REPLANED AUG 3 0 2006

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)

2005

Department of the Treasury Internal Revenue Service G The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Α	For the 2005 calendar year, or tax year beginning , 2005, and ending				
В	': 10: 1	oyer Identification Number			
	Address change Please use Arthritis Foundation 62	62-6018658			
	Name change of print Tennessee Chapter E Teleo	phone number			
	See 421 Great Circle Road #104 C14	5-254-6795			
		Other (specify) G			
	Application pending ? Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A				
	(Form 990 or 990-EZ).	_ U U '			
G	Web site: G www.arthritis.org	affiliates G			
	H (C) Are all affiliates include:	ed? Yes No			
J	Organization type (check only one) G X 501(c) 3 H (insert no.) 4947(a)(1) or 527 (If No. attach a list. Set	ee instructions)			
<u></u>	Chack have C. His the appropriate in the control of	ı filed by an			
1	\$25,000. The organization need not file a return with the IRS; but if the organization organization covered by	a group ruling? X Yes No			
	chooses to file a return, be sure to file a complete return. Some states require a I Group Exemption	Number. G 8510			
	complete return. M Check G if the	organization is not required			
L		Form 990, 990-EZ, or 990-PF).			
Pa	rt I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)				
	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support				
	b Indirect public support	i d			
	c Government contributions (grants) 1c 45,000.				
	d Total (add lines \$ 1,801,416 _ noncesh \$)	1 001 416			
		1d 1,801,416.			
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2 20,466.			
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4 11,102.			
	5 Dividends and interest from securities	5			
	6a Gross rents				
	b Less: rental expenses				
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
R	7 Other investment income (describe G	7			
K = > = Z =	8a Gross amount from sales of assets other (A) Securities (B) Other				
E	than inventory				
Ų	b Less: cost or other basis and sales expenses 40. 8b				
_	c Gain or (loss) (attach schedule) Statement 1 8c				
	d Net gain or (loss) (combine line 8c, columns (A) and (B)).	8d			
	9 Special events and activities (attach schedule). If any amount is from gaming, check here.				
	a Gross revenue (not including \$ 902,735. of contributions				
	reported on line 1a)				
	b Less: direct expenses other than fundraising expenses 9b 116 , 851.				
	c Net income or (loss) from special events (subtract line 9b from line 9a) Statement 2	9c			
	10a Gross sales of inventory, less returns and allowances	30			
	b Less: cost of goods sold				
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	100			
		10c			
	11 Other revenue (from Part VII, line 103)	11 17,055.			
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12 1,850,039.			
E	13 Program services (from line 44, column (B))	13 1,150,255.			
P	14 Management and general (from line 44, column (C))	14 84,786.			
N	15 Fundraising (from line 44, column (D))	15 99,452.			
EXPENSES	16 Payments to affiliates (attach schedule)				
	17 Total expenses (add lines 16 and 44, column (A))	17 1,777,961.			
Ą	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18 72,078.			
N S E E	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19 511,244.			
	20 Other changes in net assets or fund balances (attach explanation) See Statement 4				
s	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21 585,285.			

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Form 990 (2005)

