

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2024 calendar year, or tax year beginning 07/01, 2024, and ending 06/30, 2025

B Check if applicable: [] Address change [] Name change [] Initial return [] Final return/terminated [] Amended return [] Application pending
C Name of organization AMERICAN COLLEGE OF RHEUMATOLOGY, INC.
D Employer identification number 58-1627547
E Telephone number (404) 633-3777
G Gross receipts \$ 62,222,433
H(a) Is this a group return for subordinates? [] Yes [x] No
H(b) Are all subordinates included? [] Yes [] No
F Name and address of principal officer: STEVE ECHARD SAME AS C ABOVE

I Tax-exempt status: [] 501(c)(3) [x] 501(c) (6) (insert no.) [] 4947(a)(1) or [] 527

J Website: WWW.RHEUMATOLOGY.ORG H(c) Group exemption number

K Form of organization: [x] Corporation [] Trust [] Association [] Other L Year of formation: 1985 M State of legal domicile: IL

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

Part II Signature Block

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

Sign Here: Signature of officer STEVE ECHARD, EXECUTIVE VP, Date, Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name AMY BIBBY, Preparer's signature AMY BIBBY, Date 05/04/2026, Check [] if self-employed, PTIN P00445891, Firm's name FORVIS MAZARS, LLP, Firm's EIN 44-0160260, Firm's address ONE OAK PLAZA SUITE 300, ASHEVILLE, NC 28801, Phone no. (828) 254-2254

May the IRS discuss this return with the preparer shown above? See instructions [x] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)
(SEE ON SCHEDULE O)

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and charitable contributions.

Part VI 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<input checked="" type="checkbox"/>	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed GA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
COLLEEN MERKEL, 2200 LAKE BOULEVARD NE, ATLANTA, GA 30319, (404) 633-3777

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVE ECHARD EXECUTIVE VICE PRESIDENT	40.0 0.0				✓		639,715	0	68,178	
(2) SHERYL MCCALLA SR. VICE PRESIDENT & CHIEF ADMINISTRATIVE OFFICER	40.0 0.0				✓		298,966	0	48,720	
(3) COLLEEN MERKEL VICE PRESIDENT, OPERATIONS & FINANCE	40.0 0.0				✓		246,081	0	49,300	
(4) ADAM COOPER VICE PRESIDENT, PRACTICE, ADVOCACY & QUALITY	40.0 0.0					✓	207,129	0	40,142	
(5) TAMI BREHM VICE PRESIDENT, MEMBER SERVICES & GOVERNANCE	40.0 0.0					✓	188,522	0	31,256	
(6) DAWN MCEVOY VICE PRESIDENT, EDUCATION	40.0 0.0					✓	176,012	0	30,724	
(7) CONNIE HERNDON VICE PRESIDENT, RESEARCH, TRAINING & WORKFORCE	40.0 0.0					✓	160,202	0	29,465	
(8) MONA BHAVSAR SENIOR DIRECTOR, CONTROLLER	40.0 0.0					✓	150,824	0	36,237	
(9) DEBORAH DESIR ACR PRESIDENT 2024	14.0 0.0	✓		✓			106,300	0	0	
(10) LIANA FRAENKEL FDN PRESIDENT 2024 & 2025	7.0 7.0	✓		✓			69,000	0	0	
(11) ANNE BASS ACR TREASURER 2024 & 2025	10.0 4.0	✓		✓			47,300	0	0	
(12) WILLIAM HARVEY ACR SECRETARY 2024 / ACR PRESIDENT ELECT 2025	14.0 0.0	✓		✓			47,300	0	0	
(13) AILEEN LEDINGHAM ARP PRESIDENT 2024	14.0 0.0	✓		✓			41,200	0	0	
(14) ADAM GOODE ARP PRESIDENT 2025	14.0 0.0	✓		✓			24,800	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) HOWARD BLUMSTEIN MEMBER-AT-LARGE 2025	14.0 0.0	<input checked="" type="checkbox"/>						5,000	0	0
(16) JIM OATES MEMBER-AT-LARGE 2025	14.0 0.0	<input checked="" type="checkbox"/>						5,000	0	0
(17) CAROL LANGFORD ACR PRESIDENT ELECT 2024 / ACR PRESIDENT 2025	14.0 0.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				1,000	0	0
(18) COLIN EDGERTON MEMBER-AT-LARGE 2024 & 2025	14.0 0.0	<input checked="" type="checkbox"/>						1,000	0	0
(19) DEBORAH PARKS MEMBER-AT-LARGE 2024 & 2025	14.0 0.0	<input checked="" type="checkbox"/>						1,000	0	0
(20) KAREN ONEL MEMBER-AT-LARGE 2024 & 2025	14.0 0.0	<input checked="" type="checkbox"/>						1,000	0	0
(21) KRISTI KUHN MEMBER-AT-LARGE 2025	14.0 0.0	<input checked="" type="checkbox"/>						1,000	0	0
(22) NEHAD SOLOMAN MEMBER-AT-LARGE 2024 & 2025	14.0 0.0	<input checked="" type="checkbox"/>						1,000	0	0
(23) SAIRA SHEIKH MEMBER-AT-LARGE 2024 & 2025	14.0 0.0	<input checked="" type="checkbox"/>						1,000	0	0
(24) MARCY BOLSTER MEMBER-AT-LARGE 2024	14.0 0.0	<input checked="" type="checkbox"/>						850	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								2,421,201	0	334,022
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								2,421,201	0	334,022

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 35

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ON SERVICES, LLC, 6779 CRESCENT DR, NORCROSS, GA 30071	AUDIO VIDEO CONSULTANTS	3,081,301
SHEPARD EXPOSITION SERVICES, 1424 HILLS PLACE, ATLANTA, GA 30318	EVENT PRODUCTION SERVICES	1,345,332
CIMATRI HOLDCO LLC, 6221 S. CLAIRBORNE AVENUE, SUITE 58, NEW ORLEANS, LA 70125	IT MANAGED SERVICES	1,222,569
FIGMD, INC, 6952 ROTE ROAD, SUITE 400, ROCKFORD, IL 61107	CLOUD HOSTING	799,520
ARAMARK SPORTS AND ENTERTAINMENT SERVICES LLC, 2400 MARKET STREET, PHILIDELPHIA, PA 19103	CONFERENCE SERVICES	791,235
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	38	

