Form 990

Return of Organization Exempt From Income Tax

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

2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	2009 calen	der vear	or tay w	ear begir	nnine			2009, and	endina					<u>_</u>	
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	Name	change	or type.	12111	essee	Ciapte	Dond	, Suite	104			E Telepho	ne numi	oer .		
	Initial	return	specific			TN 37		, Suice	104			615	-254	-67 <u>95</u>		
	X Term	nation	Instruc- tions.	149211	ATTIE,	111 314	220						-	-	_	
	Amen	ided return	1									G Gross n	enemis (. 1.	814,	725
			F Name	and address	s of transit	al officer 5	llen	Bradbur	v	TH.	(a) is this	a group retur			Yes	
		secon personal	Same A					Drawar	J			l affiliates Inc			Yes	-
_								1.5.5				' atlach a list.		tructions) L	J'=	∐ M•
<u>!</u>		xempt statu				(insert no	<u> </u>	4947(a)(1	or <u>52</u>	7					_	
<u>1</u>		lto: > Wi										exemption m	_			
<u>K</u>		organization:		abon	Trust	Association	00	₩	L Year of	Formation	n: 195	7 M:	itale of l	egal demicil	e: TN	
Pa	rtl	Summ									_					
	1 B	riefly descri	ibe the on	ganizati	esim a'no	sion or mos	at signifi	icant activition	s: <u>The</u> ju	<u> </u>	on of	f <u>the A</u>	rthr	<u>itis </u>		
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Ę	_															
Activities & Governance								operations						3.		_
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	D N	et unrelate	d busines	s taxabl	e income	trom Forn	n 990-T	, line 34			1	• • • • • • • • •	7b			0.
	1											Prior Year			rent Ye	
												1,178,		1		<u>623.</u>
Ē													155.			608.
Revenue	10 In	vestment i	ncome (P	art VIII,	column	(A), lines 3	, 4, and	17d)			<u> </u>	17, (<u>571.</u>
•			-					10c, and 11	•			617,				531.
	12 T	otal revenu	<u>e — add l</u>	ines 8 tl	nrough 1	1 (must eq	ual Pari	VIII, column	1 (A), line 12	2) <u>.</u>		1,819,0		1	<u>627,</u>	271.
	13 G	rants and s	ilmilar am	icunts p	aid (Part	l IX, columi	n (A), li	nes 1-3)				20,0)71.			
	14 B	enefits paid	d to or for	membe	rs (Part	IX, column	(A), lin	e 4)		· · · · · · ·					31,	<u>420.</u>
•	15 S	alaries, oth	er compe	nsation,	, employ	ee benefits	(Part I	X, column (A), lines 5·10	O)	<u></u>	792,	577.		805,	729.
Expenses	16a P	rofessional	fundraisi	ng fees	(Part IX,	column (A), line 1	11e)								
Ž	ЬТ	otal fundrai	isinn exne	nses (P	ant IX. c	olumn (D)	line 25) ▶	259.4	177.						
Q								·240				973,	EEA		ODA	791.
			-	-			-	lumn (A), lin				1,786,				
		•			-	•		- • •	-							940.
_		evenue les	s expense	es. Subi	ract line	18 from III	e 12	•••••	<u> </u>	• • • • • • • •	1		144.			669.
b į	1											inning of		En	of Ye	
H		otal assels	•				• • • • • •	· · · · · · · · · · · · · · · · · · ·	• · · · • • • • • • • • • • • • • • • •	• • • • • •		1,425,				0.
	21 T	otal liabiliti	es (Part)	C, line 2	5)	••••••	· · · · · · ·	· · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · •		362,				0.
					<u>Subtract</u>	line 21 fro	m line 2	20			ᆚ	1,062,	128.			<u>0.</u>
P	art II	Signat	ture Blo	CK												
		Under penals	es of perjuny and complet	, I declare e. Declara	that I have	examined this arer (other tha	retym, in n omcor)	ducing accompa s based on all in	nyno schodules formation of wh	and state	oments, ac	nd to the best	of my la	rowledge and	l belief, it	l is
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		 							Date		1	Check II	(P	reporer's six	ntifyina r	umber
Pa	id	l_										30ii-		seā Instructi	ma)	
Pr		Preparer's signature	► Nor)-P= i 4	d Pror	arer						employed *	· [1]	gerer i er		
	parer's Use Volume in self- Volume in								, -, -	1 2 3 1		T f		<u> </u>	اد الله هما	
									و دو گراهست. دو محمد او دار	Secretaria de la composição de la compos				o rae in		
Or	ıly	employed), address, and	<u> </u>	المالتنديد						ومنت مد	THE EN PROPERTY OF THE PROPERT					
_		ZiP + 4	L. at			BECVIII							- 100			7
Ma	y the IR	5 discuss t	nis retum	with the	e prepare	er shown a	pove? (see instructi	ons)					Ye	es i	No

nsildmoD xsT bns e	Other IRS Filing	Regarding	Statements	ALU

			126	b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year
		5Sr	օլ Բօւր 1041?	12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fieu
			qel	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)
			GIT	a Gross income from other members or shareholders
			1 ** 1	17 Section 501(cX12) organizations. Enter:
			10P	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities
			60F	a Initiation fees and capital contributions included on Part VIII, line 12
		F] ,	10 Section 501(c)(7) organizations, Enter:
IDeebeswaa	Sample of the Samuel of the Sa	96	• 0	b Did the organization make any distribution to a donor, donor advisor, or related person?
		66		a Did the organization make any taxable distributions under section 4966?
				9 Sponsoring organizations maintaining donor advised funds.
		8	ing organizations. Did the have excess business	8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) support supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?
X	Party-rivers	42		h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Fo
		64		g For all contributions of qualified intellectual property, did the organization file Form 8899 as
X		17		Did the organization, during the year, pay premiums, directly or indirectly, on a personal be
X		ÐΖ		benefit contract?
SSM www.sil	Michigan C	and the same		e Did line organization, during the year, receive any funds, directly or indirectly, to pay premiu
V		٥٤.	P4	d If 'Yes,' indicate the number of Forms 8282 filed during the year
_X 				c Did the organization sell, exchange, or otherwise dispose of langible personal property for i
	X	92	٤	bill "Yes," did the organization notify the donor of the value of the goods or services provided
	X	67	partly for goods and services	a Did the organization receive a payment in excess of \$75 made partly as a contribution and
				7 Organizations that may receive deductible contributions under section 170(c).
		9	2011 01011 0115 10 011011	deductible?
		_	ton eyew stills or citiz were not	b if 'Yes,' did the organization include with every solicitation an express statement that such
<u> </u>		69	nodesinegio adi bib bas	6a Does the organization have annual gross receipts that are normally greater than \$100.000, solicit any contributions that were not lax deductible?
		og	ntity Regarding Prohibited	c if Yes, to line 58 or 5b, did the organization file Form 8886 T. Disclosure by Tax-Exempt E
Х		95		b Did any taxable party notify the organization that it was or is a party to a prohibited tax she
X	_~	es		58 Was the organization a party to a prohibited tax shelter transaction at any time during the tr
				CHARLES ACCOUNTS.
			f Foreign Bank and	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report o
				b If 'Yes,' enler the name of the foreign country: ▶
		62	e sevo idisodine sedio 10 a	4s At any time during the calendar year, did the organization have an interest in, or a signatur financial account in a foreign country (such as a bank account, securities account, or other
		3P		b If 'Yes' has it filed a Form 990.7 for this year? If 'Wo,' provide an explanation in Schedule C
X		8£	• • •	3.6 Did the organization have unrelated business gross income of \$1,000, or more during the ye
			turn. (see instructions)	Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file this re
-	X	9 2	nt tax returns?	2b if at least one is reported on line 2a, did the organization file all required federal employme
			2a 30	coleural Jean engind maint de maning dus Jest cometra da luiz letitu
	X	DΓ		\$2 Enlet the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the
24	Â		enimag eldahogen bns and	c Did the organization comply with backup withholding rules for reportable payments to vendo
			0 91	b Enter the number of Forms W-2G included in line 1a. Enter .0. If not applicable
			OI et	1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter ·0· if not applicable
OM	SOY	<u> </u>	·	
				Server Sequence Regarding Order INS Fillings and 18X Compliance