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

[Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising			
22	Grants and allocations (att sch)								
	(cash \$								
	non-cash \$)								
	If this amount includes								
	foreign grants, check here G	22							
23	Specific assistance to individuals (att sch)	23	18,477.	18,477.					
24	Benefits paid to or for members (att sch).	24							
25	Compensation of officers, directors, etc	25	79,615.	69,448.	5,613.	4,554.			
26	Other salaries and wages.	26	562,025.	490,263.	39,618.	32,144.			
27	Pension plan contributions	27	23,671.	20,648.	1,669.	1,354.			
28	Other employee benefits	28	31,862.	27,794.	2,246.	1,822.			
29	Payroll taxes	29	55,393.	48,320.	3,905.	3,168.			
30	Professional fundraising fees	30	66,808.	42,757.		24,051.			
31	Accounting fees	31	21,151.	18,450.	1,492.	1,209.			
32	Legal fees.	32							
33	Supplies	33	23,589.	19,127.	1,541.	2,921.			
34	Telephone.	34	19,909.	17,367.	1,403.	1,139.			
35	Postage and shipping.	35	18,226.	15,831.	1,279.	1,116.			
36	Occupancy	36	104,624.	91,265.	7,375.	5,984.			
37	Equipment rental and maintenance	37	13,154.	11,475.	927.	752.			
38	Printing and publications	38	72,128.	63,872.	1,947.	6,309.			
39	Travel	39	41,099.	35,851.	2,897.	2,351.			
40	Conferences, conventions, and meetings	40	42,263.	36,750.	2,970.	2,543.			
41	Interest	41	12,200.	30,730.	2,370.	2,043.			
42	Depreciation, depletion, etc (attach schedule)	42	6,045.	5,273.	426.	346.			
43	Other expenses not covered above (itemize):	42	0,043.	J, 21J.	420.	340.			
	a See Statement 5	43a	134,454.	117,287.	9,478.	7,689.			
			134,434.	117,207.	3,470.	7,009.			
	°	43b		-					
		43c							
(³	43 d							
6	⁹	43e			<u> </u>				
1	·	43f							
(9	439							
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).	44	1,334,493.	1,150,255.	84,786.	99,452.			
Join	t Costs. Check GX if you are following	SOP 9	18-2.						
	any joint costs from a combined educationa			icitation reported in (B) f	Program services?	GX Yes No			
	es, enter (i) the aggregate amount of these			66,808. : (ii) the a	mount allocated to Progr				
\$	42,757.; (iii) the amount all	_			: and (iv) the				
to F	o Fundraising \$ 24,051.								

	to position	enter -0-)	compensation plans	allowances
See Statement 10	-	89,230.	4,950.	7,820.
	-			
	-			
	-			
	-			
	_			1.9.1
ВАА	TEEA0105L	10/17/05	· · · · · · · · · · · · · · · · · · ·	Form 990 (2005)

Form 990 (2005) Arthritis Foundation			62-601865	8	Р	age 6
Part V-A Current Officers, Directors, Tru	stees, and Key Er	nployees (continued)			Yes	No
75a Enter the total number of officers, directors, and trustees pe				_		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that						
identifies the individuals and explains the relationship(s) c Do any officers, directors, trustees, or key employees listed in form 990. Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule						
A, Part II-A or II-B, receive compensation from to this organization through common supervision Note. Related organizations include section 509	on or common control?		or taxable, that are related	75 c		Х
If 'Yes,' attach a statement that identifies the in other organization(s), and describes the compensation	ndividuals, explains the	relationship between th	is organization and the to each individual by each	1		
d Does the organization have a written conflict of	interest policy?			. 75 di	X	
Part V-B Former Officers, Directors, Tru						
Benefits (If any former officer, directed during the year, list that person below a the instructions.)	or, trustee, or kev empl	lovee received compens	ation or other benefits (des	scribed b	elow)	
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Ex account a allow		her
		<u> </u>				
Part VI Other Information (See the instruc	tions)	<u> </u>			Yes	No
76 Did the organization engage in any activity not		the IDS2 If 'Vec'		T	163	-NO
attach a detailed description of each activity.	previousty reported to	the ik3/ ii fes,		. 76		X
77 Were any changes made in the organizing or g If 'Yes.' attach a conformed copy of the chang	overning documents b			77		Х
78a Did the organization have unrelated business of		or more during the year	r covered by this return?	78a		X
b If 'Yes,' has it filed a tax return on Form 990-T	•	5 3	,	78 b	_	Α
79 Was there a liquidation, dissolution, terminatio year? If 'Yes,' attach a statement	n, or substantial contra	oction during the		79		X
80a Is the organization related (other than by assomethership, governing bodies, trustees, office	ers, etc, to any other ex	kempt or nonexempt org	tion) through common anization?	80 a	<u> </u>	X
b If 'Yes,' enter the name of the organization G	and cl	heck whether it is Te	xempt or I nonexempt	-		
81a Enter direct and indirect political expenditures.	(See line 81 instructio	ns.)	81a (Ď.		
b Did the organization file Form 1120-POL for thi				81 b		Х
BAA				Form	1 990	(2005)

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Form 990 (2005)