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	158,423				
	e	Government grants (contributions)	1e	2,607,913				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,336,885				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f		6,103,221				
	Program Service Revenue				Business Code			
2a		MEETING REVENUE		541900	16,315,503	16,315,503		
b		MANAGEMENT FEE		541900	3,398,572	3,398,572		
c		MEMBERSHIP DUES		541900	2,622,182	2,622,182		
d		LABELS AND MISC UBI		541900	8,097		1,457	
e								
f		All other program service revenue . .			0	0	0	
g		Total. Add lines 2a-2f			22,344,354			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			726,208		726,208	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties			5,028,022		5,028,022	
	6a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0	0			
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
						27,962,665		
	b	Less: cost or other basis and sales expenses	7b	25,013,188				
	c	Gain or (loss)	7c	2,949,477	0			
	d	Net gain or (loss)			2,949,477		2,949,477	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events							
9a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue				Business Code				
	11a	MISCELLANEOUS		900099	57,963		57,963	
	b							
	c							
	d	All other revenue			0	0	0	
e	Total. Add lines 11a-11d			57,963				
12	Total revenue. See instructions			37,209,245	22,336,257	1,457	8,768,310	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	323,824			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,216,641			
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	11,868,620			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,090,403			
9 Other employee benefits	1,736,973			
10 Payroll taxes	954,551			
11 Fees for services (nonemployees):				
a Management				
b Legal	247,872			
c Accounting	77,562			
d Lobbying	15,180			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	83,965			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	10,139,320			
12 Advertising and promotion	94,576			
13 Office expenses	1,301,755			
14 Information technology	1,186,251			
15 Royalties				
16 Occupancy	361,380			
17 Travel	1,048,692			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,005,899			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	629,358			
23 Insurance	270,156			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PAYROLL PROCESSING FEES	42,564			
b MISCELLANEOUS	28,736			
c				
d				
e All other expenses	0			
25 Total functional expenses. Add lines 1 through 24e	37,724,278			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	604	1	0
	2 Savings and temporary cash investments	3,999,141	2	3,361,611
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4,042,723	4	4,611,401
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,558,053	9	1,553,847
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,543,062		
	b Less: accumulated depreciation	10b 7,744,087	10c	6,798,975
	11 Investments—publicly traded securities	28,475,887	11	28,571,107
	12 Investments—other securities. See Part IV, line 11	4,947,198	12	4,687,756
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 33)	49,791,386	16	49,584,697	
Liabilities	17 Accounts payable and accrued expenses	1,886,521	17	2,319,830
	18 Grants payable	4,500,000	18	3,000,000
	19 Deferred revenue	7,627,878	19	9,083,192
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	14,014,399	26	14,403,022
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	35,776,987	27	35,181,675
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	35,776,987	32	35,181,675
33 Total liabilities and net assets/fund balances	49,791,386	33	49,584,697	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	37,209,245
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,724,278
3	Revenue less expenses. Subtract line 2 from line 1	3	(515,033)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	35,776,987
5	Net unrealized gains (losses) on investments	5	(80,279)
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	35,181,675

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	✓	

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) ANGUS WORTHING ----- ACR SECRETARY 2025	10.0 ----- 4.0	✓		✓				0	0	0
(26) ANDREW LASTER ----- MEMBER-AT-LARGE 2024 & 2025	14.0 ----- 0.0	✓						0	0	0
(27) BLAIR SOLOW ----- MEMBER-AT-LARGE 2024 & 2025	14.0 ----- 0.0	✓						0	0	0
(28) DONALD THOMAS ----- MEMBER-AT-LARGE 2025	14.0 ----- 0.0	✓						0	0	0
(29) ERIC RUDERMAN ----- MEMBER-AT-LARGE 2024	14.0 ----- 0.0	✓						0	0	0
(30) JANE KANG ----- MEMBER-AT-LARGE 2024	14.0 ----- 0.0	✓						0	0	0
(31) MARCUS SNOW ----- MEMBER-AT-LARGE 2024 & 2025	14.0 ----- 0.0	✓						0	0	0
(32) MAURA IVERSON ----- MEMBER-AT-LARGE 2024 & 2025	14.0 ----- 0.0	✓						0	0	0
(33) SWAMY VENUTURUPALLI ----- MEMBER-AT-LARGE 2024	14.0 ----- 0.0	✓						0	0	0
(34) VINICIUS DOMINGUES ----- MEMBER-AT-LARGE 2024	14.0 ----- 0.0	✓						0	0	0

**Schedule B
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)(**6**) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization AMERICAN COLLEGE OF RHEUMATOLOGY, INC.	Employer identification number 58-1627547
---	---

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A ----- ----- -----	\$ 158,423	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A ----- ----- -----	\$ 540,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A ----- ----- -----	\$ 123,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A ----- ----- -----	\$ 270,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A ----- ----- -----	\$ 24,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A ----- ----- -----	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN COLLEGE OF RHEUMATOLOGY, INC.	Employer identification number 58-1627547
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A ----- ----- -----	\$ 95,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A ----- ----- -----	\$ 70,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A ----- ----- -----	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A ----- ----- -----	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A ----- ----- -----	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	N/A ----- ----- -----	\$ 127,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN COLLEGE OF RHEUMATOLOGY, INC.	Employer identification number 58-1627547
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A ----- ----- -----	\$ 64,202	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	N/A ----- ----- -----	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	N/A ----- ----- -----	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	N/A ----- ----- -----	\$ 70,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	N/A ----- ----- -----	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	N/A ----- ----- -----	\$ 45,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN COLLEGE OF RHEUMATOLOGY, INC.	Employer identification number 58-1627547
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A ----- ----- -----	\$ 320,417	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	N/A ----- ----- -----	\$ 70,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	N/A ----- ----- -----	\$ 336,245	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	N/A ----- ----- -----	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	N/A ----- ----- -----	\$ 45,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	N/A ----- ----- -----	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN COLLEGE OF RHEUMATOLOGY, INC.	Employer identification number 58-1627547
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	N/A ----- ----- -----	\$ 476,134	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	N/A ----- ----- -----	\$ 71,187	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	N/A ----- ----- -----	\$ 2,607,913	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	N/A ----- ----- -----	\$ 70,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	N/A ----- ----- -----	\$ 57,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN COLLEGE OF RHEUMATOLOGY, INC.	Employer identification number 58-1627547
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization
AMERICAN COLLEGE OF RHEUMATOLOGY, INC.

Employer identification number
58-1627547

Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

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

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

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

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

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

Name of organization AMERICAN COLLEGE OF RHEUMATOLOGY, INC.	Employer identification number (EIN) 58-1627547
---	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$ _____
- 3 Volunteer hours for political campaign activities. See instructions _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">IF the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		IF the amount on line 1e, column (a) or (b) is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b) is:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

1 Dues, assessments and similar amounts from members	1	1,992,026
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	293,749
b Carryover from last year	2b	0
c Total	2c	293,749
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	398,405
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	(104,656)

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: AMERICAN COLLEGE OF RHEUMATOLOGY, INC. Employer identification number: 58-1627547

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Form with rows 1a-2 for questions regarding art and historical treasures, including revenue and asset amounts.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table.

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

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

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

Part V Endowment Funds

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

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

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

- a** Board designated or quasi-endowment _____%
- b** Permanent endowment _____%
- c** Term endowment _____%

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

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

- (i)** Unrelated organizations? **Yes** **No**
- (ii)** Related organizations? **Yes** **No**

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		972,195		972,195
b Buildings		6,183,451	3,852,687	2,330,764
c Leasehold improvements				
d Equipment		246,657	153,683	92,974
e Other		7,140,759	3,737,717	3,403,042
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				6,798,975

Part VII Investments—Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	4,687,756	END OF YEAR MARKET VALUE
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .	4,687,756	

Part VIII Investments—Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	0

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

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE COLLEGE IS RECOGNIZED AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (THE "CODE") AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(6) WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 512(A) OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX. DURING 2025 AND 2024, THERE WERE NO TAX EXPENSES OR CREDITS FROM UNRELATED BUSINESS INCOME, AND THERE ARE NO SIGNIFICANT DEFERRED TAX ASSETS OR LIABILITIES AS OF JUNE 30, 2025 OR 2024. THE COLLEGE HAS EVALUATED ITS TAX POSITIONS AND DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2025 AND 2024, RESPECTIVELY.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

AMERICAN COLLEGE OF RHEUMATOLOGY, INC.

