EXTENDED TO MAY 15, 2024

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 **and ending** JUN 30, 2023

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

C Name of organization: AMERICAN COLLEGE OF RHEUMATOLOGY, INC.

Doing business as

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

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

D Employer identification number 58-1627547

E Telephone number 404-633-3777

G Gross receipts $ 60,079,358.

F Name and address of principal officer: STEVE ECHARD
SAME AS C ABOVE

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

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

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

J Website: WWW.RHEUMATOLOGY.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1985 **M** State of legal domicile: IL

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	156
6	Total number of volunteers (estimate if necessary)	6	950
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,056.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	9,310,456.	7,620,777.
	9	Program service revenue (Part VIII, line 2g)	13,702,992.	20,685,116.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	831,678.	1,465,660.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,012,492.	6,253,722.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,857,618.	36,025,275.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	355,249.	314,329.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15,916,617.	17,632,901.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,882,824.	22,255,899.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	32,154,690.	40,203,129.
	19	Revenue less expenses. Subtract line 18 from line 12	-1,297,072.	-4,177,854.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	55,076,286.	51,263,995.
	21	Total liabilities (Part X, line 26)	17,883,241.	15,680,165.
	22	Net assets or fund balances. Subtract line 21 from line 20	37,193,045.	35,583,830.

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 | Date

STEVE ECHARD, EXECUTIVE VP
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
AMY BIBBY	AMY BIBBY	05/08/24		P00445891

Firm's name FORVIS, LLP | Firm's EIN 44-0160260

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

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

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

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 [X] 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 [X] 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 $)
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

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

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

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

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? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		
26	Did the organization report any amount on Part X, line 5 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? *If "Yes," complete Schedule L, Part II*	26		X
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? *If "Yes," complete Schedule L, Part III*	27		X
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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
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	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	241		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 156			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		17		

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 ..... [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
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?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed GA

18 Section 6104 requires an organization to make its 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.

[X] Own website [X] Another's website [X] 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 - 404-633-3777

2200 LAKE BOULEVARD NE, ATLANTA, GA 30319

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) ECHARD, STEVE EXECUTIVE VICE PRESIDENT	40.00			X				641,006.	0.	71,869.
(2) MCCALLA, SHERYL SR. VICE PRESIDENT & CHIEF ADMINISTR	40.00				X			272,943.	0.	42,485.
(3) MERKEL, COLLEEN VICE PRESIDENT, OPERATIONS & FINANCE	40.00			X				240,516.	0.	43,513.
(4) COOPER, ADAM VICE PRESIDENT, PRACTICE, ADVOCACY &	40.00					X		191,211.	0.	40,526.
(5) PUNJABI, HIRO VICE PRESIDENT, INFORMATION TECHNOLO	40.00					X		176,123.	0.	44,242.
(6) BREHM, TAMI VICE PRESIDENT, MEMBER SERVICES & GO	40.00					X		163,090.	0.	27,128.
(7) HERNDON, CONNIE VICE PRESIDENT, RESEARCH, TRAINING &	40.00					X		144,228.	0.	24,477.
(8) GRAHAM, STEPHANIE SR. DIRECTOR, GOVERNANCE	40.00					X		136,972.	0.	24,459.
(9) KENNETH SAAG, MD, MSC BOARD MEMBER	14.00	X						105,158.	0.	0.
(10) DOUGLAS WHITE, MD, PHD ACR PRESIDENT	14.00	X		X				70,557.	0.	0.
(11) V. MICHAEL HOLERS, MD FDN PRESIDENT	14.00	X						69,000.	0.	0.
(12) DEBORAH DESIR, MD ACR PRESIDENT ELECT	14.00	X		X				47,300.	0.	0.
(13) BARBARA SLUSHER, MSW, PA-C ARP PRESIDENT	14.00	X		X				40,200.	0.	0.
(14) KORI DEWING, ARNP, DNP ARP PRESIDENT	14.00	X		X				24,800.	0.	0.
(15) WILLIAM HARVEY, MD, MSC ACR SECRETARY	14.00	X		X				5,000.	0.	0.
(16) ANNE BASS, MD BOARD MEMBER	14.00	X						5,000.	0.	0.
(17) SAM LIM, MD, MPH BOARD MEMBER	14.00	X						5,000.	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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) MARCY BOLSTER, MD BOARD MEMBER	14.00	X						4,800.	0.	0.
(19) CAROL LANGFORD, MD, MHS ACR TREASURER	14.00	X		X				0.	0.	0.
(20) AMANDA MYERS, MD, CCD BOARD MEMBER	14.00	X						0.	0.	0.
(21) ANDREW LASTER, MD BOARD MEMBER	14.00	X						0.	0.	0.
(22) ANGUS WORTHING, MD BOARD MEMBER	14.00	X						0.	0.	0.
(23) BHARAT KUMAR, MD, MMED BOARD MEMBER	14.00	X						0.	0.	0.
(24) BLAIR SOLOW, MD BOARD MEMBER	14.00	X						0.	0.	0.
(25) DAVID KARP, MD, PHD BOARD MEMBER	14.00	X						0.	0.	0.
(26) DEBORAH PARKS, MD BOARD MEMBER	14.00	X						0.	0.	0.
1b Subtotal								2,342,904.	0.	318,699.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,342,904.	0.	318,699.

