illinois at ChicagoGrants and Contracts Springfield,IL 627080787	37-6000511	501(c)(3)	100,000				research
University of Iowa Grant Accounting Office Iowa City,IA 522421316	42-6004813	115	100,000				research
University of Kentucky Research FoundationC/O PNC Bank Cleveland,KY 44193	61-6033693	501(c)(3)	100,000				research
University of Maryland Baltimore PO Box 41428 Baltimore,MD 212036428	52-6002033	501(c)(3)	50,000				research
University of Massachusetts Medical School55 Lake Avenue North Worcester,MA 01655	04-3167352	170(c)(1)	50,000				research
University of North Carolina at Chapel HillThurston Arthritis Research Center CB 7280 3330 Thurston Building Chapel Hill, NC 275997280	56-6001393	501(c)(3)	150,000				research
University of PittsburghOffice of Research/Cost Accounting PO Box 371220 Pittsburgh,PA 152517220	25-0965591	501(c)(3)	100,000				research
University of RochesterResearch Accounting Rochester,PA 146113847	16-0743209	501(c)(3)	40,000				research
University of WashingtonGrants Contracts Accounting 12455 Collections Drive Chicago,IL 60693	91-6001537	115	40,000				research
Vanderbilt University Medical CenterDept of Finance Atlanta, GA 311920303	62-0476822	501(c)(3)	140,000				research
Wake Forest University Health SciencesMedical Center Blvd WinstonSalem, NC 27157	22-3849199	501(c)(3)	100,000				research

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Washington University School of Medicine7700 Rosedale Campus Box 1034 St Louis, MO 631121408	43-0653611	501(c)(3)	190,000				research
Yale University Grants Contract Financial Administration PO Box 1873 New Haven, CT 065081873	06-0646973	501(c)(3)	250,000				research
ACR Research & Education Foundation2200 Lake Boulevard NE Atlanta, GA 30319	58-1654301	501(c)(3)	131,250				research
Foundation for the National Institutes of Health9650 Rockville Pike Bethesda, MD 20814	52-1986675	501(c)(3)	600,000				research
Arthritis Research Center Foundation Inc1035 N Emporia Suite 288 Wichita, KS 67214	48-1223461	501(c)(3)	250,000				research

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

2011

Open to Public Inspection

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

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
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 <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a	Yes
		4b	Yes
		4c	No
	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? b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5a	No
		5b	No
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? b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6a	No
		6b	No
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	Yes
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	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 Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Roberta K Byrum CPA	(i)	251,192	40,000	0	29,600	1,157	321,949	0
	(ii)	0	0	0	0	0	0	0
(2) Christopher Corrigan	(i)	196,248	19,000	0	12,915	7,163	235,326	0
	(ii)	0	0	0	0	0	0	0
(3) John H Klippel MD	(i)	379,231	70,000	8,500	40,945	9,981	508,657	0
	(ii)	0	0	0	0	0	0	0
(4) Debra Neuman	(i)	254,423	25,000	0	14,100	10,138	303,661	0
	(ii)	0	0	0	0	0	0	0
(5) Marla F Davidson	(i)	182,972	0	0	18,297	7,323	208,592	0
	(ii)	0	0	0	0	0	0	0
(6) Lois Modell	(i)	157,146	0	0	9,429	10,330	176,905	0
	(ii)	0	0	0	0	0	0	0
(7) Amy Melnick Scharf	(i)	189,180	0	3,000	11,351	7,469	211,000	0
	(ii)	0	0	0	0	0	0	0
(8) Marva C Stanford	(i)	62,308	0	78,750	6,390	6,386	153,834	0
	(ii)	0	0	0	0	0	0	0
(9) Brennan George P	(i)	107,692	0	49,714	8,960	10,201	176,567	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
	Part I, Line 7	Senior management performance based incentive compensation plan
	Part I, Line 8	CEO has a contract

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Arthritis Foundation Inc

Employer identification number
58-1341679

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	11,855	Realized sales price
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
Airline 25 Other ► (Tickets)	X	1	69,403	Fair market value
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

27

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

Yes

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) 2011

Part III

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

Identifier	Return Reference	Explanation
Third Party Use	Part I, Line 32b	Auto's for Arthritis- Advanced Remarketing Services delivers professional remarketing services to the Arthritis Foundation car donation programs Services include state of the art call center, nationwide towing coverage, established network of buyers and auctions, comprehensive reporting and processing of all required State and IRS documents Funds collected (gross, less applicable fees) are direct deposited into the National Office bank account National Office accounting staff has been given access to the online report system to generate report used to disburse funds to the appropriate chartered entities based on the donor zip code

2011

**Open to Public
Inspection**

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.

Name of the organization
Arthritis Foundation Inc

Employer identification number

58-1341679

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 4	The Foundation's Board of Directors approved an amendment and restatement to its Bylaws by which the right to approve certain Board actions (those relating to the share of certain revenues and the relationship between the national organization and its chartered entities) was removed from a representative "Leadership Forum" and in its place approval of 2/3rds of the Board's Regionally Elected Directors was required for such Board actions to pass. The amendment and restatement of the Bylaws also included several clarifications and other non-substantive changes which would not be considered "significant."

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 7a	Twenty members of the Foundation's Board of Directors are elected by the Regional Corporations as each Region has the right to elect two members

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

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

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	The Compensation and Personnel Committee met on 11/4/11 to review total compensation and benefits for the CEO and seven other key employees. The Committee received compensation reports prepared by an independent compensation consultant, James E. Rocco Associates, and reviewed the comparative analysis of market data for peer organizations with the total compensation paid by the Arthritis Foundation for each position. It was the consultant's unreserved opinion that the base salaries and total compensation provided to the Foundation's ten senior management executives, including the CEO, meet all standards of reasonableness and are not excessive. The Committee meets annually to complete this review and reports to the Board of Directors.

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

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized losses on investments -1,549,836 - Net change in valuation of split interest agreement -502,186 - Net assets for chartered entities which relinquished charters -645,367 Total to Form 990, Part XI, Line 5 -2,697,389

Identifier	Return Reference	Explanation
	Form 990, PART VI, Section A, Line 1a, Executive Committee	The Arthritis Foundation Board of Directors has established in its Bylaws an Executive Committee comprised of the Officers of the Board of Directors (the Chair, the Vice Chair, the Secretary, the Treasurer, the Immediate Past Chair and such other officers as the Board may determine) and up to eight additional Directors. All members of the Executive Committee are required under the Bylaws to be Directors of the Corporation. Subject to any restrictions imposed by law or the corporation's Bylaws (such as amendment of the Bylaws), the Executive Committee may exercise any and all powers of the Board of Directors between meetings of the Board, and shall be subject at all times to the control and direction of the Board.