Form 950 (2009)

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

Sec	ection A. Governing Body and Management				
		•		Yes	No
		1a 13		1	
t	b Enter the number of voting members that are independent	1ь 13			1000
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business rela officer, director, trustee or key employee?	tionship with any other	2		X
3	3 Did the organization delegate control over management duties customarily performed by or uniof officers, directors or trustees, or key employees to a management company or other person	der the direct supervision	3	\neg	
4	4 Did the organization make any significant changes to its organizational documents	•• • •	4	\dashv	$\frac{X}{X}$
	since the prior Form 990 was filed?		- 	\neg	 -
5	5 Did the organization become aware during the year of a material diversion of the organization?	s assets?	5		Х
6			6		$\frac{\ddot{x}}{x}$
7 a	7a Does the organization have members, stockholders, or other persons who may elect one or migoverning body?	ore members of the	7a		<u> </u>
ŧ	b Are any decisions of the governing body subject to approval by members, stockholders, or other	er nersons?	7b		$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
8	Did the organization contemporaneously document the meetings held or written actions undertalline following:	•			
2	a The governing body?		8a	X	<u> </u>
	b Each committee with authority to act on behalf of the governing body?		8ь	$\frac{\ddot{x}}{x}$	
9		not be reached at the	9	•	x
Sec	ection B. Policies (This Section B requests information about policies not re		1 - 1		<u> </u>
	evenue Code.)	quired by the internet			
				Yes	No
	10a Does the organization have local chapters, branches, or affiliates?	••	10a		X
	b If 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?		10Ь		
	11 Has the organization provided a copy of this Form 990 to all members of its governing body be	-	11	<u> </u>	
11/	11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990.	See Schedule O	18 <u>.</u>	2,034	
	12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a	<u> </u>	
ŧ	b Are officers, directors or trustees, and key employees required to disclose annually interests It to conflicts?	nat could give rise	12b	х	
•	c Does the organization regularly and consistently monitor and enforce compliance with the police Schedule O how this is done See Schedule O	cy? If 'Yes,' describe in	12c	<u>x</u> _	
13	13 Does the organization have a written whistleblower policy?		13	<u>X</u>	
14	14 Does the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and deci-	pproval by independent sion?			
	a The organization's CEO, Executive Director, or top management official		15a	X	
t	b Other officers of key employees of the organization See Schedule O		15b	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
168	16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar a entity during the year?	rrangement with a taxable	16a		Х
t	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard t status with respect to such arrangements?	o evaluate its participation he organization's exempt	16b		
	ection C. Disclosures				
17	17 List the states with which a copy of this Form 990 is required to be filed ► _ TN				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and inspection. Indicate how you make these available. Check all that apply.	1 990 T (501(c)(3)s only) a	vailabli	e for	public
	Own website X Another's website X Upon request				
19	19 Describe in Schedule O whether (and if so, how) the organization makes its governing docume statements available to the public. See Schedule 0	ents, conflict of interest pol	icy, an	id fina	ancial
	20 State the name, physical address, and telephone number of the person who possesses the bo Essil Washington 1330 W. Peachtree St. #100 Atlanta GA 303		anızatı	on:	
	-			-	

Form 990 (2009) Arthritis Foundation, Inc. Part VII Section A. Officers, Directors, Trus		(0)/	Fm	nle	\\\\	-	20/	d Wighast Con	62-6018	038	- 1	age 8
(A)	(B)	icy I			c)	C 3,	all			mpioye		nt.)
Name and Title	Average	Posi	tton (-	-	hal a	nolv)	(D) Reportable	(E)		(F)	
	hours per week			Officer	T	Highest compensated	famer	compensation from the organization (W-2/1099 MISC)	Reportable compensation for retailed organization (W-2/1099-MISC	- '	Estimated nount of old on the form the organization and relate regarization	her on n d
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		L										
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		_		L		<u> </u>	_			_		
						<u> </u>	_					
	-	_	L	L	<u> </u>	L	_					
	<u></u>						Ĺ	110 500				200
Total Total number of individuals (including but not limite	d to the			<u>.</u>		· ·		118,590.	8100 000 in and	0.		980.
from the organization > 1	a to the	se a	Sie	. ac	ove) Wr	io re		\$100,000 in rej	oortable (ation
3 Did the organization list any former officer, director on line 1s? If Yes, complete Schedule J for such it	ndividua	al.	Ţ.		•						Yes	No X
4 For any individual listed on line 1a, is the sum of re- the organization and related organizations greater t individual	portabli han \$15	e co 50,0(mpe 00?	ensa If "Y	ition es	con	otr nplei	ter compensation le Schedule J for :	rom such			X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	ompen: hedule .	satio <i>J for</i>	n fr suc	om ch p	any erso	unr	elate	ed organization fo	r services		;	X
Section B. Independent Contractors 1 Complete this table for your five highest compensation from the organization.	ted inde	pen	den	t co	ntra	ctor	s tha	at received more t	han \$100,000 o	· · · · · · · · · · · · · · · · · · ·		
(A) Name and business address	is							Description) of Services	Com	(C) pensatio	on_
			_									
										_		

\$100,000 in compensation from the organization > 0

R	Statement of Revenue					1 bgc 3
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(0) Revenue excluded from tax under sections 512, 513, or 514
55	1a Federated campaigns 1a	105,012.				
	b Membership dues 1b			4.9	14.00	
28	c Fundraising events 1c	780,010.				
53	d Related organizations 1d				1000000	
SE	e Government grants (contributions) 1 e	193,611.	200			
CONTRIBUTIONS, CIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above	523,990.				
동	g Noncash contribus included in lns 1a-1f; \$					
끸		Business Cade	1,602,623.			
	 	4100	22 600	33 600		
ا يَوْ	2a Progr. serv. revenue- Rel 62	4100	22,608.	22,608.		
H H						
Ş	d	-				
PROGRAM SERVICE REVENUE	<u> </u>	-	-	_		
¥	f All other program service revenue					
ğ	g Total. Add lines 2a-2f		22,608.			
-	3 Investment income (including dividends, in					
	other similar amounts)	iterest and	3,480.			3,480.
	4 Income from investment of tax-exempt bo	nd proceeds 🕨			-	5,555,
	5 Royalties	<u>., , ,,, , </u> ▶				
	(i) Red	(p) Personal	,			
	6a Gross Rents					
l	b Less: rental expenses		lati.			
	c Rental income or (loss)					
	d Net rental income or (loss)	. •	Section 111 second magnetic account of the Asset	hoose and the What mentioned realizable and an arranged		
	7a Gross amount from sales of (i) Securities	(ii) Other			1 10 10	
	assets other than inventory 30,003.			19		
	b Less: cost or other basis and sales expenses 28, 912.		l de la company			
	and sales expenses 28, 912. c Gain or (loss) 1,091.					
	d Net gain or (loss)	>	1,091.	00.8891		1,091.
پ	8a Gross income from fundraising events (not including \$ 780,010.		1,031	# *		1,091.
REVENUE	of contributions reported on line 1c).		100			
	See Part IV, line 18	158,542.				
OTHER		158,542.				F
5	c Nel income or (loss) from fundraising ever				mil (00) (0) (0) (0) (0) (0) (0) (0) (0) (0	
	9a Gross income from gaming activities. See Part IV, line 19			11.71		
}	b Less: direct expenses b		S No services			
	c Net income or (loss) from gaming activitie	s. •				
	10a Gross sales of inventory, less returns			1 1	198	
	and allowances a		productive Page 1	100		Me all all all a
	b Less: cost of goods sold b		All Marine Control of the Control of			
	c Net income or (loss) from sales of invento		Di Control VIII de la control	FACE DATE OF THE PAGE OF THE P	11500	
	Miscellaneous Revenue	Business Code				
	118	0000	0 505			
	b Misc. revenue 90	0099	-2,531.			-2,531.
	d All other revenue					
	e Total. Add lines 11a-11d		-2,531.			
	12 Total revenue. See instructions	▶	1,627,271.	22,608.	0.	2,040.