Employer identification number

58-1627547

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Cat. No. 50055P

Schedule I (Form 990) (Rev. 12-2024)

Part III

Grants and Other Assistance to Individuals in the United States (continued)

(a) Type of grant or assistance	(b) Number of Recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(7) HENRY KUNKEL EARLY CAREER INVESTIGATOR AWARD	1	3,000			
(8) DISTINGUISHED INTERNATIONAL RHEUMATOLOGY PROFESSIONAL	1	3,000			
(9) DISTINGUISHED BASIC/TRANSLATIONAL INVESTIGATOR AWARD	1	3,000			
(10) DISTINGUISHED SCHOLAR AWARD	1	3,000			
(11) DISTINGUISHED CLINICAL INVESTIGATOR AWARD	1	3,000			
(12) ADDIE THOMAS SERVICE AWARD	1	3,000			
(13) PAULDING PHELPS AWARD-DONATING FULL AMOUNT TO FOUNDATION	1	3,000			
(14) DISTINGUISHED CLINICIAN AWARD	1	3,000			
(15) DISTINGUISHED FELLOWSHIP PROGRAM DIRECTOR AWARD	1	3,000			
(16) DISTINGUISHED CLINICIAN SCHOLAR AWARD	1	3,000			
(17) ACR-EULAR RESEARCH EXCHANGE 2025 STIPEND	12	26,000			
(18) FELLOWS ATTENDING WINTER RHEUMATOLOGY 2025	2	1,590			
(19) AWARD FOR OVERALL WINNER OF 2024 IMAGE COMPETITION	1	1,500			
(20) DISTINGUISHED FELLOW AWARD	10	15,000			
(21) AWARD FOR PEOPLE'S CHOICE WINNER - 2024 IMAGE COMPETITION	1	1,000			
(22) LUPUS NEPHRITIS WORKGROUP STIPEND	8	8,000			

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2	<p>THE ACR MAINTAINS DETAILED RECORDS ON ALL GRANTS AND ASSISTANCE GIVEN THROUGH THE FELLOWS EDUCATION FUND, INCLUDING ELIGIBILITY AND SELECTION CRITERIA FOR ALL APPLICANTS. SCHOLARSHIPS FOR ACR/ARP ANNUAL MEETING AND STATE-OF-THE-ART CLINICAL SYMPOSIUM APPLICANTS ARE AWARDED BASED ON FELLOWSHIP YEAR ELIGIBILITY. ACR WINTER RHEUMATOLOGY SYMPOSIUM SCHOLARSHIP ELIGIBILITY IS AVAILABLE TO INTERESTED FELLOWS ONCE DURING THEIR TRAINING. SCHOLARSHIPS ARE USED TO SUPPORT EDUCATIONAL ACTIVITIES AND MEETINGS. ALL RECIPIENTS AGREE TO USE THE FUNDS AS OUTLINED IN THE SCHOLARSHIP APPLICATION.</p> <p>DISTINGUISHED FELLOWS AWARD: EACH YEAR UP TO TEN FELLOWS-IN-TRAINING, NOMINATED BY THEIR PROGRAM DIRECTORS, ARE SELECTED TO RECEIVE THIS CELEBRATED AWARD DURING THE ANNUAL MEETING. DESIGNED TO ACKNOWLEDGE RHEUMATOLOGY FELLOWS-IN-TRAINING WHO HAVE PERFORMED MERITORIOUSLY IN THE AREAS OF CLINICAL CARE, TEACHING, RESEARCH AND COMMUNITY SERVICE, THIS AWARD HAS IDENTIFIED MANY FUTURE LEADERS AND HAS BECOME AN ACR TRADITION.</p> <p>ELIGIBLE FELLOWS-IN-TRAINING FROM ACGME-ACCREDITED RHEUMATOLOGY TRAINING PROGRAMS MUST BE NOMINATED FOR THIS HONOR BY THEIR SUPERVISOR, TRAINING PROGRAM DIRECTOR OR AN ACR MEMBER.</p> <p>THE ACR COMMITTEE ON NOMINATIONS EVALUATES EACH APPLICATION IN THE FOLLOWING AREAS: - CURRICULUM VITAE - RESEARCH/ABSTRACT - TEACHING - CLINICAL CARE - COMMUNITY SERVICE</p> <p>THE PROCESS: RHEUMATOLOGY FELLOWS-IN-TRAINING BENEFIT IN MANY WAYS FROM THE ABILITY TO ATTEND NATIONAL EDUCATIONAL PROGRAMS, BUT NOT LIMITED TO, EXPOSURE TO CUTTING EDGE SCIENCE, THE OPPORTUNITY TO PRESENT ORIGINAL RESEARCH IN A PEER-REVIEW FORUM, IN DEPTH REVIEW OF CLINICAL SCENARIOS, CHALLENGES OF DIFFICULT TO DIAGNOSE CASES, EXPOSURE TO MENTORS OUTSIDE OF THE HOME INSTITUTION AND THE ABILITY TO MEET RHEUMATOLOGISTS FROM DIFFERENT INSTITUTIONS FOR POTENTIAL EMPLOYMENT OPPORTUNITIES. THE ACR FELLOWS EDUCATION FUND PROVIDES \$1,500 FOR EACH AWARDEE, IN ADDITION TO EXCEPTIONAL RESOURCES AND EDUCATIONAL OPPORTUNITIES. FELLOWS-IN-TRAINING WHO PARTICIPATE HAVE THE OPPORTUNITY TO LEARN FIRSTHAND FROM NATIONALLY KNOWN RHEUMATOLOGY EXPERTS DURING EACH MEETING. THE FELLOWS EDUCATION FUND ALLOWS FELLOWS-IN-TRAINING TO PARTICIPATE IN COMPREHENSIVE PROFESSIONAL EDUCATION MEETING THAT ARE CHALK FULL OF PRACTICAL APPLICATIONS AND HANDS-ON EXPERIENCE.</p> <p>ARP MERIT AND APPRECIATION AWARDS: THE ASSOCIATION OF RHEUMATOLOGY HEALTH PROFESSIONALS (ARP), A DIVISION OF THE AMERICAN COLLEGE OF RHEUMATOLOGY (ACR), IS A PROFESSIONAL MEMBERSHIP SOCIETY COMPOSED OF NON-PHYSICIAN HEALTH CARE PROFESSIONALS SPECIALIZING IN RHEUMATOLOGY, SUCH AS ADVANCED PRACTICE NURSES, NURSES, WORKERS, EPIDEMIOLOGISTS, PHYSICIAN ASSISTANTS, EDUCATORS, CLINICIANS, RESEARCHERS, RESEARCH COORDINATORS AND OFFICE STAFF.</p> <p>EACH YEAR DURING THE ACR/ ARP ANNUAL SCIENTIFIC MEETING, THE ARP RECOGNIZES 10-11 NOMINATED MEMBERS BY AWARDING THEM THE FOLLOWING MERIT AND APPRECIATION AWARDS.</p> <p>LIFETIME ACHIEVEMENT AWARD - IS PRESENTED TO A CURRENT OR FORMER MEMBER OF ARP WHO'S CAREER HAS DEMONSTRATED A SUSTAINED AND LASTING CONTRIBUTION TO THE FIELD OF RHEUMATOLOGY AND RHEUMATOLOGY HEALTH PROFESSIONALS. AWARD AMOUNT IS \$5,500.</p> <p>ADDIE THOMAS SERVICE AWARD - IS PRESENTED IN HONOR OF OUR ASSOCIATIONS FIRST PRESIDENT AND RECOGNIZES AN ARP MEMBER WHO HAS BEEN AN ACTIVE VOLUNTEER INVOLVED WITH LOCAL, REGIONAL AND NATIONAL ARTHRITIS-RELATED ACTIVITIES. AWARD AMOUNT IS \$3,000.</p> <p>ANN KUNKEL ADVOCACY AWARD - IS PRESENTED TO AN ARP MEMBER WHO HAS PROVIDED EXTRAORDINARY SERVICE TO ADVOCATE FOR PATIENTS WITH ARTHRITIS/RHEUMATIC DISEASES OR FOR HEALTH PROFESSIONALS IN RHEUMATOLOGY. AWARD AMOUNT IS \$3,000.</p> <p>DISTINGUISHED SCHOLAR AWARD - IS PRESENTED TO AN ARP MEMBER WHO DEMONSTRATES EXCEPTIONAL ACHIEVEMENTS IN SCHOLARLY ACTIVITIES PERTINENT TO ARTHRITIS AND THE RHEUMATIC DISEASES. AWARD AMOUNT IS \$3,000.</p> <p>DISTINGUISHED CLINICIAN AWARD - IS PRESENTED TO AN ARP MEMBER WHO IS ENGAGED IN CLINICAL PRACTICE AND DEMONSTRATES OUTSTANDING CLINICAL EXPERTISE IN ARTHRITIS AND THE RHEUMATIC DISEASES. AWARD AMOUNT IS \$3,000.</p> <p>DISTINGUISHED EDUCATOR AWARD - IS PRESENTED TO AN ARP MEMBER WHO HAS DEMONSTRATED SUSTAINED EXCELLENCE IN TEACHING OF HEALTH PROFESSIONAL STUDENTS, MEDICAL STUDENTS, RESIDENTS, GRADUATE STUDENTS, AND/OR FELLOWS, WITH THEIR PRIMARY FOCUS BEING RHEUMATOLOGY RELATED CONTENT. AWARD AMOUNT IS \$3,000.</p> <p>THE EXCELLENCE IN INVESTIGATIVE MENTORING AWARD - RECOGNIZES THE IMPORTANCE OF THE MENTOR/MENTEE RELATIONSHIP. THIS AWARD HONORS AN ACTIVE ACR OR ARP MEMBER FOR THEIR CONTRIBUTIONS TO THE RHEUMATOLOGY PROFESSION THROUGH OUTSTANDING AND ONGOING MENTORING. FUNDING SUPPORT FOR THIS AWARD OF DISTINCTION IS PROVIDED BY THE RHEUMATOLOGY RESEARCH FOUNDATION. AWARD AMOUNT IS \$3,000.</p> <p>ARP PRESIDENT'S AWARD - IS PRESENTED TO THE ARP OR ACR MEMBER OR TEAM PERFORMING</p>