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 28

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

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 DRIVE, NORCROSS, GA 30071	AUDIO VISUAL SERVICES	1,024,623.
ARAMARK SFS 1101 ARCH STREET, PHILADELPHIA , PA 19107	FOOD & BEVERAGE SERVICES	962,060.
FIGMD, INC 6952 ROTE ROAD, STE 400, ROCKFORD, IL 61107	MEDICARE DATA AND BASE FEES	761,849.
JOHN WILEY & SONS, INC. PO BOX 22308, NEW YORK, NY 10087	MEMBER SUBSCRIPTIONS & JOURNALS	748,881.
EXECUTIVE CONSULTING GROUP LLC DBA ECG MANA PO BOX 74008176, CHICAGO, IL 60674	PROJECT FOR RISE REGISTRY	720,448.

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 31

SEE PART VII, SECTION A CONTINUATION SHEETS

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 line)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(27) ERIC RUDERMAN, MD BOARD MEMBER	14.00	X						0.	0.	0.
(28) JANE KANG, MD, MS BOARD MEMBER	14.00	X						0.	0.	0.
(29) JOHN VARGA, MD BOARD MEMBER	14.00	X						0.	0.	0.
(30) MAURA IVERSON, PT, DPT, SCD BOARD MEMBER	14.00	X						0.	0.	0.
(31) NEHAD SOLOMAN, MD BOARD MEMBER	14.00	X						0.	0.	0.
(32) NORMAN GAYLIS, MD BOARD MEMBER	14.00	X						0.	0.	0.
(33) SAIRA SHEIKH, MD BOARD MEMBER	14.00	X						0.	0.	0.
(34) SEAN FAHEY, MD BOARD MEMBER	14.00	X						0.	0.	0.
(35) SWAMY VENUTURUPALLI, MD BOARD MEMBER	14.00	X						0.	0.	0.
(36) TAMAR RUBINSTEIN, MD, MS BOARD MEMBER	14.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	211,250.			
	e Government grants (contributions)	1e	2,065,485.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,344,042.			
	g Noncash contributions included in lines 1a-1f	1g	$			
	h **Total.** Add lines 1a-1f		7,620,777.			
Program Service Revenue		**Business Code**				
	2 a MEETING REVENUE	541900	15,593,137.	15593137.		
	b MANAGEMENT FEE	541900	3,168,236.	3,168,236.		
	c MEMBERSHIP DUES	541900	1,909,324.	1,909,324.		
	d LABEL & MISC SALES	541900	14,419.		2,056.	12,363.
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		20,685,116.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		664,187.			664,187.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		6,248,097.			6248097.
		(i) Real	(ii) Personal			
	6 a Gross rents 6a					
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7 a Gross amount from sales of assets other than inventory 7a	24,855,556.				
	b Less: cost or other basis and sales expenses 7b	24,054,083.				
	c Gain or (loss) 7c	801,473.				
	d Net gain or (loss)		801,473.			801,473.
	8 a 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					
	9 a Gross income from gaming activities. See Part IV, line 19 9a					
	b Less: direct expenses 9b					
	c Net income or (loss) from gaming activities					
	10 a 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**				
	11 a MISCELLANEOUS	900099	5,625.			5,625.
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		5,625.			
	12 **Total revenue.** See instructions		36,025,275.	20670697.	2,056.	7731745.