Form	990 (2005) Arthritis Foundation	62-601 <u>86</u> 58	3	Р	age 7
Par	VI Other Information (continued)			Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities substantially less than fair rental value?	at no charge or at	82 a	Х	
b	f 'Yes,' you may indicate the value of these items here. Do not include this amount as evenue in Part I or as an expense in Part II. (See instructions in Part III.).	82ь 96,687.			
83 a	Did the organization comply with the public inspection requirements for returns and exemption	applications?	83a	Х	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contribu	tions?	83b	Х	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84 a		Χ
	f 'Yes,' did the organization include with every solicitation an express statement that such cornot tax deductible?	ntributions or gifts were	84 b	N.	ľΑ
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		85 a	N,	/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85 b	N.	/A
,	f 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the waiver for proxy tax owed for the prior year.	e organization received a			
С	Dues, assessments, and similar amounts from members	85c N/A			
d	Section 162(e) lobbying and political expenditures.	85d N/A			1
е.	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			1
f	Taxable amount of lobbying and political expenditures (line 85d less 85e).	85f N/A			1
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g	N.	ľΑ
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reason dues allocable to nondeductible lobbying and political expenditures for the following tax year?	able estimate of	85h	N	/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on				
	line 12	86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable or or an entity disregarded as separate from the organization under Regulations sections 301.770 If 'Yes,' complete Part IX	orporation or partnership, 01-2 and 301.7701-3?	88		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year unsection 4911 G 0 , section 4912G 0 , section 4912G 0 , section 4912G				
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess during the year or did it become aware of an excess benefit transaction from a prior year? If 'explaining each transaction	s benefit transaction Yes, attach a statement	89 b		X
	Enter: Amount of tax imposed on the organization managers or disqualified persons during th year under sections 4912, 4955, and 4958		000		
,	Enter: Amount of tax on line 89c, above, reimbursed by the organization				<u>0.</u> 0.
	—i.				<u> </u>
h	List the states with which a copy of this return is filed G $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $		90 b	_ _	- - 14
91a	The books are in care of G Essil Washington Telephone nu	mber G 404 - 965 - 750	72		
	Located at G 1330 W. Peachtree St. #100, Atlanta GA	ZIP + 4 G 30309	9		
b	At any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other fin	or other authority over a nancial account)?	91b	Yes	No X
	If 'Yes,' enter the name of the foreign country $G_{__________$				1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of F Financial Statements				
	At any time during the calendar year, did the organization maintain an office outside of the Ur	nited States?	91c	L	X
	If 'Yes,' enter the name of the foreign country $G____$				
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 ' Check I	nere	N/	Α	G 🔚
	and enter the amount of tax-exempt interest received or accrued during the tax year			_	N/A
BAA			Forn	n 990	(2005)

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<u> Fait VII</u>	Analysis of income-Producing					
Note: Ente	r gross amounts unless				ction 512, 513, or 514	(E)
otherwise i	ndicated.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
	gram service revenue:					
	les & Service Fees				20,466.	
p						
с				 		
e						
	dicare/Medicaid payments					
	& contracts from government agencies					
94 Mei	mbership dues and assessments.					
	rest on savings & temporary cash invmnts		·	14	11,102.	
	idends & interest from securities.					
	rental income or (loss) from real estate:					
	ot-financed property			-		
	rental income or (loss) from pers prop	-				
	ner investment income					
100 Gai	in or (loss) from sales of assets					
	er than inventory			- 1		
	income or (loss) from special events			1		
	ss profit or (loss) from sales of inventory	No.				
b	lei Teveride. d			1		<u> </u>
c Mi	sc		 ·	1	17,055.	-
d					<u> </u>	
e						
	total (add columns (B), (D), and (E)).				48,623.	
	al (add line 104, columns (B), (D), a				, G	48,623.
	105 plus line 1d, Part I, should equal Relationship of Activities to			rompt Durnos	100 (C N N N N N N N N N	
Line No.						
F	Explain how each activity for which of the organization's exempt purpo	income is report ses (other than b	ed in column (E) o v providina funds f	r Part VII contribu or such purposes	ited importantly to the	accomplishment
93a	Fees to reduce the cos					icted with
	arthritis.	363 61 11014	ring seri ne	ip coarses	TOT CHOSE ATTT	TO COO WI CIT

