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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www IRS gov/form990

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
AMERICAN COLLEGE OF RHEUMATOLOGY INC

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
ATLANTA, GA 30319

D Employer identification number
58-1627547

E Telephone number
(404) 633-3777

G Gross receipts $ 59,919,720

F Name and address of principal officer
MARK ANDREJESKI
2200 LAKE BOULEVARD NE
ATLANTA, GA 30319

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

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

H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW RHEUMATOLOGY ORG

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

L Year of formation 1985

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
ADVANCES RHEUMATOLOGY THROUGH PROGRAMS OF EDUCATION, RESEARCH, ADVOCACY AND PRACTICE SUPPORT

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	19
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	120
6	Total number of volunteers (estimate if necessary)	**6**	950
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	18,597
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	12,993

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,168,413	7,057,051
9	Program service revenue (Part VIII, line 2g)	17,853,075	17,820,272
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,078,852	1,543,393
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,053,403	5,539,133
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,153,743	31,959,849
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,180,652	618,512
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11,091,460	11,440,818
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	17,082,264	16,950,593
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	36,354,376	29,009,923
19	Revenue less expenses Subtract line 18 from line 12	-5,200,633	2,949,926

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	48,379,481	51,937,082
21	Total liabilities (Part X, line 26)	14,010,128	14,161,213
22	Net assets or fund balances Subtract line 21 from line 20	34,369,353	37,775,869

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

****** 2019-03-13
Signature of officer Date

MARK ANDREJESKI EXECUTIVE VP
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
AMY BIBBY	AMY BIBBY			P00445891

Firm's name ▶ DIXON HUGHES GOODMAN LLP | Firm's EIN ▶ 56-0747981

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

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE AMERICAN COLLEGE OF RHEUMATOLOGY IS AN ORGANIZATION OF AND FOR PHYSICIANS, HEALTH PROFESSIONALS, AND SCIENTISTS THAT ADVANCES RHEUMATOLOGY THROUGH PROGRAMS OF EDUCATION, RESEARCH, ADVOCACY AND PRACTICE SUPPORT THAT FOSTER EXCELLENCE IN THE CARE OF PEOPLE WITH OR AT RISK FOR ARTHRITIS AND RHEUMATIC AND MUSCULOSKELETAL DISEASES

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 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 $ including grants of $) (Revenue $)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶**

Part IV Checklist of Required Schedules

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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	308		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	120		
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" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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 as charitable contributions? . . .	**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**			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			
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**			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

Check if Schedule O contains a response or note to any line 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	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	19		
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			No
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			No
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		No
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		
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 this 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

☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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 during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶COLLEEN MERKEL 2200 LAKE BOULEVARD NE ATLANTA, GA 30319 (404) 633-3777

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								1,615,675	46,684	228,439

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 17

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

Section B. Independent Contractors

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

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 ▶ 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	521,196			
	e Government grants (contributions)	1e	1,612,661			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,923,194			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		7,057,051			
Program Service Revenue		Business Code				
	2a MEETING REVENUE	541900	13,306,037	13,306,037		
	b MANAGEMENT FEE	541900	2,454,079	2,454,079		
	c MEMBERSHIP DUES	541900	1,943,576	1,943,576		
	d LABEL & MISC SALES	541900	116,580		18,597	97,983
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		17,820,272			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		685,585			685,585
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		5,123,410			5,123,410
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	28,817,679				
	b Less cost or other basis and sales expenses	27,959,871				
	c Gain or (loss)	857,808				
	d Net gain or (loss)		857,808			857,808
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a SUBSCRIPTION REVENUE	900099	376,480	376,480		
	b MISCELLANEOUS	900099	39,243			39,243
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		415,723			
	12 **Total revenue.** See Instructions		31,959,849	18,080,172	18,597	6,804,029

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)

Check if Schedule O contains a response or note to any line 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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	65,000			
2 Grants and other assistance to domestic individuals See Part IV, line 22	553,512			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,039,337			
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	7,998,346			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	646,323			
9 Other employee benefits	1,125,609			
10 Payroll taxes	631,203			
11 Fees for services (non-employees)				
a Management				
b Legal	229,098			
c Accounting	63,422			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	70,152			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,352,280			
12 Advertising and promotion	11,078			
13 Office expenses	1,357,824			
14 Information technology	828,543			
15 Royalties . .				
16 Occupancy	341,682			
17 Travel	1,649,506			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	3,824,423			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	818,901			
23 Insurance . . .	152,567			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MISCELLANEOUS	251,117			
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	29,009,923			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	462	1	500
	2	Savings and temporary cash investments	4,660,934	2	7,617,260
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	5,111,979	4	4,711,051
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	456,741	9	606,273
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 11,935,247			
	b	Less accumulated depreciation — 10b: 4,238,448	7,590,683	10c	7,696,799
	11	Investments—publicly traded securities	27,673,842	11	29,508,469
	12	Investments—other securities See Part IV, line 11	2,884,840	12	1,796,730
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	48,379,481	16	51,937,082
Liabilities	17	Accounts payable and accrued expenses	5,220,224	17	5,020,282
	18	Grants payable		18	
	19	Deferred revenue	8,789,904	19	9,140,931
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other 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		25	
	26	**Total liabilities.** Add lines 17 through 25	14,010,128	26	14,161,213
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	34,369,353	27	37,775,869
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	34,369,353	33	37,775,869
	34	Total liabilities and net assets/fund balances	48,379,481	34	51,937,082