Form 990 (2009) Arthritis Foundation, Inc.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			77.00	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members.	31,420.	31,420.		
5	Compensation of current officers, directors, trustees, and key employees.	119,570.	90,120.	10,199.	19,251
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7	Other salaries and wages.	569,158.	428,975.	48,549.	91,634
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	61,565.	46,403.	5,251.	9,911
10	Payroll taxes	55, 436.	41,782.	4,729.	8,925
11	Fees for services (non-employees)				-,
a	Management				
Ŀ	Legal				
c	Accounting	17,941.	13,754.	1,450.	2,737
C	1 Lobbying				
e	Prof fundraising svcs. See Part IV, In 17				
f	Investment management fees				
9	Other				
12	Advertising and promotion	13,931.	10,500.	1,188.	2,243
13	Office expenses.	20,513.	15,460.	1,750.	3,303
14	Information technology	74,775.	56,358.	6,378.	12,039
15	Royalties				
16	Occupancy	79,603.	59,997.	6,790.	12,816
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	36,840.	27,766.	3,143.	5, 931
19	Conferences, conventions, and meetings	17,634.	13,488.	1,436.	2,710
20	Interest				
21	Payments to affiliates	348,497.	270,247.	37,424.	40,826
22	Depreciation, depletion, and amortization				
23 24	Insurance	13,326.	10,044.	1,137.	2,145
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	38			
2	Year Round Program Expenses	60,129.	42,090.		18,039
ŧ	Professional Services & Contra	41,372.	31,182.	3,529.	6, 661
	Materials expense	36,364.	28,530.	2,713.	5, 121
c	Miscellaneous	31,849.	24,003.	2,717.	5, 129
	Arthritis Today cost recovery	29,555.	29,555.		
	All other expenses	62,462.	47,078.	5,328.	10,056
25		1,721,940.	1,318,752.	143,711.	259, 477
26	Joint costs. Check here ► X if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational				
	campaign and fundraising solicitation	60,129.	42,090.	1	18,039

			(A) Beginning of year	E	(B) nd of year
1	Cash - non-interest-bearing		1,037,282.	1	
2	Savings and lemporary cash investments			2	
3	Pledges and grants receivable, net	_	296,529.	3	
4	Accounts receivable, net	•	54,356.	4	
5	Receivables from current and former officers, director and highest compensated employees. Complete Part	s, trustees, key employees. If of Schedule L		5	
6	Receivables from other disqualified persons (as define	ed under section 4958(f)(1))			
1	and persons described in section 4958(c)(3)(B). Com	plete 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		7,800.	9	
10a	Land, buildings, and equipment: cost or other basis.	10a	2.5		
	Complete Part VI of Schedule D				1 72
Ŀ	Less: accumulated depreciation.	106	220.	10 c	
11	• • • • • • • • • • • • • • • • • • • •	100	28,912.	11	
12	Investments - other securities. See Part IV, line 11	·	20, 312.	12	
13	Investments - program-related. See Part IV, line 11				
14	Intangible assets			13	
15	Other assets. See Part IV, line 11		\	14	
16	Total assets. Add lines 1 through 15 (must equal line	1 425 000	15		
17	Accounts payable and accrued expenses	1,425,099.	16		
i	•		49,591.	17	
18	Grants payable Deferred revenue	•		18	
l ·-			19		
20	Tax-exempt bond liabilities	N -4 C-1 - 4 C		20	
21	Escrow or custodial account liability. Complete Part		CONTROL OF	21	90 in 2400 minutes and continu
22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified pe	stees, key employees, rsons. Complete Part II			
	of Schedule L			22	
23		•	ļ	23	
24	populario de la companya de la compa	parties		24	
25	Other liabilities. Complete Part X of Schedule D	• • •	313,380.	25	
26	Total liabilities. Add lines 17 through 25	Isol .	362,971.	26	
ſ	Organizations that follow SFAS 117, check here	X and complete lines			
	27 through 29 and lines 33 and 34.				
27	Unrestricted net assets	• • •	680,644.	27	
28	Temporarily restricted net assets	• • • • •	381,484.	28	
29	Permanently restricted net assets		4.000 VAIL-1111 AVAIL-1111 AVAIL-	29	
l	Organizations that do not follow SFAS 117, check he	ere in and complete	400		
	lines 30 through 34.				
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, and equip	oment fund		31	
32	Retained earnings, endowment, accumulated income	, or other funds		32	
33	Total net assets or fund balances		1,062,128.	33	**
	Total liabilities and net assets/fund balances.		1,425,099.	34	

Fore	n 990 (2009) Arthritis Foundation, Inc.	62-6018658	F	age 12
Pa	Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		а	X
I	b Were the organization's financial statements audited by an independent accountant?	2	ЬΧ	T
	c if 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for overseview, or compilation of its financial statements and selection of an independent accountant?		c X	
	If the organization changed either its oversight process or selection process during the tax year, expl in Schedule O.	ain		

Form 990 (2009)

BAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2009

Name (i ine o	rçanızanıcı			Foundati Chapter	on, Ir	nc.				1		identificat 18658	ion number		
Par	H.G	Reason				s (All o	rganizations	must c	omple	te this	part.)	See in	nstructi	ions		
							For lines 1 throi					000 11	100000	0.10		
1		A church, o	conventio	n of chu	irches or asso	ciation c	of churches desc	cribed in	section	170(b)(1)(A)(i).	•				
2		school d	escribed	in sectio	on 1 70(b) (1)(/	(Xii). (At	tach Schedule E	Ξ.)								
3							ation described									
4		A medical	research	organiza	ation operate	d in conj	unction with a h	ospital d	lescribe	d in sec	tion 17)(b)(1)(A	Xiii). Er	iler the hos	pilal's	,
5		name, cily	, and stat	te:	- The Feed	7								,	, -	
_	\equiv	170(b)(1)(A	4)(IV). (C	omplete	Part II.)		ige or university					nmental	unit des	scribed in s	ection	1
6 7	$ \mathbf{x} ^2$	4 lederai, An organiz	state, or vation tha	local gov	vernment or (Ilu receives a	overnme Instanta	ental unit descritial part of its su	bed in si	ection 1	70(b)(1)	(A)(v).		the mean	مثلطيية لمعمد	4	فيان
•	Ξ.	n section	170(6)(1)	(A)(VI).	(Complete Pa	art II.)				461141161	ito: uiii	i di ilon	i trie gei	ieras public	descr	1060
8							(A)(vi). (Comple									
9	— f	rom activit nvestmen	ies relaled t income	to its ex and uni	xempt function	s — subje ss taxabi	n 33-1/3 % of its : ict to certain exce le income (less Part III.)	entions, a	and (2) n	o more t	han 33.	1/3 % હ્યું	its sunn	ort from aros		fter
10		An organiz	zation org	janized a	and operated	exclusive	ely to test for pu	ublic safe	ety. See	section	509(a)	(4).				
11	r	more publi	icly suppo	orted or	ganizations d	escribed	ely for the bene in section 509(d complete line:	a)(1) or :	section :	509(a)(2	ctions o	of, or ca section	rry out ti 509(a)(3	ne purpose:). Check th	s of or ne box	ne or that
		а 🔲 Туре		_	Type II			1 — Fund					d 🗍	Type III-		
e	T t	By checkir han found 509(a)(2).	ng this bo lation ma	x, I certi nagers a	ify that the or and other tha	ganization n one or	n is not control more publicly s	led direc	tly or in i organi	directly zations (by one Jescribe	or more	disqual tion 509	ified perso (a)(1) or so	ns oth ection	er
f	I	f the orga check this	nization i box	received	a written det	erminatio	on from the IRS	that is a	Type !	Type II	or Typ	e III sup	porting (organizatioi	٦.	
9		Since Aug	ust 17, 2	006, has	the organiza	tion acce	epted any gift o	or contrib	ution fr	om any	of the f	o!lowing	persons	i?	v l	N-
	((i) a per belov	rson who	directly verning t	or indirectly o	controls,	either alone or organization?	together	with pe	rsons d	escribed	d in (ii) a	and (III)	11 g (i)	Yes	<u>No</u>
	(_	•	person desc		-					•		11 g (ii)		
	((iii) a 35°	% control	lled entit	ly of a person	describ	ed in (i) or (ii) a	bove?						11 g (iii)		
h	<u> </u>	Provide th	e followir	ng inform	nation about 1	he suppo	orted organizatio	ons.								
	Ø	Name of Sup Organization	ported on	((II) EIN	(descr abov	oe of organization ibed on lines 1-9 e or IRC section (Instructions))	organizat (i) Irster	is the lion in col is in your irning ment?	(v) Did y the organ col your su	ızation in (i) cl	organizat (i) organi	s the ion in col ted in the 5 ?	(vii) Ameun	l of Sup	port
								Yes	No	Yes	No	Yes	No			
								 								