Part IX	Information Regarding Tax	able Subsidia	aries and Disre	garded Entiti	es (See the instruction	ıs.)
	(A)	(B)	(0		(D)	(E)
Name,	address, and EIN of corporation,	Percentage of	Nature of	activities	Total	End-of-year
par	tnership, or disregarded entity	ownership interes	t	activities	income	assets
N/A		9				
			%			
			% %			
Part X	Information Regarding Tra			conal Bonofit	Contracts (see the	instructions \
	e organization, during the year, receive any fur					
	he organization, during the year, pay	,	2. 1.21			Yes X No
	f 'Yes' to (b), file Form 8870 and For		•	a personal belle	nt contract?	Yes X'No
14000.1				ng schedules and state	ments, and to the best of my k	cnowledge and belief it is
	Under penalties of perjury, I declare that I have true, correct, and complete. Declaration of pre	aparer (other than offic	er) is basĕd on all infórn	nation of which prepare	er has any knowledge.	
Please	G					
Sign Here	Signature of officer				Date	
	Len Smith, Presiden Type or print name and title.	t				
	Type of print reality and title.		· - ·	Data	Ι. Ιο	renarer & SSN or DTIM (Soc
Paid	Preparer's G			Date		reparer's SSN or PTIN (See eneral Instruction W) LZA
Pre-		undation			employed G N	I/A
parer's Use	yours if self-	htree St.			EIN G N/A	
Only	address and U	30309			Phone no. G (40	4) 965-7512
BAA	12. 74 Actanca, GA	55555			Phone no. G (40	

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information (See separate instructions.)

2005

CMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Arthritis Foundation

G MUST be completed by the above organizations and attached to their Form 990 or 990-EZ. Employer identification number

Tennessee Chapter			62-6018658	
Part I Compensation of the Five Hig (See instructions. List each one. If there	hest Paid Employees Other are none, enter 'None.')	ner Than Officer	s, Directors, ar	nd Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
See Statement 11		169,319.	10,226.	0.
		100,010.	10/2201	
		 		
Total number of other employees paid over \$50,000	(
Part II ' A Compensation of the Five Hig (See instructions. List each one (wheth	phest Paid Independent C her individuals or firms). If there	Contractors for F are none, enter 'No	Professional Se	rvices
(a) Name and address of each independent contra	actor paid more than \$50,000	(b) Type	of service	(c) Compensation
None		_		
				-
			 	
		1		
		-	<u> </u>	
		4		
Total number of others receiving over \$50,000 for professional services		0	* · · · · · · · · · · · · · · · · · · ·	
Part II ' B Compensation of the Five High	•			
(List each contractor who performed s enter 'None.' See instructions.)	services other than professional	services, whether inc	dividuals or firms. If	there are none.
(a) Name and address of each independent contra	actor paid more than \$50,000	(b) Type	of service	(c) Compensation
None		-		
				T
				<u> </u>
Total number of other contractors receiving over \$50,000 for other services.		o		

Sche	dule	A (Form 990 or 990-EZ) 2005 Arthritis Foundation 62-601865	3	Р	age 2		
Par	111	Statements About Activities (See instructions.)		Yes	No		
1	to in or in	ing the year, has the organization attempted to influence national, state, or local legislation, including any attempt influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid incurred in connection with the lobbying activities $G \$ 0$. St equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	Х			
	Orga	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other enizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the sying activities.		5			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)							
а	Sale	e, exchange, or leasing of property?	2 a		Х		
b	Len	ding of money or other extension of credit?	2b	_	X		
С	Furi	nishing of goods, services, or facilities?	2 c		X		
d	Pay	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d	_	Х		
		nsfer of any part of its income or assets?	2 e		Х		
	exp	you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an lanation of how you determine that recipients qualify to receive payments.)	3a 3b	Х	Х		
С	Dur	ing the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3 C	^	Х		
4 a	Did on t	you maintain any separate account for participating donors where donors have the right to provide advice the use or distribution of funds?	4 a		Х		
b	Do	you provide credit counseling, debt management, credit repair, or debt negotiation services?	4 b		Х		
Par	t IV	Reason for Non-Private Foundation Status (See instructions.)					
5 6 7 8 9		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(ii). (Also complete Part V) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(ii). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's and state G An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general p Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and from activities related to its charitable, etc. functions: subject to certain exceptions, and (2) no more than 33-1/3% of from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified portions of the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified portions of the Support Schedule in Part IV-A.) Provide the following information about the supported organizations. (See instructions.) (a) Name(s) of supported organization(s)	ublic. gross its su by th nizatio	(1)(A) recei	pts		
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)					