Return Reference - Identifier	Explanation
	<p>OUTSTANDING SERVICE WITHIN THE PRESENT YEAR IN ADVANCING THE GOALS, IDEALS, AND STANDARDS OF ARP. AWARD AMOUNT IS \$0.</p> <p>OUTSTANDING STUDENT IN RHEUMATOLOGY AWARD - IS AWARDED TO TWO HEALTH PROFESSIONAL STUDENTS, OF ARP MEMBERS, WHO ARE RECOGNIZED FOR CREATIVE ADVANCING RHEUMATOLOGY ON ONE THE FOLLOWING AREAS: EDUCATION, PRACTICE, RESEARCH, AND/OR ADVOCACY. THIS AWARD WAS CREATED TO ENCOURAGE THE INTEREST OF NON-PHYSICIAN GRADUATE STUDENTS IN THE FIELD OF RHEUMATOLOGY. AWARD AMOUNT IS \$500 EACH FOR TWO AWARDEES.</p> <p>ARP MASTER AWARD - THE ARP MASTER AWARD IS ONE OF THE HIGHEST HONORS THE COLLEGE BESTOWS. THIS AWARD IS PRESENTED TO ARP MEMBERS WHO HAVE MADE OUTSTANDING CONTRIBUTIONS TO THE FIELD OF RHEUMATOLOGY THROUGH SERVICE TO THE ACR/ARP AND ADVANCEMENTS IN RESEARCH, PRACTICE, EDUCATION, AND/OR ADVOCACY. AWARD AMOUNT IS \$0; MASTERS RECEIVE COMPLIMENTARY MEMBERSHIP AND CONVERGENCE REGISTRATION.</p> <p>DISTINGUISHED INTERNATIONAL RHEUMATOLOGY PROFESSIONAL AWARD - THE DISTINGUISHED INTERNATIONAL RHEUMATOLOGY PROFESSIONAL AWARD IS AWARDED TO A RHEUMATOLOGIST OR RHEUMATOLOGY HEALTH PROFESSIONAL OUTSIDE OF THE US AND CANADA FOR EXCEPTIONAL CONTRIBUTIONS IN PUBLIC SERVICE AND ADVOCACY TO THE GLOBAL RHEUMATOLOGY COMMUNITY. AWARD AMOUNT IS \$3,000.</p> <p>DISTINGUISHED BASIC/TRANSLATIONAL INVESTIGATOR AWARD - THE DISTINGUISHED BASIC/TRANSLATIONAL INVESTIGATOR AWARD IS AWARDED TO A BASIC OR TRANSLATIONAL INVESTIGATOR WHO HAS MADE OUTSTANDING CONTRIBUTIONS TO THE FIELD OF RHEUMATOLOGY. AWARD AMOUNT IS \$3,000.</p> <p>THE PROCESS: ALL MEMBERS ARE ELIGIBLE TO NOMINATE AN ARP MEMBER FOR THE AWARDS. EACH NOMINATION INCLUDES A LETTER OF SUPPORT, THE NOMINEE RESUME/VITA AND TWO LETTERS OF SUPPORT. NOMINATIONS DEADLINE IS APRIL 1. THE MEMBERSHIP AND AWARDS COMMITTEE SELECTS EACH AWARDEE AFTER REVIEWING THEIR NOMINATION MATERIALS AGAINST THE AWARD CRITERIA. AWARDEES ARE ANNOUNCED BY AUGUST 1.</p> <p>ACR/EULAR RESEARCH EXCHANGE PROGRAM</p> <p>THE PURPOSE OF THE ACR/EULAR RESEARCH EXCHANGE PROGRAM IS TO PROMOTE THE INTERNATIONAL EXCHANGE OF CLINICAL AND RESEARCH SKILLS, EXPERTISE, AND KNOWLEDGE WITHIN RHEUMATOLOGY. THE PROGRAM RECOGNIZES OUTSTANDING RHEUMATOLOGY PROFESSIONAL FACULTY IN BOTH LABORATORY AND CLINIC-BASED RESEARCH, PROVIDES EXPOSURE TO THE EXCITING WORK BEING DONE BY COLLEAGUES OVERSEAS, AND CREATES OPPORTUNITIES FOR COLLABORATION. THE AWARD RECIPIENTS ARE JUNIOR ACADEMIC RHEUMATOLOGISTS AND RHEUMATOLOGY HEALTH PROFESSIONALS INTERESTED OR ENGAGED IN RHEUMATOLOGY RESEARCH.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE I, PART I, LINE 2</p>	<p>ACR AWARDS</p> <p>ACR RECOGNIZES ITS MEMBERS' OUTSTANDING CONTRIBUTIONS TO THE FIELD OF RHEUMATOLOGY THROUGH AN AWARDS PROGRAM. NOMINATIONS OPEN IN THE SPRING FOR TWO MONTHS OF EACH YEAR.</p> <p>ALL ACR AWARDS REQUIRE A NOMINATION, INCLUDING A LETTER OF SUPPORT FROM AN ACR/ARP MEMBER AND TWO ADDITIONAL LETTERS OF SUPPORT FROM ACR/ARP MEMBERS, EXCEPT FOR THE DISTINGUISHED FELLOW AWARDS, WHICH REQUIRE A NOMINATION AND LETTER FROM THE NOMINEE'S PROGRAM DIRECTOR AND ONE ADDITIONAL LETTER OF SUPPORT FROM AN ACR/ARP MEMBER.</p> <p>THE MEMBERSHIP AND AWARDS COMMITTEE WILL CONSIDER ALL ELIGIBLE NOMINATIONS. AFTER CAREFUL DELIBERATIONS, THE COMMITTEE'S RECOMMENDATIONS WILL BE PRESENTED TO THE ACR BOARD OF DIRECTORS FOR FINAL APPROVAL. WE WILL ANNOUNCE THE DECISIONS AFTER THE AUGUST ACR BOARD OF DIRECTORS MEETING. AWARD WINNERS WILL BE RECOGNIZED AT THE ACR/ARP ANNUAL MEETING.