								1								
													-			
										ŀ						
						-										
										1						
								1								
Total																
BAA	For P	rivacy Act a	end Paperw	rork Reduc	ction Act Notice	, see the li	nstructions for Form	m 990 or 9	90-EZ.		•	Schedule	A (For	n 990 or 99	0.EZ	2009

Sche	dule A (Form 990 or 990-EZ) 200	9 Arthriti Organizations	s Foundation Described in	n, Inc. Sections 170(b)(1)(A)(iv) an	62-6018658 d 1 70(b)(1)(A)	Page 2
	(Complete only if you check	ed the box on line	5, 7, or 8 of Pari	l I.)			
<u>Sec</u>	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(ъ) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include unusual grants.)	898,681.	1,300,207.	2,119,089.	1,157,534.	1,566,381.	7,041,892.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4	Totat. Add lines 1-through 3	898,681.	1,300,207.	2,119,089.	1,157,534.	1,566,381.	7,041,892.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
	Public support. Subtract line 5 from line 4	410,1945					7,041,892.
	tion B. Total Support			1	1		
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4.	898,681.	1,300,207.	2,119,089.	1,157,534.	1,566,381.	7,041,892.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Net income from unrelated	11,102.	11,595.	18,402.	17,025.	3,480.	61,604.
•	business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV	17,053.	2,072.	275.		-2,531.	16,869.
11	Total support. Add lines 7 through 10.						7,120,365.
12	Gross receipts from related activ	rities, etc. (see in	structions)			12	3,472,602.
	First five years. If the Form 990 organization, check this box and	stop here	<u> </u>	nd, third, fourth,	or fifth tax year a	s a section 501(c)	(3) ▶ □
Sec	tion C. Computation of Pu	<u>blic Support F</u>	ercentage				
	Public support percentage for 20 Public support percentage from		• • •			14	98.9 % 98.5 %
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pu	I not check the bo	ox on line 13, and	d the line 14 is 33	1-1/3 % or more, c	
	33-1/3 support test - 2008. If the and stop here. The organization	e organization did	l not check a box	on line 13, or 16	a, and line 15 is 3		
17 8	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the facts a	and-circumstance	s' lest, check this	i box and stop he	re. Explain in Parl	IV how
ŀ	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-i d-circumstances'	and-circumstance test. The organi	es' test, check this ization qualifies a	s box and stop he is a publicly suppo	re. Explain in Par orted organization.	t IV how the ►
18	Private foundation. If the organi	zation did not che	ck a box on line,	, 13, 16a, 16b, 17			
BAA	ı				Sc	hedule A (Form 9	90 or 990·EZ) 2009

Schedule A (Form 990 or 990 EZ) 2009 Arthritis Foundation, Inc. Part II Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you chec	cked the box on li	ne 9 of Part I.)				
	lion A. Public Support						
Calen	dar year (or fiscal yr beginning in)>	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include unusual grants.)						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line						
_	7c from line 6.)		للت بعد جمال در محود ال				<u> </u>
Sec	tion B. Total Support						
				4 2 222			T
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	ndar year (or fiscal yr beginning in) > Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2005	(b) 2006	(e) 2007	(d) 2008	(e) 2009	(f) Total
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10 a t	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Ourrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	(a) 2005	(b) 2006	(e) 2007	(d) 2008	(e) 2009	(f) Total
9 10 a 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Ourrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not like business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in	is for the organi		and, third, fourth,			
9 10a 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not line business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (221 tas 5, 10c. 11, 2rd 12) First five years. If the Form 900	is for the organia	zation's first, seco	and, third, fourth,			
9 10a 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not line business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (22 125 9, 10c, 11, 250 12) First live years. If the Form 990 organization, check this box and	is for the organized stop here.	zation's first, seco	and, third, fourth,	or fifth tax year a		c)(3)
9 10 <i>a</i> 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support, (add im 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from	is for the organid d stop here iblic Support I 009 (line 8, colum 2008 Schedule A	zetion's first, seco	and, third, fourth,	or fifth tax year a	s a section 501(c)(3)
9 10 <i>a</i> 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (#21 im 9, 10c, 11, 2rd 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage from tion D. Computation of Invitor 10 in	is for the organized stop here blic Support I 009 (line 8, colum 2008 Schedule A	zetion's first, seconomics of the seconomics of	and, third, fourth, ine 13, column (f)	or fifth tax year a	is a section 501(c)(3)
9 10a 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (set im 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from Investment income percentage	is for the organized stop here iblic Support I 009 (line 8, colum 2008 Schedule Avestment Inco for 2009 (line 100	Percentage on (f) divided by I on Percentage on (c) divided by I on Percentage on (d) divided by I on Percentage	and, third, fourth, ine 13, column (f)	or fifth tax year a	15 16	c)(3)
9 10a 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (eat ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage from the support pe	is for the organized stop here 1009 (line 8, column 2008 Schedule Avestment Inco 1007 for 2008 Schedule Avestment Schedule Ave	zetion's first, seconomics of the seconomics of	and, third, fourth, line 13, column (f) le ed by line 13, colle e 17	or fifth tax year a	15 16 17 18	c)(3)
9 10a 11 12 13 14 Sec 15 16 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support, (izi im 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from Investment income percentage Investment income percentage Investment income percentage Investment income percentage	is for the organized stop here iblic Support I 009 (line 8, colum 2008 Schedule Avestment Inco for 2009 (line 10c from 2008 Schedule Avestment Inco for 2009 (line 10c from 2008 Schedule Avestment Inco for 2009 (line 10c from 2008 Schedule Avestment Inco for 2009 (line 10c from 2008 Schedule Avestment Inco for 2008 Schedule Avest	zetion's first, second percentage on (f) divided by the column (f) divided by the column (f) divided percentage of the col	ine 13, column (f) le ed by line 13, colie e 17 line 14, and line 15 on qualifies as a p	or fifth tax year a) umn (f)) b is more than 33-1/bublicly supported	15 16 17 18 18, and line 17 is organization	c)(3)
9 10a 11 12 13 14 Sec 15 16 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (eat ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage from the support pe	is for the organized stop here. 2008 Schedule Avestment Inco for	zation's first, seconomics fir	ine 13, column (f) ee ed by line 13, column ine 14, and line 15 on qualifies as a pox on line 14 or 19 nization qualifies	or fifth tax year a or fifth	15 16 17 18 3%, and line 17 is organization more than 33-1/3 ported organization	c)(3)

Schedule A (Form 990 or 990-EZ) 2009 Arthritis Foundation, Inc. 62-6018658 Page 4 Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
Additional Explanation of Other Income
Other income is an accumulation of individually insignificant transactions of
revenues and expenses incurred during normal day-to-day operations of the
Organization and were not orginally recorded in specific income or expense accounts
during the year. For financial reporting purposes this accumulated balance was
deemed immaterial and remained seperately reported on the Organization's financial
statements as "Miscellaneous revenues and (losses)."