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 [X]

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	314,329.			
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	1,200,037.			
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	11,955,529.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,029,759.			
9 Other employee benefits	2,477,753.			
10 Payroll taxes	969,823.			
11 Fees for services (nonemployees):				
a Management				
b Legal	144,351.			
c Accounting	71,255.			
d Lobbying	87,294.			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	85,399.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	10,048,601.			
12 Advertising and promotion	41,480.			
13 Office expenses	1,249,789.			
14 Information technology	1,093,080.			
15 Royalties				
16 Occupancy	393,343.			
17 Travel	1,562,047.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,399,521.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	704,679.			
23 Insurance	222,965.			
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 MISCELLANEOUS	152,095.			
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	40,203,129.			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here [ ] if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		500.	1	500.
	2	Savings and temporary cash investments		7,825,686.	2	5,453,341.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		3,803,734.	4	2,871,305.
	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			5	
	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)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		752,338.	9	1,526,403.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,528,862.			
	b	Less: accumulated depreciation	10b 6,304,928.	6,839,805.	10c	7,223,934.
	11	Investments - publicly traded securities		30,583,165.	11	28,838,207.
	12	Investments - other securities. See Part IV, line 11		5,271,058.	12	5,350,305.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		55,076,286.	16	51,263,995.
Liabilities	17	Accounts payable and accrued expenses		3,549,133.	17	2,167,922.
	18	Grants payable		7,500,000.	18	6,000,000.
	19	Deferred revenue		6,834,108.	19	7,512,243.
	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			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		17,883,241.	26	15,680,165.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** X **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		37,193,045.	27	35,583,830.
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ☐ **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		37,193,045.	32	35,583,830.
	33	Total liabilities and net assets/fund balances		55,076,286.	33	51,263,995.

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	36,025,275.
2	Total expenses (must equal Part IX, column (A), line 25)	2	40,203,129.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,177,854.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37,193,045.
5	Net unrealized gains (losses) on investments	5	2,568,639.
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	35,583,830.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	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?	3a	X	
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	3b	X	

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

[X] 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 33 1/3% 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).

LHA **For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.**

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	$ 211,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	N/A	$ 97,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	N/A	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	N/A	$ 22,975.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	N/A	$ 355,953.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	N/A	$ 55,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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
7	N/A	$ 110,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	N/A	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	N/A	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	N/A	$ 184,608.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11	N/A	$ 662,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12	N/A	$ 111,240.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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
13	N/A	$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14	N/A	$ 40,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15	N/A	$ 39,202.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16	N/A	$ 84,119.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17	N/A	$ 70,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18	N/A	$ 435,243.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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
19	N/A	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20	N/A	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21	N/A	$ 787,833.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22	N/A	$ 140,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23	N/A	$ 225,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24	N/A	$ 170,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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
25	N/A	$ 200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26	N/A	$ 45,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27	N/A	$ 530,143.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28	N/A	$ 25,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29	N/A	$ 37,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30	N/A	$ 45,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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
31	N/A	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32	N/A	$ 470,027.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33	N/A	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34	N/A	$ 154,211.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35	N/A	$ 2,065,485.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36	N/A	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: AMERICAN COLLEGE OF RHEUMATOLOGY, INC.