</p> <p>DISTINGUISHED SERVICE AWARD - IS AWARDED TO AN ACR MEMBER IN GOOD STANDING FOR OUTSTANDING AND SUSTAINED SERVICE TO THE ACR. AWARD AMOUNT \$3,000.</p> <p>DISTINGUISHED CLINICAL INVESTIGATOR AWARD - IS AWARDED TO A CLINICAL SCIENTIST MAKING OUTSTANDING CONTRIBUTIONS TO THE FIELD OF RHEUMATOLOGY. AWARD AMOUNT IS \$3,000.</p> <p>DISTINGUISHED FELLOWSHIP PROGRAM DIRECTOR AWARD - IS AWARDED TO A CURRENT OR FORMER RHEUMATOLOGY PROGRAM DIRECTOR THAT HAS MADE OUTSTANDING CONTRIBUTIONS IN THE MENTORING AND TRAINING OF FUTURE RHEUMATOLOGISTS. ACR MEMBERS IN GOOD STANDING WHO ARE CURRENT OR FORMER RHEUMATOLOGY PROGRAM DIRECTORS FOR A MINIMUM OF FIVE YEARS AND WHO PARTICIPATE IN RELATED ACR EDUCATIONAL ACTIVITIES. AWARD AMOUNT IS \$3,000.</p> <p>TO BE CONSIDERED FOR THIS AWARD, ONE OF THE RECOMMENDATION LETTERS MUST BE FROM A CURRENT OR PREVIOUS FELLOW FROM THE NOMINEES PROGRAM. CONSIDERATION WILL BE GIVEN FOR INNOVATIVE EDUCATIONAL PROGRAMS AND RECRUITMENT OF HEALTH CARE PROFESSIONALS TO THE SUBSPECIALTY OF RHEUMATOLOGY.</p> <p>HENRY KUNKEL YOUNG INVESTIGATOR AWARD - IS AWARDED TO A YOUNG PHYSICIAN SCIENTIST, AGE 45 OR YOUNGER BY OCTOBER 1 OF THE YEAR IN WHICH THEY ARE NOMINATED, WHO HAS MADE OUTSTANDING AND PROMISING INDEPENDENT CONTRIBUTIONS TO BASIC OR CLINICAL RESEARCH IN THE FIELD OF RHEUMATOLOGY. AWARD AMOUNT IS \$3,000.</p> <p>PAULDING PHELPS AWARD - IS AWARDED TO A CLINICAL RHEUMATOLOGIST FOR OUTSTANDING SERVICE TO PATIENTS, COMMUNITY, AND THE PRACTICE OF MEDICINE. AWARD AMOUNT IS \$3,000.</p> <p>DISTINGUISHED CLINICIAN SCHOLAR AWARD - IS AWARDED TO A RHEUMATOLOGIST WHO HAS MADE OUTSTANDING CONTRIBUTIONS IN CLINICAL MEDICINE, CLINICAL SCHOLARSHIP, OR EDUCATION. AWARD AMOUNT IS \$3,000.</p> <p>DISTINGUISHED BASIC/TRANSLATIONAL INVESTIGATOR AWARD-THE DISTINGUISHED BASIC/TRANSLATIONAL INVESTIGATOR AWARD IS AWARDED TO A BASIC OR TRANSLATIONAL INVESTIGATOR WHO HAS MADE OUTSTANDING CONTRIBUTIONS TO THE FIELD OF RHEUMATOLOGY. AWARD AMOUNT IS \$3,000.</p> <p>THE DISTINGUISHED INTERNATIONAL RHEUMATOLOGY PROFESSIONAL AWARD - IS AWARDED TO A RHEUMATOLOGIST OR RHEUMATOLOGY HEALTH PROFESSIONAL OUTSIDE OF THE US AND CANADA FOR EXCEPTIONAL CONTRIBUTIONS IN PUBLIC SERVICE AND ADVOCACY TO THE GLOBAL RHEUMATOLOGY COMMUNITY. AWARD AMOUNT IS \$3,000.</p> <p>THE EXCELLENCE IN INVESTIGATIVE MENTORING AWARD - RECOGNIZES THE IMPORTANCE OF THE MENTOR/MENTEE RELATIONSHIP. A DEDICATED MENTOR CAN SIGNIFICANTLY INFLUENCE THE SUCCESSFUL DEVELOPMENT AND CAREER OF A MENTEE. THIS AWARD HONORS AN ACTIVE ACR OR ARP MEMBER FOR THEIR CONTRIBUTIONS TO THE RHEUMATOLOGY PROFESSION THROUGH OUTSTANDING AND ONGOING MENTORING. FUNDING SUPPORT FOR THIS AWARD OF DISTINCTION IS PROVIDED BY THE RHEUMATOLOGY RESEARCH FOUNDATION. AWARD AMOUNT IS \$,3000.</p> <p>THE INNOVATION IN CLINICAL CARE AWARD - IS AWARDED TO A COMMUNITY RHEUMATOLOGIST WHO HAS SIGNIFICANTLY ADVANCED THE PRACTICE OF RHEUMATOLOGY THROUGH NOVEL CLINICAL INITIATIVES. THIS MAY BE ACCOMPLISHED THROUGH INNOVATION IN CLINICAL PRACTICE DESIGN OR QUALITY, DEVELOPMENT OF CUTTING-EDGE METHODS TO IMPROVE HEALTH EQUITY IN RHEUMATOLOGY, COST SAVINGS INITIATIVES, CREATIVE APPROACHES IN MENTORING IN COMMUNITY PRACTICE, OR OTHER INNOVATIONS THAT IMPROVE THE CARE OF PATIENTS WITH RHEUMATIC DISEASE AND/OR ADVANCE THE RHEUMATOLOGY SUBSPECIALTY. AWARD AMOUNT IS \$3,000.</p> <p>THE PRESIDENTIAL GOLD MEDAL - THE HIGHEST AWARD THAT THE ACR CAN BESTOW, THE PRESIDENTIAL GOLD MEDAL IS AWARDED IN RECOGNITION OF OUTSTANDING ACHIEVEMENTS IN RHEUMATOLOGY OVER AN ENTIRE CAREER. ESTABLISHED BY THE PAST PRESIDENTS OF THE ACR, CANDIDATES WILL HAVE MADE IMPORTANT CONTRIBUTIONS IN MULTIPLE AREAS SUCH AS CLINICAL MEDICINE, RESEARCH, EDUCATION, OR ADMINISTRATION. FUNDING SUPPORT FOR THIS AWARD OF DISTINCTION IS PROVIDED BY THE RHEUMATOLOGY RESEARCH FOUNDATION. AWARD AMOUNT IS \$5,000.