TEEA0404L 02/05/10

BAA

Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

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

Section 501(c)(3) organizations: complete Parts I-A and B. Do not complete Part I-C.

OMB No 1545-0047 2009

Schedule C (Form 990 or 990-EZ) 2009

 Section 527 organizations: complete Part I-A only. If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number Arthritis Foundation, Inc. 62-6018658 Parties Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures ► Ś 3 Volunteer hours Parting 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 Ò. 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 bif 'Yes,' describe in Part IV. Part C | Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filling organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total of exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL. 4 Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. 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 (e) Amount of political colinbutions received an promptly and directly delivered to a separate political organization if none, enter -0-. (b) Address (c) EIN (d) Amount paid from fiting organization's funds If none, enter-0-.

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

Schedule C (Form 990 or 990-EZ) 200	9 Arthritis I	Coundation, Inc.		62-6018	658 Page 2			
Part I A Complete if section 501(the organizatio h)).	n is exempt under se	ction 501(c)(3) and	filed Form 5768 (ele	ction under			
		ongs to an affiliated group.						
		cked box A and 'limited co						
(The term	Limits on Lobbyl 'expenditures' me	ng Expenditures — ans amounts paid or incur	red.)	(a) Filing organization's lotals	(b) Affiliated group totals			
1 a Total lobbying expenditi								
b Total lobbying expenditures to influence a legislative body (direct lobbying)								
c Total lobbying expenditi	•	and 1b)						
d Other exempt purpose	•							
e Tolal exempl purpose e	expenditures (add li	nes 1c and 1d)	• •					
f Lobbying nontaxable ar both columns.	nount. Enter the ar	nount from the following ta	ible in					
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:					
Nat over \$500,000		20% of the amount on line 1e.			April 1			
Over \$500,000 but not over \$1		\$100,000 plus 15% of the exces						
Over \$1,000,000 but not over 5		\$175,000 plus 10% of the exces			70947			
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000.		77.00			
Over \$17,000,000		\$1,000,000.						
g Grassroots nontaxable : h Subtract line 1g from III	•	•	• • •		·····			
i Subtract line 1f from lin			• • • •					
				<u></u>				
section 4911 tax for this	iner than zero on e s vear?	ther line 1h or line 1i, did	the organization file Fo	rm 4720 reporting	☐Yes ☐No			
		4-Year Averaging Period	Under Section 501/h)		1 103 1 100			
(Som	e organizations th colum	4-Year Averaging Period at made a section 501(h) e ns below. See the instruct	election do not have to ions for lines 2a through	complete all of the five gh 2f.)				
	Lob	bying Expenditures During	g 4-Year Averaging Per	riod				
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total			
2a Lobbying non-taxable amount								
b Lobbying ceiling amount (150% of line 2a, column (e))				1 ************************************				
c Total lobbying expenditures								
d Grassroots nontaxable amount								
e Grassroots ceiling amount (150% of line 2d, column (e))		operation of the second of th						
I Grassroots lobbying expenditures				<u> </u>				
BAA				Schedule C (Form	990 or 990·EZ) 2009			

Schedule C (form 990 or 990-EZ) 2009 Arthritis Foundation, Inc.
62-6018658
Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
(election under section 501(h)).

(election under Section 301(n)).	1.	2)	(h)
		a) 	(b)
	Yes	No	Amount
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?	X		ter en
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		_ X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	<u> </u>
i Other activities? If 'Yes,' describe in Part IV		X	
j Total. Add lines 1c through 1i	<u> </u>		0
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	rete/ormanon	X	
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			nout the control of t
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? PartIII-A** Complete if the organization is exempt under section 501(c)(4), section 501		<u> X</u>	
1. Ware substantially all (P00) or more) dues recovered considerable by march and			Yes No
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? 			1 2
Did the organization agree to carryover lobbying and political expenditures from the prior year?			3
if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line : 1 Dues, assessments and similar amounts from members	J 15 e	1	ried tes.
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			1
a Current year		2a	
b Carryover from last year		2b	
c Total	•	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	•	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poli expenditure next year?	ss tical	4	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	
Part 3V Supplemental Information			
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; al Also, complete this part for any additional information.	nd Par	rt II∙B,	line 11.
DAA Sch		0.6-	m 000 or 000 E7) 20

Part V Supplemental Information (continued)	62-6018658	Page 4
Supplemental Information (continued)		
	7	_
	~	
		-
		.= = = =

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

OMB No 1545-0047 2009

				Endante inclination	CHAILDET
Ten	hritis Foundation, Inc. nessee Chapter			62-6018658	
Par	dia Organizations Maintaining Donor the organization answered 'Yes' to	Advised Funds or Other Similar of Form 990, Part IV, line 6.	Funds or Acco	ounts Complete	if
		(a) Donor advised funds	(b) F	unds and other acc	cunts
1	Total number at end of year			<u> </u>	ounts
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)	<u> </u>			
4	Aggregate value at end of year				
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the assets held to the organization's exclusive legal contr	d in donor advised rol?	∏Yes	∏No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private benefits.	the benefit of the donor or donor advisor	nt funds may be or for any other	. Yes	∏N₀
Pa	Conservation Easements Comple	ete if the organization answered "	es' to Form 99	0, Part IV, line	7.
1					
	Preservation of land for public use (e.g., r	ecreation or pleasure) Preserva	ation of an historica	ally important land	area
	Protection of natural habitat		ation of certified his		
	Preservation of open space				
2	Complete lines 2a through 2d if the organizational day of the tax year.	on held a qualified conservation contribut	ion in the form of a	a conservation ease	ement on the
			YEAR.	Held at the End of	the Year
ε	Total number of conservation easements		2a		
Ŀ	Total acreage restricted by conservation ease	ments	2b		
•	: Number of conservation easements on a certi	fied historic structure included in (a)	2c		
•	Number of conservation easements included i	n (c) acquired after 8/17/06 .	2d		
3	Number of conservation easements modified, year ►	transferred, released, extinguished, or te	rm:nated by the or	ganization during th	ne tax
4	Number of states where property subject to co	onservation easement is located >			
5	Does the organization have a written policy re and enforcement of the conservation easeme	garding the periodic monitoring, inspection to the holds?	on, handling of viol	ations, Yes	□No
6	Staff and volunteer hours devoted to monitoring the year		_		
7	Amount of expenses incurred in monitoring, if during the year >	nspecting, and enforcing conservation ea	sements \$ _		
8	Does each conservation easement reported o 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements	s of section	Yes	☐ No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements.	s conservation easements in its revenue and to the organization's financial statements	expense statement that describes the	, and balance sheet, organization's acco	and ounting for
Pi	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasure wered 'Yes' to Form 990, Part IV,	es, or Other Sin line 8.	nilar Assets	
1:	If the organization elected, as permitted unde treasures, or other similar assets held for put the text of the foolnote to its financial statem	ilic exhibition, education, or research in fu	statement and bala urtherance of public	nce sheet works of c service, provide.	art, historical n Part XIV,
I	olf the organization elected, as permitted unde treasures, or other similar assets held for put amounts relating to these items:	r SFAS 116, to report in its revenue state dic exhibition, education, or research in fu	ement and balance artherance of public	sheet works of art. c service, provide the	historical ne following
	(i) Revenues included in Form 990, Part VIII	, line 1		►\$	
	(i) Revenues included in Form 990, Part VIII (ii) Assets included in Form 990, Part X			► \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or other similar as	ssets for financial (gain, provide the fo	llowing
	Revenues included in Form 990, Part VIII, lin	e 1		. ►\$	
i	Assets included in Form 990, Part X	e 1		•\$	