Employer identification number: 58-1627547

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) (See instructions.)	(d) Date received
		$	

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

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

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(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 info. once.) $

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

(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

(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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LHA

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.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2019	**(b)** 2020	**(c)** 2021	**(d)** 2022	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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	1,802,249.
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	480,450.
b Carryover from last year	2b	
c Total	2c	480,450.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	630,787.
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	-150,337.

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)

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
2022
Open to Public Inspection

Name of the organization AMERICAN COLLEGE OF RHEUMATOLOGY, INC.

Employer identification number 58-1627547

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

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

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

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

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register	2d	

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

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		972,195.		972,195.
b Buildings		6,050,651.	3,214,196.	2,836,455.
c Leasehold improvements				
d Equipment		246,657.	131,028.	115,629.
e Other		6,259,359.	2,959,704.	3,299,655.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)*				7,223,934.

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	5,350,305.	END-OF-YEAR MARKET VALUE
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	5,350,305.	

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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	38,593,914.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	2,568,639.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	2,568,639.
3	Subtract line **2e** from line **1**			3	36,025,275.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	36,025,275.

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

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

1	Total expenses and losses per audited financial statements			1	40,203,129.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	40,203,129.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	40,203,129.

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.

PART X, LINE 2:

THE COLLEGE IS RECOGNIZED AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (THE "CODE") AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(6) WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 512(A) OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX. DURING 2023 AND 2022, THE COLLEGE RECORDED A TAX (CREDIT) EXPENSE OF $($452) AND $4,545 FROM UNRELATED BUSINESS INCOME, RESPECTIVELY. THE COLLEGE HAS PAID THE RELATED TAXES FOR THE UNRELATED BUSINESS INCOME ACTIVITY, AND THERE ARE NO SIGNIFICANT DEFERRED TAX ASSETS OR LIABILITIES AS OF JUNE 30, 2023 OR 2022.

THE COLLEGE HAS EVALUATED ITS TAX POSITIONS AND DETERMINED THAT IT DOES

Part XIII Supplemental Information *(continued)*

NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2023 AND 2022, RESPECTIVELY.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

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? [X] 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

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

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

Schedule I (Form 990) 2022

232101 10-31-22

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ARP ANN KUNKEL ADVOCACY AWARD	1	3,000.	0.		
ARP LIFETIME ACHIEVEMENT AWARD	1	5,500.	0.		
ARP DISTINGUISHED SCHOLAR AWARD	1	3,000.	0.		
ARP DISTINGUISHED EDUCATOR AWARD	1	3,000.	0.		
ARP ADDIE THOMAS SERVICE AWARD	1	3,000.	0.		

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

PART I, LINE 2:

THE ORGANIZATION HAS SET PROCEDURES IN MONITORING AND DETERMINING THE USE OF GRANT FUNDS.

SCHEDULE I, PART I, LINE 2:

THE ACR MAINTAINS DETAILED RECORDS ON ALL GRANTS AND ASSISTANCE GIVEN THROUGH THE FELLOWS EDUCATION FUND, INCLUDING ELIGIBILITY AND SELECTION CRITERIA FOR ALL APPLICANTS. APPLICATIONS FOR THE RHEUMATOLOGY RESEARCH WORKSHOP UNDERGO REVIEW AT THE COMMITTEE LEVEL AND REQUIRE SUBMISSION

Part III **Continuation of Grants and Other Assistance to Domestic Individuals** (Schedule I (Form 990), Part III.)