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	31,959,849
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,009,923
3	Revenue less expenses Subtract line 2 from line 1	3	2,949,926
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,369,353
5	Net unrealized gains (losses) on investments	5	456,532
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	37,775,869

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	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	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 58-1627547

Name: AMERICAN COLLEGE OF RHEUMATOLOGY INC

Form 990, Part III, Line 4a:

THE ACR PROVIDES PROFESSIONAL EDUCATION FOR ITS MEMBERS THROUGH SEVERALVENUES ITS ANNUAL SCIENTIFIC MEETING, HELD EACH FALL, IS DEVOTED TORHEUMATOLOGY THROUGH PROGRAMS OF EDUCATION, RESEARCH, ADVOCACY ANDPRACTICE SUPPORT THAT FOSTER EXCELLENCE IN THE CARE OF PEOPLE WITH ORTHE RHEUMATIC DISEASES THIS MEETING DRAWS THOUSANDS OF RHEUMATOLOGISTSAND ARTHRITIS HEALTH PROFESSIONALS FROM AROUND THE WORLD A WINTERRHEUMATOLOGY SYMPOSIUM, SPRING CLINICAL MEETINGS, AND OTHER TOPICALCONFERENCES ROUND OUT THE ACR'S EDUCATION OFFERINGS THE ACR HAS TWOSCIENTIFIC JOURNALS "ARTHRITIS & RHEUMATOLOGY", RESEARCH IN THERHEUMATIC DISEASES, AND "ARTHRITIS CARE & RESEARCH", WHICH FOCUSES ONTHE HEALTH SERVICES AND CLINICAL ASPECTS OF RHEUMATOLOGY THE ACRSUPPORTS THE RHEUMATOLOGY RESEARCH FOUNDATION, A RELATED ENTITY THISFOUNDATION INVESTS OVER $10 MILLION ANNUALLY IN RHEUMATOLOGY RESEARCHAND TRAINING

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
DAVID I DAIKH MD ACR PRESIDENT 2017-2018	14 00 2 00	X		X				44,851	0	0
SHARAD LAKHANPAL MD ACR PRESIDENT ELECT 2016-2017	14 00 2 00	X		X				100,491	0	0
PAULA MARCHETTA ACR PRESIDENT ELECT 2017-2018	14 00 2 00	X		X				51,113	0	0
CHARLES M KING II ACR TREASURER 2015-2017	14 00 5 00	X		X				0	0	0
ELLEN GRAVALLESE ACR SECRETARY 2016-2018	14 00 5 00	X		X				0	0	0
ABBY G ABELSON MD FOUNDATION PRESIDENT 2017-2019	14 00 5 00	X		X				0	45,700	0
ERIC MATTESON FOUNDATION PRESIDENT 2015-2017	14 00 5 00	X		X				1,268	984	0
SANDRA MINTZ ARHP PRESIDENT 2017-2018	14 00	X		X				22,540	0	0
AFTON HASSETT ARHP PRESIDENT 2016-2017	14 00	X		X				1,424	0	0
DANIEL BATTAFARANO MEMBER-AT-LARGE	2 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
MARISA KLEIN GITELMAN MEMBER-AT-LARGE	2 00	X						0	0	0
GEORGE TSOKOS MEMBER-AT-LARGE	2 00	X						0	0	0
JOEL BLOCK MEMBER-AT-LARGE	2 00	X						0	0	0
GARY FIRESTEIN MEMBER-AT-LARGE	2 00	X						0	0	0
EDWARD HERZIG MEMBER-AT-LARGE	2 00	X						0	0	0
JODY HARGROVE MEMBER-AT-LARGE	2 00	X						0	0	0
DOUGLAS WHITE MEMBER-AT-LARGE	2 00	X						0	0	0
ZSUZSANNA H MCMAHAN MEMBER-AT-LARGE	2 00	X						0	0	0
BRUCE N CRONSTEIN MEMBER-AT-LARGE	2 00	X						0	0	0
EVELYN HSIEH MEMBER-AT-LARGE	2 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
DEBORAH D DESIR MEMBER-AT-LARGE	2 00	X						0	0	0
MARILYNN PUNARO MEMBER-AT-LARGE	2 00	X						0	0	0
S LOUIS BRIDGES JR MEMBER-AT-LARGE	2 00 5 00	X						7,238	0	0
JOAN VON FELDT MEMBER-AT-LARGE	2 00 2 00	X						0	0	0
WILLIAM HARVEY MEMBER-AT-LARGE	2 00	X						1,000	0	0
DAVID KARP MEMBER-AT-LARGE	2 00	X						0	0	0
ELIZABETH PERKINS MEMBER-AT-LARGE	2 00	X						0	0	0
WILLIAM ROBINSON MEMBER-AT-LARGE	2 00	X						1,519	0	0
MARK ANDREJSKI EXECUTIVE VICE PRESIDENT	40 00			X				549,828	0	61,017
COLLEEN MERKEL VP OPERATIONS AND FINANCE	40 00 11 00			X				165,122	0	31,427