Schedule D (Form 990) 2009 Arthr	itis Found	dation, Inc.		62-601	8658		Page 2		
Part III Organizations Maintai	ning Collect	ions of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (co	ontinu	ed)		
3 Using the organization's acquisition items (check all that apply):									
a Public exhibition		d 🗍 Loan	or exchange programs						
b Scholarly research		e Other							
c Preservation for future general	ations	_							
4 Provide a description of the organ Part XIV.	nization's collec	tions and explain ho	w they further the organ	nization's exempt purpor	se in				
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or re	ceive donations of ar	t, historical treasures,	or other similar	П.,	_	٦		
PateNA Feerow and Custodia	A manage	maintaineo as part	or the organization's co	election?	Yes		No		
Part V Escrow and Custodia 9, or reported an amount	unt on Form	990 Part X line	organization answe 21	real Yes' to Form 9	90, Pa	rt IV,	line		
1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?									
b if 'Yes,' explain the arrangement				·	Yes	L	_] No		
an res, explain the arrangement	III F BILL XIV BIK	a comblete the lollow	ing lable.						
c Beginning balance				-	Amoun	<u>. </u>			
d Additions during the year	•			16					
e Distributions during the year		•	•	1 d					
- •			-	1e					
f Ending balance 2a Did the organization include an a	manual an Farm	. 000 Dan V I 01	•	· [_1f]	 				
•		1990, Part X, line 21:		•	∐ Yes	L	_) No		
b If 'Yes,' explain the arrangement Part V Endowment Funds Co.		anization answer	ad 'Vas' ta Farm Ol	00 Ded IV Ees 10					
TRACE LINGOWINGIN FUNGS CO					1				
1 a Beginning of year balance	(a) Current ye	ar (b) Prior yea	(c) Two years bac			our years			
b Contributions			Ĭ			de francisco.	CONTRACTOR OF THE PERSON OF TH		
									
c Net Investment earnings, gains, and losses			, supplies						
d Grants or scholarships									
e Other expenditures for facilities and programs									
f Administrative expenses			, , , , , , , , , , , , , , , , , , ,						
g End of year balance									
2 Provide the estimated percentage	=	nd balance held as:							
a Board designated or quasi-endov	vment 🟲	{ %							
b Permanent endowment >	8								
c Term endowment >	⁸								
3a Are there endowment funds not i	n the possessio	on of the organization	that are held and adm	inistered for the	r				
organization by:						Yes	No		
(i) unrelated organizations			• • • • •	• • • •	3a(i)		<u> </u>		
(ii) related organizations					3a(ii)		<u> </u>		
b If 'Yes' to 3a(ii), are the related of	-	-		•	3b		<u> </u>		
4 Describe in Part XIV the intender Part XII Investments—Land, B				. C 10					
Description of investment	(8	i) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) E	Book Va	alue		
1a Land	· -								
b Buildings	ļ								
c Leasehold improvements	<u> -</u>								
d Equipment	<u> </u>								
e Other			L	L					
Total. Add lines 1a through 1e (Colum.	n (d) must equi	al Form 990, Part X,	column (B), line 10(c).)				<u>0.</u>		
BAA				Sched	luie D (F	orm 99	2009		

Schedule D (Form 990) 2009 Arthritis Foundat:			62-6018658 Page
Part VII Investments-Other Securities See Fo		ne 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Me	thod of valuation
Pinnariat de l'atrona	-	Cost or end	d-of-year market value
Financial derivatives			
Closely-held equity interests			
Other	-		
			
		· · · · · · · · · · · · · · · · · · ·	
Total. (Calumn (b) must equal Farm 990 Part X, cal. (B) line 12.)		788574374874874854855478555747	
Part VIII Investments-Program Related (See	Form 990 Part X	line 13) N/A	
(a) Description of investment type	(b) Book value		ethod of valuation
(d) beautiful of investment type	(b) Dook Value	Cost or en	d-of-year market value
	 		
	Ť		
	 	······································	
· · · · · · · · · · · · · · · · · · ·		_	
	 		
	}		
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)	 		
Part X Other Assets (See Form 990, Part X,	line 15) N/2		**************************************
	escription	•	(b) Book value
(5) 5 (oser priori		(O) BOOK VAIDE
			
<u></u>			
		- · · · ·	
	<u>-</u>		
			
	·		
Total. (Column (b) must equal Form 990, Part X, col.(8).		<u> </u>	<u></u>
Part Other Liabilities (See Form 990, Part	X, line 25)	The same of the sa	
(a) Description of Liability	(b) Amount		
Federal Income Taxes			Section 1
		4	
		1 1 2 Major 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	建新的产品加州区产品的
			A CONTRACTOR OF A CONTRACTOR
			
			The second second
			
			
			There is a second of the secon
	- 	——————————————————————————————————————	THE PARTY OF THE P
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)			
2 FIN 40 Ecologia to Part YIV provide the text of the foo			

	edule D (Form 930) 2009 AILHFILLS FOUNDATION, INC.	62-6018658	Page 4
Pa	祝文 Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ls	
1	Total revenue (Form 990, Part VIII,column (A), line 12)		1,627,271.
2	Total expenses (Form 990, Part IX, column (A), line 25)		1,721,940.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-94,669.
4	Net unrealized gains (losses) on investments		<u> </u>
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments	· -	
8	Other (Describe in Part XIV)	·	
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	,	-04 660
	Reconciliation of Revenue per Audited Financial Statements With Revenue per	or Botum	-94,669.
1	Total revenue, gains, and other support per audited financial statements	er Keturn	1 630 500
_	Amounts included on line 1 but not on Form 990. Part VIII, line 12:	iondean.	1,638,508.
2	· · · · · · · · · · · · · · · · · · ·		
	a Net unrealized gains on investments		
	Donated services and use of facilities 2b 11,2	237.	
	Recoveries of prior year grants		
	d Other (Describe in Part XIV)		
	e Add lines 2a through 2d	2e	11,237.
3	Subtract line 2e from line 1	3	1,627,271.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
i	Other (Describe in Part XIV)	Nation 8	
1	c Add lines 4a and 4b	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,627,271.
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	•	. 1	1,733,177.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities 2a 11, 2	237.	
	Prior year adjustments 2b		
	C Other losses 2c	200	
	d Other (Describe in Part XIV)	101	
	e Add lines 2a through 2d	. 2e	11,237.
3	Subtract line 2e from line 1	3	1,721,940.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	10000	
	a Investments expenses not included on Form 990, Part VIII, line 7b	1, 4, 1	
	b Other (Describe in Part XIV).		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5	1,721,940.
	Supplemental Information		1, 121, 340.
Con	aplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete treation.	art IV, lines 1b an	id 2b; Part V, e any additional

TEEA3304L 02/02/10

Schedule D (Form 990) 2009

BAA

Schedule D (Form 990) 2009 Arthritis Foundation, Part XIV Supplemental Information (continued)	Inc.	62-6018658	Page 5
Supplemental Information (continued)			
			 _

TEEA3305L 07/10/09

Schedule D (Form 990) 2009

BAA

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2009

2009

Department of the Treasury Internal Revenue Service Complete if the organization answered Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form990 or Form 990-EZ. See separate instructions.

Name of the organization Arthritis Fou	indation.	Inc.				Employer Identifica	tion number
Tennessee Cha	ipter					62-601865	8
Fundraising Activities. Comp Form 990EZ filers are not req	lete if the organized to complete	nization an ete this pai	swered 'Y	es' to Form 990, Part I	V, line 1	7.	
1 Indicate whether the organization	raised funds th	rough any	of the follo	owing activities. Check	all that	apply.	.
Mail solicitations				Solicitation of non-	governa	ent grants	
Internet and email solicitations	•			Solicitation of gove			
Phone solicitations				Special fundraising		Ar ar ita	
In-person solicitations				Special innovassing	events		
2a Did the organization have written	or oral agreem	ant will an	ne implemente	n) (controlled afficers of			
employees listed in Form 990, Par	rt VII) or entity	in connect	ion with p	rofessional fundraising	services	trustees or key	Yes X No
b if 'Yes,' list the ten highest paid in compensated at least \$5,000 by if	idividuals or en	tities (fund		-			
	Τ	T			(v) Ar	nount paid to	
(i) Name of individual	(ii) Activity	(iii) Did	lundraiser	(iv) Gross receipts	(or r	etained by)	(vi) Amount paid to
or entity (fundraiser)	1	of contr	ly or control butions?	from activity	Tundra	aiser listed in col.(i)	(or retained by) organization
	-	Yes	No			co(i)	Organization
	1	<u> </u>					
· · · · · · · · · · · · · · · · · · ·							