</p> <p>ACR MASTER DESIGNATION - RECOGNITION AS A MASTER OF THE AMERICAN COLLEGE OF RHEUMATOLOGY IS ONE OF THE HIGHEST HONORS THE COLLEGE BESTOWS. THE DESIGNATION OF MASTER IS CONFERRED ON ACR MEMBERS, AGE 65 OR OLDER BY OCTOBER 1 OF THE YEAR IN WHICH THEY ARE NOMINATED, WHO HAVE MADE OUTSTANDING CONTRIBUTIONS TO THE ACR AND THE FIELD OF RHEUMATOLOGY THROUGH SCHOLARLY ACHIEVEMENT AND/OR SERVICE TO THEIR PATIENTS, STUDENTS, AND PROFESSION. AWARD INCLUDES COMPLIMENTARY MEMBERSHIP AND CONVERGENCE REGISTRATION.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE I, PART I, LINE 2</p>	<p>SCHOLARSHIP TO ATTEND WINTER RHEUMATOLOGY SYMPOSIUM (WRS): THIS SCHOLARSHIP ALLOWS FELLOWS IN TRAINING TO PARTICIPATE IN THE FIVE-DAY WRS MEETING. THE MEETING EXPOSES FELLOWS-IN-TRAINING TO DIDACTIC LECTURES DESIGNED TO FURTHER THE UNDERSTANDING AND EXPERTISE IN ESSENTIAL RHEUMATOLOGIC AREAS. EACH FELLOW IN TRAINING WHO PARTICIPATES HAS THE OPPORTUNITY TO LEARN FIRSTHAND FROM NATIONALLY KNOWN RHEUMATOLOGY EXPERTS DURING THE MEETING.</p> <p>THE PROCESS: EDUCATIONAL OPPORTUNITIES ARE ADVERTISED TO RHEUMATOLOGY PROGRAM DIRECTORS AND FELLOWS IN TRAINING. SCHOLARSHIPS PROVIDE COMPLIMENTARY MEETING REGISTRATION AND ARE AWARDED TO FELLOWS IN TRAINING WHO MEET THE ELIGIBILITY REQUIREMENTS FOR THIS MEETING.</p> <p>SCHOLARSHIP TO ATTEND STATE OF THE ART CLINICAL SYMPOSIUM (SOTA): THIS SCHOLARSHIP ALLOWS FELLOWS IN TRAINING TO PARTICIPATE IN BOTH THE FELLOW-IN-TRAINING EDUCATIONAL PRE-MEETING AND TWO-DAY SOTA MEETING. THE PRE-MEETING EXPOSES FELLOWS-IN-TRAINING TO DIDACTIC LECTURES, PROVIDES AN AVENUE TO EXPLORE CAREER OPPORTUNITIES THROUGH ROUND TABLE DISCUSSIONS AND ALLOW FOR PARTICIPATION IN HANDS-ON WORKSHOPS DESIGNED TO FURTHER THE UNDERSTANDING AND EXPERTISE IN ESSENTIAL RHEUMATOLOGIC AREAS. EACH FELLOW IN TRAINING WHO PARTICIPATES HAS THE OPPORTUNITY TO LEARN FIRSTHAND FROM NATIONALLY KNOWN RHEUMATOLOGY EXPERTS DURING EACH MEETING.</p> <p>THE PROCESS: EDUCATIONAL OPPORTUNITIES ARE ADVERTISED TO RHEUMATOLOGY PROGRAM DIRECTORS AND FELLOWS IN TRAINING. SCHOLARSHIPS PROVIDE COMPLIMENTARY MEETING REGISTRATION AND ARE AWARDED TO FELLOWS IN TRAINING WHO MEET THE ELIGIBILITY REQUIREMENTS FOR THIS MEETING.</p> <p>SCHOLARSHIP TO ATTEND ACR/ARP ANNUAL MEETING: THIS SCHOLARSHIP ALLOWS FELLOWS IN TRAINING TO PARTICIPATE IN BOTH THE FELLOW-IN-TRAINING EDUCATIONAL PRE-MEETING AND THE ANNUAL MEETING. THE PRE-MEETING EXPOSES FELLOWS-IN-TRAINING TO THE ANNUAL MEETING, PROVIDES AN AVENUE TO EXPLORE CAREER OPPORTUNITIES THROUGH ROUND TABLE DISCUSSIONS. THE ANNUAL MEETING IS THE PREMIER SCIENTIFIC MEETING DEVOTED TO RHEUMATIC DISEASE.</p> <p>THE PROCESS: EDUCATIONAL OPPORTUNITIES ARE ADVERTISED TO RHEUMATOLOGY PROGRAM DIRECTORS AND FELLOWS IN TRAINING. SCHOLARSHIPS PROVIDE COMPLIMENTARY MEETING REGISTRATION AND ARE AWARDED TO FELLOWS IN TRAINING WHO MEET THE ELIGIBILITY REQUIREMENTS FOR THIS MEETING.</p>
<p>SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS</p>	<p>THE ORGANIZATION HAS SET PROCEDURES IN MONITORING AND DETERMINING THE USE OF GRANT FUNDS.</p>
<p>SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT</p>	<p>FIT SCHOLARS CONVERGENCE 2024 DUE TO EDUCATION</p>
<p>SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT</p>	<p>EXCELLENCE IN INVESTIGATIVE MENTORING AWARD</p>