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
RACHEL MYSLINSKI VP, PRACTICE, ADVOCACY & Q	40 00					X		168,117	0	33,119
DONNA HOYNE VP EDUCATION	40 00					X		138,775	0	29,399
NANCY KETCHUM VP INFORMATION SYSTEMS	40 00					X		124,197	0	32,223
SHERYL MCCALLA SENIOR DIRECTOR, COLLABORA	40 00					X		120,385	0	20,583
JANE DIAMOND MANAGING EDITOR	40 00					X		117,807	0	20,671

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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.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2017

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization	**Employer identification number**
AMERICAN COLLEGE OF RHEUMATOLOGY INC	58-1627547

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

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

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

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

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
5					
6					

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)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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? ☐ **Yes** ☐ **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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2014	**(b)** 2015	**(c)** 2016	**(d)** 2017	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) 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?			
j	Total Add 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		No
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		No

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

1	Dues, assessments and similar amounts from members	1	1,943,576
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	805,773
b	Carryover from last year	2b	
c	Total	2c	805,773
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	805,773
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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation	

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF RHEUMATOLOGY INC

Employer identification number
58-1627547

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 (ASC 958) relating to these items

a Revenue included on 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 acquisition, 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 XIII

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" on 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 XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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
1a Land		972,195		972,195
b Buildings		5,959,277	1,250,973	4,708,304
c Leasehold improvements				
d Equipment		283,316	219,004	64,312
e Other		4,720,459	2,768,471	1,951,988
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				7,696,799

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	32,346,287
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	456,532		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	456,532
3	Subtract line **2e** from line **1**			3	31,889,755
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	70,152		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	70,152
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	31,959,907

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	28,939,771
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	28,939,771
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	70,152		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	70,152
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	29,009,923

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 58-1627547

Name: AMERICAN COLLEGE OF RHEUMATOLOGY INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE COLLEGE IS RECOGNIZED AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (THE "CODE") AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(6) WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 512(A) OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX DURING 2018 AND 2017, THE COLLEGE RECORDED A TAX CREDIT OF $2,034 AND A TAX EXPENSE OF $8,247 FROM UNRELATED BUSINESS INCOME, RESPECTIVELY THE COLLEGE HAS PAID THE RELATED TAXES FOR THE UNRELATED BUSINESS INCOME ACTIVITY, AND THERE ARE NO SIGNIFICANT DEFERRED TAX ASSETS OR LIABILITIES AS OF JUNE 30, 2018 OR 2017 THE COLLEGE HAS EVALUATED ITS TAX POSITIONS AND DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2018 AND 2017, RESPECTIVELY

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF RHEUMATOLOGY INC

Employer identification number
58-1627547

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 422 CURIE BLVD 709C STELLAR CHANCE PHILADELPHIA, PA 19104	23-1352685	3	65,000				AWARD TO SUPPORT THE DEVELOPMENT AND VALIDATATION OF VASCULITIS RESPONSE CRITERIA