	IV-A Support Schedule (count	ting.
	: You may use the worksheet in the	e instructions for conv	<u> </u>		of accounting.		
begir	ndar year (or fiscal year nning in) G	(a) 2004	(b) 2003	(c) 2002	(d) 2001		(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	859,441.	903,769.	971,739.	903,7	59.	3,638,708.
16	Membership fees received.	213,304.					213,304.
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	1,028,868.	852,596.	986,907.	982,5	15.	3,850,886.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	7,654.	13,302.	20,569.	34,3		
19	Net income from unrelated business activities not included in line 18						0.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
21	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.
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets See. Stmt. 12	37,489.	16,875.	22,385.	21,1	21.	97,870.
23	Total of lines 15 through 22	2,146,756.	1,786,542.	2,001,600.	1,941,7		7,876,605.
24	Line 23 minus line 17	1,117,888.	933,946.	1,014,693.	959,1	92.	4,025,719.
25	Enter 1% of line 23	21,468.	17,865.	20,016.	19,4	17.	
26	Organizations described on lines	s 10 or 11: a Ente	er 2% of amount in co	olumn (e), line 24	G	26 a	80,514.
t	Prepare a list for your records to show the supported organization) whose total gifts f return. Enter the total of all these excess	e name of and amount contrib for 2001 through 2004 exceed amounts	outed by each person (othe led the amount shown in li	r than a governmental unit on the 26a. Do not file this list	or publicly with your G	26 b	238,204.
C	Total support for section 509(a)(1				G[26c	4,025,719.
C	i Add: Amounts from column (e) fo	or lines: 18	75,837. 97,870.	19			
				26b 238,2		26d	411,911.
	Public support (line 26c minus lin				-	26e	3,613,808.
	Public support percentage (line 2		d by line 26c (denom	inator))	G	26f	89.77 %
	Organizations described on line For amounts included in lines 15, name of, and total amounts rece such amounts for each year:	, 16, and 17 that were ived in each year from	, each disqualified p	erson.' Do not file this	s list with your re	eturn.	Enter the sum of
	(2004)	(2003)	(2002) _		_ (2001)		
	o For any amount included in line to show the name of, and amoun \$5,000 (Include in the list organi After computing the difference be differences (the excess amounts)	nt received for each ye izations described in li etween the amount rec) for each year:	ar, that was more than nes 5 through 11b, as seived and the larger	an the larger of (1) the s well as individuals.) amount described in	e amount on line Do not file this li (1) or (2), enter t	25 for ist wit he sur	r the year or (2) h your return. m of these
	(2004)	(2003)	(2002) _		_ (2001)		
C	(2004) Add: Amounts from column (e) for the state of the	or lines: 15		16			
	17	20		21		27 c	
C	d Add: Line 27a total	ar	id line 27b total			27d	
•	Public support (line 27c total min	ius line 27d total)				27 e	
T	Total support for section 509(a)(2 3 Public support percentage (line 2	ZI TACI: HOTAL SMALINE I	rom ling 23 column i	(4) (4) (1)			
			•			27g 27h	<u>%</u>
	Investment income percentage (
28	Unusual Grants: For an organiza list for your records to show, for nature of the grant. Do not file th	each year, the name on the list with your return	of the contributor, the n. Do not include thes	date and amount of the grants in line 15.	the grant, and a	brief c	lescription of the

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		32	35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.
ļ			If you answered 'Yes' to either 34a or b, please explain using an attached statement.
		34P	b Has the organization's right to such aid ever been revoked or suspended?
		349	34a Does the organization receive any financial aid or assistance from a governmental agency?
			If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)
		488	h Other extracurricular activities?
		336	g Athletic programs?
		33£	t Use of facilities?
		33¢	e Educational policies?
		33 q	d Scholarahips or other financial assistance?
		33c	c Employment of faculty or administrative staff?
		330	Seeioilog anoiszimbA d
		338	a Students' rights or privileges?.
			33 Does the organization discriminate by race in any way with respect to:
			If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)
		32c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions?
		350	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
		328	32 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff?
,			
		-	
			If 'Yes, please describe; if 'No, please explain. (If you need more space, attach a separate statement)
		31	31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the registration period of solicitation program. In a way that makes the period of solicitation to all parts of the general community it serves?
		30	30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
		58	29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter. bylavs, other governing instrument, or in a resolution of its governing body?
ON	Yes		
		Α\N	Part V Private School Questionnaire (See instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)
₽ əɓe.	d		Schedule A (Form 990 or 990-EZ) 2005 AFTNFIELS FOUNDATION A 2005 AFTNFIELD A 2005 A 2005 AFTNFIELD A 2005 A 2005 AFTNFIELD A 2005 A 2005 AFTNFIELD A 2005 A