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AMERICAN COLLEGE OF RHEUMATOLOGY, INC.

Employer identification number

58-1627547

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- | | | |
|--|-----------|-------------------------------------|
| a Receive a severance payment or change-of-control payment? | 4a | <input checked="" type="checkbox"/> |
| b Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | <input checked="" type="checkbox"/> |
| c Participate in or receive payment from an equity-based compensation arrangement? | 4c | <input checked="" type="checkbox"/> |
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- | | | |
|--|-----------|--|
| a The organization? | 5a | |
| b Any related organization? | 5b | |
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- | | | |
|--|-----------|--|
| a The organization? | 6a | |
| b Any related organization? | 6b | |
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		
5b		
6a		
6b		
7		
8		
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	STEVE ECHARD EXECUTIVE VICE PRESIDENT	(i) 578,903	59,780	1,032	38,537	29,641	707,893	0
	(ii)	0	0	0	0	0	0	0
2	SHERYL MCCALLA SR. VICE PRESIDENT & CHIEF ADMINISTRATIVE OFFICER	(i) 294,729	3,205	1,032	32,075	16,645	347,686	0
	(ii)	0	0	0	0	0	0	0
3	COLLEEN MERKEL VICE PRESIDENT, OPERATIONS & FINANCE	(i) 242,844	2,205	1,032	25,546	23,754	295,381	0
	(ii)	0	0	0	0	0	0	0
4	ADAM COOPER VICE PRESIDENT, PRACTICE, ADVOCACY & QUALITY	(i) 206,566	203	360	17,182	22,960	247,271	0
	(ii)	0	0	0	0	0	0	0
5	TAMI BREHM VICE PRESIDENT, MEMBER SERVICES & GOVERNANCE	(i) 186,265	1,705	552	15,182	16,074	219,778	0
	(ii)	0	0	0	0	0	0	0
6	DAWN MCEVOY VICE PRESIDENT, EDUCATION	(i) 164,217	10,211	1,584	14,191	16,533	206,736	0
	(ii)	0	0	0	0	0	0	0
7	CONNIE HERNDON VICE PRESIDENT, RESEARCH, TRAINING & WORKFORCE	(i) 156,388	2,230	1,584	12,938	16,527	189,667	0
	(ii)	0	0	0	0	0	0	0
8	MONA BHAVSAR SENIOR DIRECTOR, CONTROLLER	(i) 147,055	3,217	552	12,904	23,333	187,061	0
	(ii)	0	0	0	0	0	0	0
9		(i)						
	(ii)							
10		(i)						
	(ii)							
11		(i)						
	(ii)							
12		(i)						
	(ii)							
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

American College of Rheumatology, Inc.

Employer identification number

58-1627547

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	THE ACR PROVIDES PROFESSIONAL EDUCATION FOR ITS MEMBERS THROUGH SEVERAL VENUES. ITS ANNUAL SCIENTIFIC MEETING, HELD EACH FALL, IS DEVOTED TO RHEUMATOLOGY THROUGH PROGRAMS OF EDUCATION, RESEARCH, ADVOCACY AND PRACTICE SUPPORT THAT FOSTER EXCELLENCE IN THE CARE OF PEOPLE WITH OR THE ACR PROVIDES PROFESSIONAL EDUCATION FOR ITS MEMBERS THROUGH SEVERAL RHEUMATOLOGY THROUGH PROGRAMS OF EDUCATION, RESEARCH, ADVOCACY AND PRACTICE SUPPORT THAT FOSTER EXCELLENCE IN THE CARE OF PEOPLE WITH OR THE RHEUMATIC DISEASES. THIS MEETING DRAWS THOUSANDS OF RHEUMATOLOGISTS AND ARTHRITIS HEALTH PROFESSIONALS FROM AROUND THE WORLD. A WINTER RHEUMATOLOGY SYMPOSIUM, SPRING CLINICAL MEETINGS, AND OTHER TOPICAL CONFERENCES ROUND OUT THE ACR'S EDUCATION OFFERINGS. THE ACR HAS THREE SCIENTIFIC JOURNALS: "ARTHRITIS & RHEUMATOLOGY", RESEARCH IN THE RHEUMATIC DISEASES, "ARTHRITIS CARE & RESEARCH", WHICH FOCUSES ON THE HEALTH SERVICES AND CLINICAL ASPECTS OF RHEUMATOLOGY, AND "OPEN RHEUMATOLOGY" WHICH IS AN OPEN ACCESS ONLINE JOURNAL THAT PUBLISHES ARTICLES, REVIEWS, AND LETTERS RELATED TO ALL IMPORTANT AREAS OF EXPERIMENTAL AND CLINICAL RESEARCH IN RHEUMATOLOGY. THE ACR SUPPORTS THE RHEUMATOLOGY RESEARCH FOUNDATION, A RELATED ENTITY. THIS FOUNDATION INVESTS OVER \$10 MILLION ANNUALLY IN RHEUMATOLOGY RESEARCH AND TRAINING.
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO EXERCISE THE POWERS OF THE BOARD OF DIRECTORS, DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD, IN THE MANAGEMENT AND DIRECTION OF THE OPERATIONS, BUSINESS, AND AFFAIRS OF THE ACR, EXCEPT AS OTHERWISE PROVIDED BY LAW OR THE BYLAWS. THE EXECUTIVE COMMITTEE WILL ALSO CARRY OUT SUCH ACTIVITIES AS MAY BE SPECIFICALLY REQUESTED FROM TIME TO TIME BY THE BOARD AND WILL BE RESPONSIBLE FOR EVALUATING ANNUALLY THE PERFORMANCE AND EXPECTATIONS OF THE EXECUTIVE VICE-PRESIDENT AND ALL ACR STAFF MEMBERS, INCLUDING SALARIES AND FRINGE BENEFITS. ACTIONS OF THE EXECUTIVE COMMITTEE ARE REPORTED TO THE FULL BOARD OF DIRECTORS AT THE NEXT MEETING THEREOF.
FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	DURING FY25 (AUGUST 2024), THE ACR APPROVED AMENDMENTS TO ITS BYLAWS TO MODERNIZE AND STREAMLINE ITS MEMBERSHIP STRUCTURE, CLARIFY GOVERNANCE RIGHTS, AND ALIGN ELIGIBILITY ACROSS MEMBER CATEGORIES. THESE CHANGES INCLUDED CONSOLIDATION AND RENAMING OF MULTIPLE MEMBERSHIP TYPES INTO A SIMPLIFIED FRAMEWORK (E.G., ESTABLISHMENT OF "FELLOWS OF THE ACR," "MEMBERS OF THE ACR," AND "TRANSITIONAL MEMBERS"), ELIMINATION OF CERTAIN LEGACY CATEGORIES, AND UNIFICATION OF DOMESTIC AND INTERNATIONAL MEMBER CLASSIFICATIONS WHERE APPROPRIATE. IN ADDITION, THE ORGANIZATION SEPARATED HONORARY RECOGNITIONS FROM FORMAL MEMBERSHIP CATEGORIES; SUCH DISTINCTIONS NO LONGER CONFER MEMBERSHIP STATUS OR GOVERNANCE RIGHTS UNLESS THE INDIVIDUAL OTHERWISE QUALIFIES FOR AND IS ADMITTED INTO A DEFINED MEMBERSHIP CLASS. THE AMENDMENTS FURTHER CLARIFIED AND STANDARDIZED MEMBER RIGHTS AND PRIVILEGES, INCLUDING VOTING, ELIGIBILITY TO SERVE ON THE BOARD OF DIRECTORS, OFFICER ELIGIBILITY, AND COMMITTEE PARTICIPATION. VOTING RIGHTS FOR CORE MEMBER CATEGORIES REMAINED SUBSTANTIVELY UNCHANGED; HOWEVER, ELIGIBILITY TO SERVE AS A MEMBER OF THE BOARD OF DIRECTORS AND ON COMMITTEES WAS MORE EXPLICITLY DEFINED, WITH CERTAIN CATEGORIES NEWLY GRANTED OR EXPRESSLY LIMITED IN SUCH ELIGIBILITY. THE REVISIONS ALSO ADDRESSED DUES AND ASSESSMENT OBLIGATIONS, INCLUDING REDUCED OR WAIVED DUES FOR CERTAIN CATEGORIES AND CLARIFICATION OF ASSESSMENT RESPONSIBILITIES. OVERALL, THE BYLAW AMENDMENTS WERE INTENDED TO REDUCE AMBIGUITY, IMPROVE CONSISTENCY IN GOVERNANCE PROVISIONS, AND BETTER ALIGN MEMBERSHIP CLASSIFICATIONS WITH THE ORGANIZATION'S OPERATIONAL AND STRATEGIC OBJECTIVES, WHILE RESULTING IN LIMITED CHANGES TO RIGHTS FOR CERTAIN INDIVIDUALS DUE TO CATEGORY REALIGNMENT.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	A DRAFT COPY OF THE FORM 990 WAS SENT TO THE FULL BOARD FOR THEIR REVIEW AND COMMENT PRIOR TO FILING OF THE RETURN. THE QUESTION AND ANSWER PERIOD OF THE MEETING WAS HELD WITH ASSISTANCE FROM THE VICE PRESIDENT, OPERATIONS AND FINANCE, AND THE TAX PREPARER AND WAS DOCUMENTED IN THE MINUTES. THE EXECUTIVE VICE PRESIDENT SIGNED THE RETURN AFTER CONSIDERING COMMENTS.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	ANNUAL SUBMISSION OF DISCLOSURE STATEMENT IS REQUIRED BY ALL OFFICERS, BOARD MEMBERS, JOURNAL EDITORS, COMMITTEE CHAIRS, COMMITTEE, TASK FORCE MEMBERS AND SENIOR STAFF TO DISCLOSE POTENTIAL CONFLICTS. ANY INDIVIDUAL WHO GIVES NOTICE OF POTENTIAL CONFLICT IS TO ABSTAIN FROM PARTICIPATING IN ANY ITEM OF BUSINESS WHICH BECOMES BEFORE THE BOARD.