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 1

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
See Additional Data Table					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION HAS SET PROCEDURES IN MONITORING AND DETERMINING THE USE OF GRANT FUNDS
SCHEDULE I, PART I, LINE 2	THE ACR MAINTAINS DETAILED RECORDS ON ALL GRANTS AND ASSISTANCE GIVEN THROUGH THE FELLOWS EDUCATION FUND, INCLUDING ELIGIBILITY AND SELECTION CRITERIA FOR ALL APPLICANTS APPLICATIONS FOR THE RHEUMATOLOGY RESEARCH WORKSHOP UNDERGO REVIEW AT THE COMMITTEE LEVEL AND REQUIRE SUBMISSION AND ACCEPTANCE OF ABSTRACT THE ACR/ARHP ANNUAL MEETING, STATE-OF-THE ART CLINICAL SYMPOSIUM APPLICANTS ARE AWARDED BASED ON FELLOWSHIP YEAR ELIGIBILITY SCHOLARSHIPS ARE USED TO SUPPORT EDUCATIONAL ACTIVITIES AND MEETINGS ALL RECIPIENTS AGREE TO USE THE FUNDS AS OUTLINED IN THE SCHOLARSHIP APPLICATION DISTINGUISHED FELLOWS AWARD EACH YEAR UP TO TEN FELLOWS-IN-TRAINING, NOMINATED BY THEIR PROGRAM DIRECTORS, ARE SELECTED TO RECEIVE THIS CELEBRATED AWARD DURING THE ANNUAL MEETING DESIGNED TO ACKNOWLEDGE RHEUMATOLOGY FELLOWS-IN-TRAINING WHO HAVE PERFORMED MERITORIOUSLY IN THE AREAS OF CLINICAL CARE, TEACHING, RESEARCH AND COMMUNITY SERVICE, THIS AWARD HAS IDENTIFIED MANY FUTURE LEADERS AND HAS BECOME AN ACR TRADITION ELIGIBLE FELLOWS-IN-TRAINING FROM ACGME-ACCREDITED RHEUMATOLOGY TRAINING PROGRAMS MUST BE NOMINATED FOR THIS HONOR BY THEIR SUPERVISOR, TRAINING PROGRAM DIRECTOR OR AN ACR MEMBER THE ACR COMMITTEE ON NOMINATIONS EVALUATES EACH APPLICATION IN THE FOLLOWING AREAS - CURRICULUM VITAE - RESEARCH/ABSTRACT - TEACHING - CLINICAL CARE - COMMUNITY SERVICE THE PROCESS RHEUMATOLOGY FELLOWS-IN-TRAINING BENEFIT IN MANY WAYS FROM THE ABILITY TO ATTEND NATIONAL EDUCATIONAL PROGRAMS, BUT NOT LIMITED TO, EXPOSURE TO CUTTING EDGE SCIENCE, THE OPPORTUNITY TO PRESENT ORIGINAL RESEARCH IN A PEER-REVIEW FORUM, IN DEPTH REVIEW OF CLINICAL SCENARIOS, CHALLENGES OF DIFFICULT TO DIAGNOSE CASES, EXPOSURE TO MENTORS OUTSIDE OF THE HOME INSTITUTION AND THE ABILITY TO MEET RHEUMATOLOGISTS FROM DIFFERENT INSTITUTIONS FOR POTENTIAL EMPLOYMENT OPPORTUNITIES THE ACR FELLOWS EDUCATION FUND PROVIDES RHEUMATOLOGY FELLOWS WITH EXCEPTIONAL RESOURCES AND EDUCATIONAL OPPORTUNITIES FELLOWS-IN-TRAINING WHO PARTICIPATE HAVE THE OPPORTUNITY TO LEARN FIRSTHAND FROM NATIONALLY KNOWN RHEUMATOLOGY EXPERTS DURING EACH MEETING THE FELLOWS EDUCATION FUND ALLOWS FELLOWS-IN-TRAINING TO PARTICIPATE IN COMPREHENSIVE PROFESSIONAL EDUCATION MEETING THAT ARE CHALK FULL OF PRACTICAL APPLICATIONS AND HANDS-ON EXPERIENCE TRAVEL SCHOLARSHIP TO ATTEND RHEUMATOLOGY RESEARCH WORKSHOP THIS COURSE IS A TWO DAY WORKSHOP DESIGNED TO PROMOTE INTERACTIONS BETWEEN YOUNG AND ESTABLISHED INVESTIGATORS TO FOSTER COLLABORATION AND CAREER MENTORING THE MEETING WILL INCLUDE SCIENTIFIC LECTURES, ORAL ABSTRACT PRESENTATIONS, POSTER SESSIONS AND SCHEDULED TIME FOR INTERACTION WITH SENIOR INVESTIGATORS ATTENDING THE RHEUMATOLOGY RESEARCH FOUNDATION'S INVESTIGATORS MEETING THE PROCESS APPLICANTS MUST SUBMIT AN ABSTRACT AS PART OF THEIR APPLICATION AND ABSTRACTS SUBMITTED ARE USED AS THE BASIS FOR AWARDING THE SCHOLARSHIP SCHOLARSHIP RECIPIENTS ARE SELECTED BASED ON THE QUALITY OF SCIENCE OF THE ABSTRACT THE ACR EARLY CAREER INVESTIGATORS SUBCOMMITTEE EVALUATES EACH APPLICATION AND SELECTS THE FINAL RECIPIENTS TRAVEL SCHOLARSHIP TO ATTEND STATE OF THE ART CLINICAL SYMPOSIUM (SOTA) THIS SCHOLARSHIP ALLOWS FELLOW-IN-TRAINING TO PARTICIPATE IN BOTH THE FELLOW-IN-TRAINING EDUCATIONAL PRE-MEETING AND TWO DAY SOTA MEETING THE PRE-MEETING EXPOSES FELLOWS-IN-TRAINING TO DIDACTIC LECTURES, PROVIDES AN AVENUE TO EXPLORE CAREER OPPORTUNITIES THROUGH