(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 noncash assistance
AWARD OF DISTINCTION	10.	30,000.	0.		
DISTINGUISHED FELLOW AWARD	10.	15,000.	0.		
HONORARY MEMBER AWARD	1.	2,000.	0.		
FELLOWS CONVERGENCE (ANNUAL MEETING) VIRTUAL REGISTRATIONS	70.	34,930.	0.		
FELLOWS CONVERGENCE (ANNUAL MEETING) INPERSON REGISTRATIONS	182.	90,818.	0.		
PRYSM FIT SCHOLAR REGISTRATION - 82	82.	36,900.	0.		
EDEX FIT SCHOLAR -120	120.	30,000.	0.		
GRA CONVERGENCE 2022 PARTICIPANTS	241.	25,681.	0.		
AWARD FOR PEOPLE'S CHOICE WINNER OF 2022 IMAGE COMPETITION	1.	1,000.	0.		

Part III **Continuation of Grants and Other Assistance to Domestic Individuals** (Schedule I (Form 990), Part III.)

(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 noncash assistance
URM STUDENT CONVERGENCE AWARD 2022	11.	22,000.	0.		
AWARD FOR OVERALL WINNER OF 2022 IMAGE COMPETITION	1.	1,500.	0.		
AOM-OUTSTANDING STUDENT	1.	500.	0.		
AOM-DISTINGUISHED CLINICIAN	1.	3,000.	0.		
AOM-DISTINGUISHED CLINICIAN 2	1.	3,000.	0.		
AOM-OUTSTANDING STUDENT	1.	500.	0.		

Part IV Supplemental Information

AND ACCEPTANCE OF ABSTRACT. THE ACR/ARHP ANNUAL MEETING, STATE-OF-THE-ART CLINICAL SYMPOSIUM APPLICANTS ARE AWARDED BASED ON FELLOWSHIP YEAR ELIGIBILITY. SCHOLARSHIPS ARE USED TO SUPPORT EDUCATIONAL ACTIVITIES AND MEETINGS. ALL RECIPIENTS AGREE TO USE THE FUNDS AS OUTLINED IN THE SCHOLARSHIP APPLICATION.

DISTINGUISHED FELLOWS AWARD:

EACH YEAR UP TO TEN FELLOWS-IN-TRAINING, NOMINATED BY THEIR PROGRAM DIRECTORS, ARE SELECTED TO RECEIVE THIS CELEBRATED AWARD DURING THE ANNUAL MEETING. DESIGNED TO ACKNOWLEDGE RHEUMATOLOGY FELLOWS-IN-TRAINING WHO HAVE PERFORMED MERITORIOUSLY IN THE AREAS OF CLINICAL CARE, TEACHING, RESEARCH AND COMMUNITY SERVICE, THIS AWARD HAS IDENTIFIED MANY FUTURE LEADERS AND HAS BECOME AN ACR TRADITION.

ELIGIBLE FELLOWS-IN-TRAINING FROM ACGME-ACCREDITED RHEUMATOLOGY TRAINING PROGRAMS MUST BE NOMINATED FOR THIS HONOR BY THEIR SUPERVISOR, TRAINING PROGRAM DIRECTOR OR AN ACR MEMBER.

THE ACR COMMITTEE ON NOMINATIONS EVALUATES EACH APPLICATION IN THE FOLLOWING AREAS:

- CURRICULUM VITAE
- RESEARCH/ABSTRACT
- TEACHING
- CLINICAL CARE
- COMMUNITY SERVICE

THE PROCESS:

Part IV Supplemental Information

RHEUMATOLOGY FELLOWS-IN-TRAINING BENEFIT IN MANY WAYS FROM THE ABILITY TO ATTEND NATIONAL EDUCATIONAL PROGRAMS, BUT NOT LIMITED TO, EXPOSURE TO CUTTING EDGE SCIENCE, THE OPPORTUNITY TO PRESENT ORIGINAL RESEARCH IN A PEER-REVIEW FORUM, IN DEPTH REVIEW OF CLINICAL SCENARIOS, CHALLENGES OF DIFFICULT TO DIAGNOSE CASES, EXPOSURE TO MENTORS OUTSIDE OF THE HOME INSTITUTION AND THE ABILITY TO MEET RHEUMATOLOGISTS FROM DIFFERENT INSTITUTIONS FOR POTENTIAL EMPLOYMENT OPPORTUNITIES. THE ACR FELLOWS EDUCATION FUND PROVIDES RHEUMATOLOGY FELLOWS WITH EXCEPTIONAL RESOURCES AND EDUCATIONAL OPPORTUNITIES. FELLOWS-IN-TRAINING WHO PARTICIPATE HAVE THE OPPORTUNITY TO LEARN FIRSTHAND FROM NATIONALLY KNOWN RHEUMATOLOGY EXPERTS DURING EACH MEETING. THE FELLOWS EDUCATION FUND ALLOWS FELLOWS-IN-TRAINING TO PARTICIPATE IN COMPREHENSIVE PROFESSIONAL EDUCATION MEETING THAT ARE CHALK FULL OF PRACTICAL APPLICATIONS AND HANDS-ON EXPERIENCE.

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.

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.

Part IV Supplemental Information

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.

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.

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.

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.

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.

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.

Part IV Supplemental Information

AWARD AMOUNT IS $3,000.

ARP PRESIDENT'S AWARD - IS PRESENTED TO THE ARP OR ACR MEMBER OR TEAM PERFORMING OUTSTANDING SERVICE WITHIN THE PRESENT YEAR IN ADVANCING THE GOALS, IDEALS, AND STANDARDS OF ARP. AWARD AMOUNT IS $0.

ARP MEMBERSHIP RECRUITMENT AWARD - IS PRESENTED TO ONE ARP AND ONE ACR MEMBER WHO HAVE RECRUITED THE MOST MEMBERS IN THE CURRENT YEAR. AWARD AMOUNT IS $500 EACH FOR TWO AWARDEES.

OUTSTANDING STUDENT IN RHEUMATOLOGY AWARD - IS AWARDED TO TWO HEALTH PROFESSIONAL STUDENTS, OF 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.

THE PROCESS:

ALL ARP MEMBERS ARE ELIGIBLE TO NOMINATE THEMSELVES OR ANOTHER ARP MEMBER AND INCLUDE A LETTER OF SUPPORT, AND THEIR RESUME/VITA. NOMINATIONS DEADLINE IS MARCH 1. THE ARP MEMBERSHIP & NOMINATIONS COMMITTEE SELECTS EACH AWARDEE AFTER REVIEWING THEIR NOMINATION MATERIALS AGAINST THE AWARD CRITERIA. AWARDEES ARE ANNOUNCED BY MAY 1.

SCHEDULE I, PART I, LINE 2 CONTINUED:

ACR AWARDS

ACR RECOGNIZES ITS MEMBERS' OUTSTANDING CONTRIBUTIONS TO THE FIELD OF

Part IV Supplemental Information

RHEUMATOLOGY THROUGH AN AWARDS PROGRAM. NOMINATIONS WILL OPEN IN MARCH OF EACH YEAR AND THE DEADLINE TO APPLY IS IN MAY.

ALL ACR AWARDS REQUIRE A NOMINATION, INCLUDING A LETTER OF SUPPORT FROM AN ACR/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.

THE COMMITTEE ON NOMINATIONS AND APPOINTMENTS WILL CONSIDER ALL ELIGIBLE NOMINATIONS. AFTER CAREFUL DELIBERATIONS, THE COMMITTEE'S RECOMMENDATIONS WILL BE PRESENTED TO THE ACR BOARD OF DIRECTORS FOR FINAL APPROVAL. WE WILL ANNOUNCE THE DECISIONS AFTER THE AUGUST ACR BOARD OF DIRECTORS MEETING. AWARD WINNERS WILL BE RECOGNIZED AT THE ACR/ARP ANNUAL MEETING.

DISTINGUISHED SERVICE AWARD IS AWARDED TO AN ACR MEMBER IN GOOD STANDING FOR OUTSTANDING AND SUSTAINED SERVICE TO THE ACR. AWARD AMOUNT $3,000.