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

American College of Rheumatology, Inc.

Employer identification number

58-1627547

Return Reference - Identifier	Explanation																														
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE PROCESS OF DETERMINING COMPENSATION FOR THE EXECUTIVE VICE PRESIDENT INCLUDES REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS OF THE COLLEGE, USE OF DATA AS TO COMPARABLE COMPENSATION, AND CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING. THE PROCESS OF DETERMINING COMPENSATION FOR ALL OTHER COLLEGE EMPLOYEES IS DETERMINED BY THE EXECUTIVE VICE PRESIDENT WITH THE REVIEW AND APPROVAL OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE DIRECTOR AND DIRECTOR OF HUMAN RESOURCES USES COMPARABILITY DATA TO DEVELOP COMPENSATION RANGES AND TARGETS. THE DIRECTOR OF HUMAN RESOURCES CONTEMPORANEOUSLY DOCUMENTS AND MAINTAINS CONFIDENTIAL RECORDS OF ALL DECISIONS AFFECTING COLLEGE EMPLOYEES.																														
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE PROCESS OF DETERMINING COMPENSATION FOR THE EXECUTIVE VICE PRESIDENT INCLUDES REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS OF THE COLLEGE, USE OF DATA AS TO COMPARABLE COMPENSATION, AND CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING. THE PROCESS OF DETERMINING COMPENSATION FOR ALL OTHER COLLEGE EMPLOYEES IS DETERMINED BY THE EXECUTIVE VICE PRESIDENT WITH THE REVIEW AND APPROVAL OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE DIRECTOR AND DIRECTOR OF HUMAN RESOURCES USES COMPARABILITY DATA TO DEVELOP COMPENSATION RANGES AND TARGETS. THE DIRECTOR OF HUMAN RESOURCES CONTEMPORANEOUSLY DOCUMENTS AND MAINTAINS CONFIDENTIAL RECORDS OF ALL DECISIONS AFFECTING COLLEGE EMPLOYEES.																														
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND ON THE ORGANIZATION'S WEBSITE.																														
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Total Expenses</th> <th>(c) Program Service Expenses</th> <th>(d) Management and General Expenses</th> <th>(e) Fundraising Expenses</th> </tr> </thead> <tbody> <tr> <td>PROFESSIONAL FEES</td> <td>6,367,398</td> <td></td> <td></td> <td></td> </tr> <tr> <td>HONORARIUM</td> <td>1,659,457</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TEMP EMPLOYEE</td> <td>155,401</td> <td></td> <td></td> <td></td> </tr> <tr> <td>COMPUTER CONSULTING</td> <td>1,957,064</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>10,139,320</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	PROFESSIONAL FEES	6,367,398				HONORARIUM	1,659,457				TEMP EMPLOYEE	155,401				COMPUTER CONSULTING	1,957,064				Total	10,139,320	0	0	0
(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses																											
PROFESSIONAL FEES	6,367,398																														
HONORARIUM	1,659,457																														
TEMP EMPLOYEE	155,401																														
COMPUTER CONSULTING	1,957,064																														
Total	10,139,320	0	0	0																											
FORM 990, PART XII, LINE 2C -	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.																														

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

AMERICAN COLLEGE OF RHEUMATOLOGY, INC.

Employer identification number

58-1627547

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) RHEUMATOLOGY RESEARCH FOUNDATION (58-1654301) 2200 LAKE BOULEVARD NE, ATLANTA, GA 30319	TO SUPPORT RESEARCH AND TRAINING OF RHEUMATIC DISEASES	IL	501(C)(3)	7	N/A		✓
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Cat. No. 50135Y

Schedule R (Form 990) (Rev. 1-2025)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													