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		1					
		1					
		 			ļ		· · · · · · · · · · · · · · · · · · ·
	-						,
				-			-
		1	<u> </u>				
			 				
	<u></u>				<u> </u>		
Total			_				_
Total 3 List all states in which the organize	etion is registe	red or lice	need to se	licit funds or has been	Catified	it is susmat for	0.
or licensing.	anon is registe	ieu or nee	11360 10 30	melt lulius of tias been	notinea	it is exempt ire	om registration
					-~		

Sche	dule	G (Form 990 or 990 EZ) 2009 Arthrit	is Foundation,	Inc.	62-601	18658 Page 2
Pai	241	Fundraising Events. Complete if reported more than \$15,000 on F	the organization ar orm 990-EZ, line 6	nswered 'Yes' to Fo a. List events with o	rm 990, Part IV, li	ne 18 or
AE			(a) Event #1 Arthritis Walk (event type)	(b) Event #2 Jingle Bell Ru (event type)	(c) Other Events 4 (total number)	(d) Total Events (Add col. (a) through col. (c))
AEVENUE	1	Gross receipts	320,483.	240,794.	373,879.	935,156.
E	2	Less: Charitable contributions	306,179.	202,752.	269,472.	778,403.
	3	Gross income (line 1 minus line 2)	14,304.	38,042.	104,407.	156,753.
	4	Cash prizes .				
D	5	Noncash prizes				
DIRECT	6	Rent/facility costs				
	7	Food and beverages				·
EXPENSES	8	Entertainment				
SE	9	Other direct expenses	14,304.	38,043.	104,406.	156,753.
5		Direct expense summary. Add lines 4- ti				156,753.
<u> </u>	11				<u> </u>	
<u>Pal</u>	<u>rt III</u>	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	es' to Form 990, Pai	rt IV, line 19, or re	ported more than
REVERUE			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Ë E	1	Gross revenue				
D X	2	Cash prizes	***************************************			
D-RESE T	3	Non-cash prizes				
1 E		Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 thi	rough 5 in column (d)			
	8	Net gaming income summary. Combine	lines 1, column (d) and	I line 7		
;	a Is t	er the state(s) in which the organization of the organization licensed to operate gamin				YES NO
		No,' explain:				
		re any of the organization's gaming licensi 'es,' explain:	es revoked, suspended	or terminated during th	e tax year?	10a

11 Does the organization operate gaming activities with nonmembers?

11

Schedule G (Form 990 or 990-EZ) 2009 Arthritis	Foundation, Inc.	62-6018658	B Page 3
	-		YES NO
13 Indicate the percentage of gaming activity operat	ted in:		
a The organization's facility		13a %	
b An outside facility.		. 13b %	
14 Enter the name and address of the person who p	prepares the organization's gaming/special	events books and records:	
Name: ►		. –	
Address: -		·	
15a Does the organization have a contact with a third	t nacty from whom the occanization receive	5 G2mino revenue?	15a
b If 'Yes,' enter the amount of gaming revenue rec			
of gaming revenue retained by the third party \$		and the amount	
c if 'Yes,' enter name and address of the third part			
Name: •		·	
Address:			
16 Gaming manager information			
Name: ▶			
Gaming manager compensation 🕨 \$	·		
Description of services provided:			
Director/officer Employee	Independent contracto	or	
17 Mandatory distributions			
a is the organization required under state law to me state gaming license?			17a
b Enter the amount of distributions required under		organizations or spent in the	
organization's own exempt activities during the t			
BAA	TEEA3703L 02/05/10	Schedule G (Form 990	or 990-EZ) 2009

SCHEDULE N (Form 990 or 990-EZ)

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

Complete if the organization answer 'Yes' to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

► Attach certified copies of any articles of dissolution, resolutions, or plans.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Mame of the organization Arthritis Foundation, Inc.

Tennessee Chapter

Employer identification number 62-6018658

Cash and Cash equivalents Account Receivable	12/31/09	933,914. 391,541.	FMV	58-1341679	AF - Southeast Region 421 Great Circle Rd, Suite 104 Nashville, TN 37228 AF - Southeast Region	501 (c) (3)
			FMV	58-1341679	Nashville, TN 37228	501 (c) (3)
			FMV	58-1341679		501 (c) (3)
Account Receivable	12/31/09	391,541.			AF - Southeast Region	
Account Receivable	12/31/09	391,541.		•		I
Account Receivable	12/31/09	391,541.	ı		421 Great Circle Rd, Suite 104	
	1		FMV	58-1341679	Nashville, TN 37228	501 (c) (3)
					AF - Southeast Region	
Prepaid expenses and other					421 Great Circle Rd, Suite 104	
assets	12/31/09	7,837.	FMV	58-1341679	Nashville, TN 37228	501 (c) (3)
Did or will any officer, director, truste Become a director or trustee of a suc		, .				Yes No
b Become an employee of, or independ	ndent contracto	r for, a successor or tra				2b X
c Become a direct or indirect owner of	f a successor o	or transferee organizatio	on?			2c X

e if the organization answered 'Yes' to any of the questions in this line, provide the name of the person involved and explain in Part III.

Schedule N (Form 990 or 990 EZ) 2009 Arthritis Foundation	Arthrit	Arthritis Foundation,	Inc.			62-6018658	Page 2
Ratile Liquidation, Termination	n, or Dissolt	tion (continued)					ŀ
	d all of its asse	Is during the tax year, t	hen Form 990, Part X	. column (B) should ed	toal -0·	į	Yes No
3 Did the organization distribute its assets in accordance with its governing instrument(s)? If 'No,' describe in Part III	assets in accord	lance with its governing	instrument(s)? If 'No	; describe in Part III			×
48 Did the organization request or receive a determination letter from the IRS that the organization's exempt status was terminated?	ceive a determi	nation letter from the IR	S that the organization	n's exempt status was	lerminaled?	48	×
b if 'Yes', provide the date of the letter.	ter. ▼	. Attach a c	oov of the letter and.	of applicable, the organ	. Attach a cook of the letter and, if applicable, the proprization's request for the letter.		
5a is the organization remined in notify the attorney negation of other appropriate state of the intent to discourse for the months of the state of the intent to discourse the other appropriate the state of the intent to discourse the state of the state of the intent to discourse the state of the state	ify the attorney	popular appropria	mate ctate official of	te intent to discourse to	audate or forminate?	4	
	ny uie enouirey	general of onler approp	וומוב אמוב חוויכומו חו	ויוובויו וט חוססטועב, וו	daidaie, or terrimate:		
b if 'Yes', did the organization provide such hotice?.	de sucn nolice?		•			28	\perp
6 Did the organization discharge or pay all liabilities in accor-	pay all liabilities	in accordance with state laws?	te laws?			9	×
7a Old the organization have any tax-exempt bonds outstanding during the year?	exempt bonds	outstanding during the v	rear?		•	7a	×
h Did the armenisation discharge or defease texts are the head habilities and the content and instance and the formal Danama Danama based in the content and t	dofoses tay ove	mot bond leabilities in a	of oth the to	, abot amound leaved	Carrel of charles	74	
The organization of the control of t	Ocidase lak-exe	ייים ייים ייים ייים אים ייים אים ייים ייי	CCOrdine with the m	tenial nevelue Code	allu state laws:		
C IT YES, GESCROE IN PAIT III NOW THE Organization defeased of otherwise settled these liabilities. If No. explain in Part III.	e organization (refeased or otherwise s	etted these liabilities.	II No. explain in Par			
Rangilla Sale, Exchange, Disposition, or Other Tran Yes' to Form 990, Part IV, line 32, or Form	ition, or Oth IV. line 32. c	er Transfer of More r Form 990-EZ, line	than 25% of the 36. Use Schedu	Organization's As le N-1 if additional	ssets. Complete this space is needed.	sfer of More than 25% of the Organization's Assets. Complete this part if the organization answered 990-EZ, line 36. Use Schedule N-1 if additional space is needed.	answered
1 (a) Description of asset(s)	(b) Date of		(d) Method of	(e) EIN of recipient	(f) Name and	(f) Name and address of recipient	(g) IRC Code
expenses paid		amount of transaction	asset(s) distributed or				recipient(s) (if
		sasuadra	nansaction expenses		;		hpe of entity
							·
							;
							Vec
2 Did or will any officer, director, trustee, or key employee of the organization:	stee, or key em	oloyee of the organization	;;				
a Become a director or trustee of a successor or transferee organization?	successor or tra	Seree organization?				29	
b Become an employee of, or independent contractor for, a successor or transferee organization?	endent contracto	ir for, a successor or tra	insferee organization			2b	
c Become a direct or indirect owner of a successor or transferee organization?	of a successor	or transferee organization	on?		•	20	
d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	mpensation or c	ther similar payments a	is a result of the orga	nization's significant d	sposition of assets?		
e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.	to any of the qu	estions in this line, pro-	vide the name of the	serson involved and ex	plain in Part (I).		
RAA		186	TEFAA703 OLGOVIO			Schedule N (Form 990 or 990-F2) 2009	r 990.F27 2009