ROUND TABLE DISCUSSIONS AND ALLOW FOR PARTICIPATION IN HANDS-ON WORKSHOPS DESIGN TO FURTHER THE UNDERSTANDING AND EXPERTISE IN ESSENTIAL RHEUMATOLOGIC AREAS EACH FELLOW-IN-TRAINING WHO PARTICIPATES HAS THE OPPORTUNITY TO LEARN FIRSTHAND FROM NATIONALLY KNOWN RHEUMATOLOGY EXPERTS DURING EACH MEETING THE PROCESS EDUCATIONAL OPPORTUNITIES ARE ADVERTISED TO RHEUMATOLOGY PROGRAM DIRECTORS, EACH PROGRAM DIRECTOR IS THEN CHARGED WITH SELECTING THE APPROPRIATE FELLOW TO ATTEND A MEETING BASED ON THE FELLOW'S AREA OF INTEREST AND LEVEL OF EXPERTISE IF AN INSTITUTION HAS BOTH AN ADULT AND PEDIATRIC RHEUMATOLOGY PROGRAM, THEN ONE FELLOW-IN-TRAINING FROM EACH PROGRAM MAY BE APPOINTED TRAVEL SCHOLARSHIP TO ATTEND ACR/ARHP ANNUAL MEETING THIS SCHOLARSHIP ALLOWS FELLOW-IN-TRAINING TO PARTICIPATE IN BOTH THE FELLOW-IN-TRAINING EDUCATIONAL PRE-MEETING AND THE ANNUAL MEETING THE PRE-MEETING EXPOSES FELLOWS-IN-TRAINING TO ANNUAL MEETING, PROVIDES AN AVENUE TO EXPLORE CAREER OPPORTUNITIES THROUGH ROUND TABLE DISCUSSIONS THE ANNUAL MEETING IS THE PREMIER SCIENTIFIC MEETING DEVOTED TO THE RHEUMATIC DISEASE THE PROCESS EDUCATIONAL OPPORTUNITIES ARE ADVERTISED TO RHEUMATOLOGY PROGRAM DIRECTORS AND FELLOWS-IN-TRAINING AWARDEES WERE SELECTED ON A FIRST-COME, FIRST-SERVE BASIS WITH PREFERENCE GIVEN TO FELLOWSHIP YEAR
SCHEDULE I, PART I, LINE 2	ARHP MERIT AND APPRECIATION AWARDS THE ASSOCIATION OF RHEUMATOLOGY HEALTH PROFESSIONALS (ARHP), A DIVISION OF THE AMERICAN COLLEGE OF RHEUMATOLOGY (ACR), IS A PROFESSIONAL MEMBERSHIP SOCIETY COMPOSED OF NON-PHYSICIAN HEALTH CARE PROFESSIONALS SPECIALIZING IN RHEUMATOLOGY, SUCH AS ADVANCED PRACTICE NURSES, NURSES, WORKERS, EPIDEMIOLOGISTS, PHYSICIAN ASSISTANTS, EDUCATORS, CLINICIANS, RESEARCHERS, RESEARCH COORDINATORS AND OFFICE STAFF EACH YEAR DURING THE ACR/ARHP ANNUAL SCIENTIFIC MEETING, THE ARHP RECOGNIZES TWELVE NOMINATED MEMBERS BY AWARDING THEM THE FOLLOWING MERIT AND APPRECIATION AWARDS LIFETIME ACHIEVEMENT AWARD - IS PRESENTED TO A CURRENT OR FORMER MEMBER OF ARHP WHO'S CAREER HAS DEMONSTRATED A SUSTAINED AND LASTING CONTRIBUTION TO THE FIELD OF RHEUMATOLOGY AND RHEUMATOLOGY HEALTH PROFESSIONALS AWARD AMOUNT IS $5,500 ADDIE THOMAS SERVICE AWARD - IS PRESENTED IN HONOR OF OUR ASSOCIATIONS FIRST PRESIDENT AND RECOGNIZES AN ARHP MEMBER WHO HAS BEEN AN ACTIVE VOLUNTEER INVOLVED WITH LOCAL, REGIONAL AND NATIONAL ARTHRITIS-RELATED ACTIVITIES AWARD AMOUNT IS $3,000 ANN KUNKEL ADVOCACY AWARD - IS PRESENTED TO AN ARHP MEMBER WHO HAS PROVIDED EXTRAORDINARY SERVICE TO ADVOCATE FOR PATIENTS WITH ARTHRITIS/RHEUMATIC DISEASES OR FOR HEALTH PROFESSIONALS IN RHEUMATOLOGY AWARD AMOUNT IS $3,000 DISTINGUISHED SCHOLAR AWARD - IS PRESENTED TO AN ARHP MEMBER WHO DEMONSTRATES EXCEPTIONAL ACHIEVEMENTS IN SCHOLARLY ACTIVITIES PERTINENT TO ARTHRITIS AND THE RHEUMATIC DISEASES AWARD AMOUNT IS $3,000 DISTINGUISHED CLINICIAN AWARD IS PRESENTED TO AN ARHP MEMBER WHO IS ENGAGED IN CLINICAL PRACTICE AND DEMONSTRATES OUTSTANDING CLINICAL EXPERTISE IN ARTHRITIS AND THE RHEUMATIC DISEASES AWARD AMOUNT IS $3,000 DISTINGUISHED EDUCATOR AWARD - IS PRESENTED TO AN ARHP MEMBER WHO HAS DEMONSTRATED SUSTAINED EXCELLENCE IN TEACHING OF HEALTH PROFESSIONAL STUDENTS, MEDICAL STUDENTS, RESIDENTS, GRADUATE STUDENTS, AND/OR FELLOWS, WITH THEIR PRIMARY FOCUS BEING RHEUMATOLOGY RELATED CONTENT AWARD AMOUNT IS $3,000 ARHP PRESIDENT'S AWARD - IS PRESENTED TO THE ARHP OR ACR MEMBER OR TEAM PERFORMING OUTSTANDING SERVICE WITHIN THE PRESENT YEAR IN ADVANCING THE GOALS, IDEALS, AND STANDARDS OF ARHP AWARD AMOUNT IS $0 ARHP MEMBERSHIP RECRUITMENT AWARD - IS PRESENTED TO ONE ARHP AND ONE ACR MEMBER WHO HAVE RECRUITED THE MOST MEMBERS IN THE CURRENT YEAR AWARD