	VI-A Lobbying Ex (To be complete	penditures by Elected ONLY by an eligible of	cting Public Charit rganization that filed Fo	ties (See instru orm 5768)	ictions.))		_	N/A
Chec	Check G a if the organization belongs to an affiliated group Check G b if you checked 'a' and 'limited control' provisions apply.								
	Limits on Lobbying Expenditures (a) Affiliated group totals (b) To be completed for ALL electing								
(The term 'expenditures' means amounts paid or incurred.) 36 Total lobbying expenditures to influence public opinion (grassroots lobbying). 36									organizations
36					36			_	
37	Total lobbying expenditu				37				
38	Total lobbying expenditu				38				
39	Other exempt purpose e	-			40			-+	
40	Total exempt purpose ex Lobbying nontaxable am				40				
41	If the amount on line 40		obbying nontaxable an						
	Not over \$500,000		of the amount on line 4						
	Over \$500,000 but not over \$1,		00 plus 15% of the excess ov	l l					
	Over \$1,000,000 but not over \$		00 plus 10% of the excess ov		41				
	Over \$1,500,000 but not over \$		00 plus 5% of the excess ove	er \$1,500,000					-
	Over \$17,000,000	\$1,00	00,000	<u>_</u>	1 1			l	
42	Grassroots nontaxable a	mount (enter 25% of line	e 41).		42				
43	Subtract line 42 from lin	e 36. Enter -0- if line 42	is more than line 36		43				
44	Subtract line 41 from lin	e 38. Enter -0- if line 41	is more than line 38		44				
	Caution: If there is an a	mount on either line 43 of	or line 44, you must file	Form 4720.	<u> </u>				4.
	4 -Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)								
			Lobbying Expend	ditures During 4	-Year A	Averaging P	eriod		
	Calendar year (or fiscal year beginning in) G	(a) 2005	(b) 2004	(c) 2003			d) 102		(e) Total
45	Lobbying nontaxable amount								
46	Lobbying ceiling amount (150% of line 45(e))								
47	Total lobbying expenditures								
48	Grassroots non- taxable amount								
49	Grassroots ceiling amount (150% of line 48(e)).								
50	Grassroots lobbying expenditures								
	t VI-B Lobbying A (For reporting o								
Durii atter	ng the year, did the orgar mpt to influence public op	nization attempt to influe pinion on a legislative ma	nce national, state or lo atter or referendum, thr	ocal legislation, ough the use of	includir :	ng any	Yes	No	Amount
	Volunteers						Х		
	Paid staff or manageme	•	•		•			X	
	Media advertisements.							X	
	d Mailings to members, le							X	
	e Publications, or publish Grants to other organiza							X	
	Direct contact with legis	, , ,						X	
	n Rallies, demonstrations	•						x	-
	Total lobbying expenditu		•	-					0.
		ove, also attach a staten					. Se	e St	

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions) 51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting organization to a noncharitable exempt organization of: Yes No 51a (i) (ii) Other assets . . . a (ii) b Other transactions: (i) Sales or exchanges of assets with a noncharitable exempt organization b (i) (ii) Purchases of assets from a noncharitable exempt organization . . . b (ii) (iii) Rental of facilities, equipment, or other assets b (iii) (iv) Reimbursement arrangements.... b (iv) (v) Loans or loan quarantees. b (v) (vi) Performance of services or membership or fundraising solicitations b (vi) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d if the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: (c) (a) Description of transfers, transactions, and sharing arrangements Line no. Amount involved Name of noncharitable exempt organization N/A 52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If 'Yes,' complete the following schedule (b) (c) Description of relationship Name of organization Type of organization N/A