Part H Supplemental Information. Complete to provide the information required	62-6018658	Page 3
2e, 7c; Part II, line 2e; and any additional information.	u by Fart I, lines	
Part III - Additional Information		
Tennessee, Alabama, Georgia, Mississippi, Arkansas and Louis	siana Chapters of th	<u>1e </u>
Arthritis Foundation merged to form a new entity, Arthritis	Foundation, Souther	est
Region. This merger is being accounted for using carryover m	method of accounting	g as
described in FASB Accounting Standard Codification subtopic	958-805, Not-for-Pi	cofit
Entities - Business Combinations. Under the carryover method	od, assets and	
liabilities of the combining entities are relected in the co	ombined entity's	
financial_statements_at_their_carrying_amounts		
Len Smith, President of the Arthritis Foundation Tennessee C	Chapter became one of	of the
Regional Vice Presidents for the Southeast Region.		

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Name of the organization Arthritis Foundation,	Inc	Employer identification number
Tennessee Chapter	1	62-6018658
Form 990. Part III. Line 4d - Other Prog	ram Services Description	
Peer- reviewed research grants	awarded to scientists, physician	s and health
professionals involved in cutt	ing-edge_studies.	
Form 990, Part VI, Line 11 - Form 990 F	Review Process	
As of January 1, 2010, the Cha	pter and its personnel, officers	and Board of Trustees
merged into a new, regional en	tity referred to as the Arthritis	Foundation,
Southeast Region. This new re	gional entitle has a governing Bo	pard of Trustees.
Prior to filing the Form 990 w	ith the IRS, the former Chapter's	2009 Executive
	ng personnel and officers, and the	
	ived a copy of the Chapter's Form	
Each individual reviewed the F	orm (including schedules) and sub	omitted guestions or
comments to regional managemen	t as deemed necessary. Questions	s_and_comments_were
resolved appropriately to the s	atisfaction of the former Chapter'	s_executive_officer,
regional accounting personnel	and designated regional officers	and Audit Committee
members. The Form 990 (includi	ng schedules) was then approved b	by the regional Board
of Trustee's Audit Committee.		
Once the Form 990 was finalized	and approved by the regional Boar	d of Trustee's Audit
Committee, a copy of the final	Form 990 (including schedules)	was provided to each
voting member of the regional	Board of Trustees (which is comp	rised of key
representation of the former C	Chapter's Board of Trustees). Who	ere possible the form
was provided electronically ar	nd in paper when necessary. Ten	business days were
provided for resolving questic	ons and comments before filing the	e final Form 990 with
the IRS		

tame of the organization Arthritis Foundation, Inc. Tennessee Chapter	Employer Identification number 62-6018658
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enfor	cement of Conflicts
At least annually, all employees must sign a Conflic	ct of Interest disclosure form.
All volunteer positions such as nominees for Board,	Council, Committee and ad hoc
task force positions shall complete a conflict of in	nterest disclosure form annually
and prior to initial appointment to serve in these	various positions. If potential
conflicts exist as to the Arthritis Foundation Staff	f, the appropriate management
and/or the Human Resources department shall address	them.
Form 990, Part VI, Line 15b - Compensation Review & Approval Pro-	cess for Officers & Key Employees
Work performance and salary are reviewed annually by	y the employee's supervisor in
collaboration with the President and/or Board of Tr	ustees. Increases, within the
salary range, are granted to those whose performance	e merits an increase. Increases
are not automatic. Additional responsibility carrie	d, competence on the job,
including attendance, punctuality, ability to meet	assigned deadlines, ability to
get along with fellow workers, and length of service	e are among the factors
considered in granting increases.	
Form 990, Part VI, Line 19 - Other Organization Documents Public	cly Available
The organization makes public the majority of its g	overning documents, conflict of
interest policy, and financial statements via the N	ational Office's website at
www.arthritis.org. All other documents not readily	available via this website are
available upon request.	

Nome of the creangation	Nachari e i	Para de tra	•	Page 2
The second of the second	Arthritis	Foundation,	Inc.	Employer identification number
	Tennessee	Foundation, Chapter		62-6018658
				
				
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		_		

Form **8868**

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

ternal Revenue Service		
Manual Control	File a separate application for each return.	
Hyper are filling for an Au	tomatic 3-Month Extension, complete only Part I and check this box	
in you are lilling for an Ad	ditional (Not Automatic) 3-Manth Extension, complete only Part II (on page 2 of this fo	rm)
	nless you have already been granted an automatic 3-month extension on a previously filed	Form \$868.
Part I Autometi	c 3-Month Extension of Time. Only submit original (no copies needed).	
corporation required to fi	e Form 990 T and requesting an automatic 6-month extension - check this box and compl	ete
art I only		▶ [
Fother corporations (inclu of the income tax returns.	ding 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an e	itension of time
ot automatic) 3-month exit ou must submit the fully c	enerally, you can electronically file Form 8888 If you want a 3-month automatic extension a corporation required to file Form 990-T). However, you cannot file Form 8868 electronical lension or (2) you file Forms 990-BL, 8069, or 8870, group returns, or a composite or considered and signed page 2 (Part II) of Form 8868. For more details on the electronic filing on e-file for Charities & Nonprofits.	ly If (1) you want the additional
ype or Name of Exemp	at Omenication	mania Labaratet a set a a un anti-
	s Foundation, Inc.	mployer identification number
	ee Chapter	62 6010552
	and room or suite no. If a P.O. box, see instructions.	62-6018658
ngyou c/o Meto	calf Davis; 3340 Peachtree Rd Ste 2600	
tim See City, town or pe	ost office, state, and ZIP code. For a foreign address, see instructions.	
Atlanta	GA 30326-1089	
heck type of return to be	filed(file a separate application for each return).	
	·	
X Form 990	Form 990-T (corporation)	1
Form 990-BL	Form 990-T (sec. 401(a) or 408(a) trust)	•
Form 990-EZ	Form 990-T (trust other than above)	•
Form 990-PF	Form 1041-A Form 8870)
The books are in the can Telephone No. 404 If the organization does if this is for a Group Return to the second	Form 1041-A Form 8870 Essil Washington of ▶ 1330 W. Peachtree St. Suite 100 - Atlant	a, GA 30309
The books are in the can Telephone No. 16 the organization does If this is for a Group Retu ox 1 request an automati August 15 is for the organization X calendar year	Essil Washington of > 1330 W. Peachtree St. Suite 100 - Atlant 1-965-7502 FAX No. > not have an office or place of business in the United States, check this box irm, enter the organization's four digit Group Exemption Number (GEN) If this is t of the group, check this box > and attach a list with the names and EINs of all me 3-month (6-months for a corporation required to file Form 990-T) extension of time until 1, 2010 to file the exempt organization return for the organization named abo 's return for:	GA 30309 Gor the whole group, chack this imbers the extension will cover.
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