AMOUNT IS $500 EACH FOR TWO AWARDEES OUTSTANDING STUDENT IN RHEUMATOLOGY AWARD - IS AWARDED TO TWO HEALTH PROFESSIONAL STUDENTS, OF ARHP MEMBERS, WHO ARE RECOGNIZED FOR CREATIVE ADVANCING RHEUMATOLOGY ON ONE THE FOLLOWING AREAS EDUCATION, PRACTICE, RESEARCH, AND/OR ADVOCACY THIS AWARD WAS CREATED TO ENCOURAGE THE INTEREST OF NON-PHYSICIAN GRADUATE STUDENTS IN THE FIELD OF RHEUMATOLOGY AWARD AMOUNT IS $500 EACH FOR TWO AWARDEES THE PROCESS ALL ARHP MEMBERS ARE ELIGIBLE TO NOMINATE THEMSELVES OR ANOTHER ARHP AND INCLUDE A LETTER OF SUPPORT, AND THEIR RESUME/VITA NOMINATIONS DEADLINE IS MARCH 1 THE ARHP MEMBERSHIP & NOMINATIONS COMMITTEE SELECTS EACH AWARDEE AFTER REVIEWING THEIR NOMINATION MATERIALS AGAINST THE AWARD CRITERIA AWARDEES ARE ANNOUNCED BY MAY 1 ACR AWARDS ACR RECOGNIZES ITS MEMBERS' OUTSTANDING CONTRIBUTIONS TO THE FIELD OF RHEUMATOLOGY THROUGH AN AWARDS PROGRAM NOMINATIONS WILL OPEN IN MARCH OF EACH YEAR AND THE DEADLINE TO APPLY IS IN MAY ALL ACR AWARDS REQUIRE A NOMINATION, INCLUDING A LETTER OF SUPPORT FROM AN ACR MEMBER AND TWO ADDITIONAL LETTERS OF SUPPORT FROM ACR MEMBERS, EXCEPT FOR THE DISTINGUISHED FELLOW AWARDS, WHICH REQUIRE A NOMINATION AND LETTER FROM THE NOMINEE'S PROGRAM DIRECTOR AND ONE ADDITIONAL LETTER OF SUPPORT FROM AN ACR MEMBER THE COMMITTEE ON NOMINATIONS AND APPOINTMENTS WILL CONSIDER ALL ELIGIBLE NOMINATIONS AFTER CAREFUL DELIBERATIONS, THE COMMITTEE'S RECOMMENDATIONS WILL BE PRESENTED TO THE ACR BOARD OF DIRECTORS FOR FINAL APPROVAL WE WILL ANNOUNCE THE DECISIONS AFTER THE AUGUST ACR BOARD OF DIRECTORS MEETING AWARD WINNERS WILL BE RECOGNIZED AT THE ACR/ARHP ANNUAL MEETING DISTINGUISHED SERVICE AWARD IS AWARDED TO AN ACR MEMBER IN GOOD STANDING FOR OUTSTANDING AND SUSTAINED SERVICE TO THE ACR AWARD AMOUNT $3,000 DISTINGUISHED CLINICAL INVESTIGATOR AWARD IS AWARDED TO A CLINICAL SCIENTIST MAKING OUTSTANDING CONTRIBUTIONS TO THE FIELD OF RHEUMATOLOGY AWARD AMOUNT IS $3,000 DISTINGUISHED FELLOWSHIP PROGRAM DIRECTOR AWARD IS AWARDED TO A CURRENT OR FORMER RHEUMATOLOGY PROGRAM DIRECTOR THAT HAS MADE OUTSTANDING CONTRIBUTIONS IN THE MENTORING AND TRAINING OF FUTURE RHEUMATOLOGISTS ACR MEMBERS IN GOOD STANDING WHO ARE CURRENT OR FORMER RHEUMATOLOGY PROGRAM DIRECTORS FOR A MINIMUM OF FIVE YEARS AND WHO PARTICIPATE IN RELATED ACR EDUCATIONAL ACTIVITIES AWARD AMOUNT IS $3,000 TO BE CONSIDERED FOR THIS AWARD, ONE OF THE RECOMMENDATION LETTERS MUST BE FROM A CURRENT OR PREVIOUS FELLOW FROM THE NOMINEES PROGRAM CONSIDERATION WILL BE GIVEN FOR INNOVATIVE EDUCATIONAL PROGRAMS AND RECRUITMENT OF HEALTH CARE PROFESSIONALS TO THE SUBSPECIALTY OF RHEUMATOLOGY HENRY KUNKEL YOUNG INVESTIGATOR AWARD IS AWARDED TO A YOUNG PHYSICIAN SCIENTIST, AGE 45 OR YOUNGER BY OCTOBER 1 OF THE YEAR IN WHICH THEY ARE NOMINATED, WHO HAS MADE OUTSTANDING AND PROMISING INDEPENDENT CONTRIBUTIONS TO BASIC OR CLINICAL RESEARCH IN THE FIELD OF RHEUMATOLOGY AWARD AMOUNT IS $3,000 PAULDING PHELPS AWARD IS AWARDED TO A CLINICAL RHEUMATOLOGIST FOR OUTSTANDING SERVICE TO PATIENTS, COMMUNITY, AND THE PRACTICE OF MEDICINE AWARD AMOUNT IS $3,000 DISTINGUISHED CLINICIAN SCHOLAR AWARD IS AWARDED TO A RHEUMATOLOGIST WHO HAS MADE OUTSTANDING CONTRIBUTIONS IN CLINICAL MEDICINE, CLINICAL SCHOLARSHIP, OR EDUCATION AWARD AMOUNT IS $3,000 DISTINGUISHED BASIC INVESTIGATOR AWARD IS AWARDED TO A BASIC SCIENTIST MAKING OUTSTANDING CONTRIBUTIONS TO THE FIELD OF RHEUMATOLOGY AWARD AMOUNT IS $3,000
PART III	MARK ANDREJESKI MERITORIOUS SERVICE AWARD THIS MERIT-BASED AWARD IS GIVEN TO AN ACR EMPLOYEE FOR OUTSTANDING SERVICE TO THE ACR THIS AWARD IS ONLY BESTOWED WHEN THERE IS A QUALIFIED AND DESERVING STAFF PERSON, USUALLY AT TIME OF THAT INDIVIDUAL'S RETIREMENT

Additional Data

Software ID:
Software Version:
EIN: 58-1627547
Name: AMERICAN COLLEGE OF RHEUMATOLOGY INC

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
TRAVEL SCHOLARSHIP TO ATTEND FELLOW CONFERENCE AT THE STATE-OF-THE-ART CLINI	111	23,200			
FIT TRAVEL SCHOLARSHIP TO ATTEND ACR/ARHP ANNUAL MEETING	464	158,360			
TRAVEL SCHOLARSHIP TO ATTEND ACR/ARHP ANNUAL MEETING - IRA	1	2,121			
TRAVEL SCHOLARSHIP TO ATTEND ACR/ARHP ANNUAL MEETING - PEDIATRIC PROGRAM	25	20,942			
TRAVEL SCHOLARSHIP TO ATTEND ACR/ARHP ANNUAL MEETING - PANLAR	2	6,000			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
TRAVEL STIPEND TO ATTEND EULAR MEETING	9	21,229			
DISTINGUISHED FELLOWS AWARD	10	15,000			
ARP MERIT AND APPRECIATION AWARDS	45	25,910			
DISTINGUISHED SERVICE AWARD	1	3,000			
DISTINGUISHED CLINICAL INVESTIGATOR AWARD	1	3,000			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
DISTINGUISHED FELLOWSHIP PROGRAM DIRECTOR AWARD	1	3,000			
HENRY KUNKEL YOUND INVESTIGATOR AWARD	1	3,000			
PAULDING PHELPS AWARD	1	3,000			
DISTINGUISHED CLINICIAN SCHOLAR AWARD	1	3,000			
DISTINGUISHED BASIC INVESTIGATOR AWARD	1	3,000			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
SCHOLARSHIP TO ATTEND FELLOW CONFERENCE AT THE STATE-OF-THE-ART CLINICAL SYMPOSIUM - TRAVEL	101	45,529			
FIT SCHOLARSHIP TO ATTEND ACR/ARHP ANNUAL MEETING - TRAVEL	281	183,589			
TRAVEL SCHOLARSHIP TO ATTEND ACR/ARHP ANNUAL MEETING - IRA	1	3,000			
TRAVEL SCHOLARSHIP TO ATTEND RHEUMATOLOGY RESEARCH WORKSHOP	54	25,632			
MARK ANDREJESKI MERITORIOUS SERVICE AWARD	1	2,000			

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF RHEUMATOLOGY INC

Employer identification number
58-1627547

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☑ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported on 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		**(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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 MARK ANDREJSKI EXECUTIVE VICE PRESIDENT	(i)	546,653	0	3,175	30,454	30,563	610,845	0
	(ii)	0	0	0	0	0	0	0
2 COLLEEN MERKEL VP OPERATIONS AND FINANCE	(i)	164,570	0	552	15,619	15,808	196,549	0
	(ii)	0	0	0	0	0	0	0
3 RACHEL MYSLINSKI VP, PRACTICE, ADVOCACY & Q	(i)	167,892	0	225	17,311	15,808	201,236	0
	(ii)	0	0	0	0	0	0	0
4 DONNA HOYNE VP EDUCATION	(i)	138,415	0	360	12,902	16,497	168,174	0
	(ii)	0	0	0	0	0	0	0
5 NANCY KETCHUM VP INFORMATION SYSTEMS	(i)	123,645	0	552	11,384	20,839	156,420	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	THE ORGANIZATION'S VOLUNTEER POLICY ALLOWS THE EXECUTIVE COMMITTEE COMPLIMENTARY SPOUSE/PARTNER TRAVEL FOR 3 MEETINGS TO BE USED ANYTIME DURING THE OFFICIAL YEAR ONE MEETING CAN BE INTERNATIONAL DURING THE YEAR THE ORGANIZATION COVERED THE COST FOR SEVEN EXECUTIVE COMMITTEE MEMBERS AND THEIR SPOUSES TO ATTEND EXECUTIVE COMMITTEE MEETINGS IN NEW ORLEANS, LA, SAN DIEGO, CA AND SANTA MONICA, CA THE ORGANIZATION COVERED THE COST FOR TWO EXECUTIVE COMMITTEE MEMBERS AND THEIR SPOUSES TO ATTEND THE EULAR CONGRESS IN MADRID, SPAIN THE ORGANIZATION ALSO COVERED THE COST FOR SIX VOLUNTEER SPEAKERS AND THEIR SPOUSES TO ATTEND THE ACR ANNUAL SCIENTIFIC MEETING IN SAN DIEGO, CALIFORNIA

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF RHEUMATOLOGY INC

Employer identification number
58-1627547

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO EXERCISE THE POWERS OF THE BOARD OF DIRECTORS , DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD, IN THE MANAGEMENT AND DIRECTION OF T HE OPERATIONS, BUSINESS, AND AFFAIRS OF THE ACR, EXCEPT AS OTHERWISE PROVIDED BY LAW OR TH E BYLAWS THE EXECUTIVE COMMITTEE ARE RESPONSIBLE FOR EVALUATING ANNUALLY THE PERFORMANCE AND EXPECTATIONS OF THE EXECUTIVE VICE-PRESIDENT AND ALL ACR STAFF MEMBERS, INCLUDING SALA RIES AND FRINGE BENEFITS ACTIONS OF THE EXECUTIVE COMMITTEE ARE REPORTED TO THE FULL BOAR D OF DIRECTORS AT THE NEXT MEETING THEREOF THE BOARD OF DIRECTORS APPOINTS THE EXECUTIVE COMMITTEE WHICH CONSISTS OF THE PRESIDENT, THE PRESIDENT-ELECT, THE VICE-PRESIDENT, THE SE CRETARY AND THE TREASURER

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUAL SUBMISSION OF DISCLOSURE STATEMENT IS REQUIRED BY ALL OFFICERS, BOARD MEMBERS, JOUR NAL EDITORS, COMMITTEE CHAIRS, COMMITTEE, TASK FORCE MEMBERS AND SENIOR STAFF TO DISCLOSE POTENTIAL CONFLICTS ANY INDIVIDUAL WHO GIVES NOTICE OF POTENTIAL CONFLICT IS TO ABSTAIN F ROM PARTICIPATING IN ANY ITEM OF BUSINESS WHICH BECOMES BEFORE THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS OF DETERMINING COMPENSATION FOR THE EXECUTIVE VICE PRESIDENT INCLUDES REVIEW A ND APPROVAL BY THE BOARD OF DIRECTORS OF THE COLLEGE, USE OF DATA AS TO COMPARABLE COMPENS ATION, AND CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING THE PROCESS OF DETERMINING COM PENSATION FOR ALL OTHER COLLEGE EMPLOYEES IS DETERMINED BY THE EXECUTIVE VICE PRESIDENT WI TH THE REVIEW AND APPROVAL OF THE EXECUTIVE COMMITTEE THE EXECUTIVE DIRECTOR AND DIRECTOR OF HUMAN RESOURCES USES COMPARABILITY DATA TO DEVELOP COMPENSATION RANGES AND TARGETS TH E DIRECTOR OF HUMAN RESOURCES CONTEMPORANEOUSLY DOCUMENTS AND MAINTAINS CONFIDENTIAL RECOR DS OF ALL DECISIONS AFFECTING COLLEGE EMPLOYEES

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PROFESSIONAL FEES 5,598,666 HONORARIUM 851,967 TEMP EMPLOYEE 405,371 COMPUTER CONSULTING 496,276

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF RHEUMATOLOGY INC

Employer identification number
58-1627547

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1)RHEUMATOLOGY RESEARCH FOUNDATION 2200 LAKE BOULEVARD NE ATLANTA, GA 30319 58-1654301	TO SUPPORT RESEARCH AND TRAINING OF RHEUMATIC DISEASES	IL	501(C)(3)	LINE 7			No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)RHEUMATOLOGY RESEARCH FOUNDATION	L	2,454,080	CASH
(2)RHEUMATOLOGY RESEARCH FOUNDATION	C	521,196	CASH

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
FORM 990, SCHEDULE R, PART V, LINE 2	THE MANAGEMENT FEE OF $2,454,080 REPRESENTS PAYMENT FROM RELATED ORGANIZATION RHEUMATOLOGY RESEARCH FOUNDATION FOR SHARED EMPLOYEES, SHARED SPACE, AND MANAGEMENT SERVICES