DISTINGUISHED CLINICAL INVESTIGATOR AWARD IS AWARDED TO A CLINICAL SCIENTIST MAKING OUTSTANDING CONTRIBUTIONS TO THE FIELD OF RHEUMATOLOGY. AWARD AMOUNT IS $3,000.

DISTINGUISHED FELLOWSHIP PROGRAM DIRECTOR AWARD IS AWARDED TO A CURRENT OR FORMER RHEUMATOLOGY PROGRAM DIRECTOR THAT HAS MADE OUTSTANDING CONTRIBUTIONS IN THE MENTORING AND TRAINING OF FUTURE RHEUMATOLOGISTS. ACR MEMBERS IN GOOD STANDING WHO ARE CURRENT OR FORMER

Part IV Supplemental Information

RHEUMATOLOGY PROGRAM DIRECTORS FOR A MINIMUM OF FIVE YEARS AND WHO PARTICIPATE IN RELATED ACR EDUCATIONAL ACTIVITIES. AWARD AMOUNT IS $3,000.

TO BE CONSIDERED FOR THIS AWARD, ONE OF THE RECOMMENDATION LETTERS MUST BE FROM A CURRENT OR PREVIOUS FELLOW FROM THE NOMINEES PROGRAM. CONSIDERATION WILL BE GIVEN FOR INNOVATIVE EDUCATIONAL PROGRAMS AND RECRUITMENT OF HEALTH CARE PROFESSIONALS TO THE SUBSPECIALTY OF RHEUMATOLOGY.

HENRY KUNKEL YOUNG INVESTIGATOR AWARD IS AWARDED TO A YOUNG PHYSICIAN SCIENTIST, AGE 45 OR YOUNGER BY OCTOBER 1 OF THE YEAR IN WHICH THEY ARE NOMINATED, WHO HAS MADE OUTSTANDING AND PROMISING INDEPENDENT CONTRIBUTIONS TO BASIC OR CLINICAL RESEARCH IN THE FIELD OF RHEUMATOLOGY. AWARD AMOUNT IS $3,000.

PAULDING PHELPS AWARD IS AWARDED TO A CLINICAL RHEUMATOLOGIST FOR OUTSTANDING SERVICE TO PATIENTS, COMMUNITY, AND THE PRACTICE OF MEDICINE. AWARD AMOUNT IS $3,000.

DISTINGUISHED CLINICIAN SCHOLAR AWARD IS AWARDED TO A RHEUMATOLOGIST WHO HAS MADE OUTSTANDING CONTRIBUTIONS IN CLINICAL MEDICINE, CLINICAL SCHOLARSHIP, OR EDUCATION. AWARD AMOUNT IS $3,000.

DISTINGUISHED BASIC INVESTIGATOR AWARD IS AWARDED TO A BASIC SCIENTIST MAKING OUTSTANDING CONTRIBUTIONS TO THE FIELD OF RHEUMATOLOGY. AWARD AMOUNT IS $3,000.

Part IV Supplemental Information

TRAVEL SCHOLARSHIP TO ATTEND RHEUMATOLOGY RESEARCH WORKSHOP:

THIS COURSE IS A TWO DAY WORKSHOP DESIGNED TO PROMOTE INTERACTIONS BETWEEN YOUNG AND ESTABLISHED INVESTIGATORS TO FOSTER COLLABORATION AND CAREER MENTORING. THE MEETING WILL INCLUDE SCIENTIFIC LECTURES, ORAL ABSTRACT PRESENTATIONS, POSTER SESSIONS AND SCHEDULED TIME FOR INTERACTION WITH SENIOR INVESTIGATORS ATTENDING THE RHEUMATOLOGY RESEARCH FOUNDATION'S INVESTIGATORS MEETING.

THE PROCESS:

APPLICANTS MUST SUBMIT AN ABSTRACT AS PART OF THEIR APPLICATION AND ABSTRACTS SUBMITTED ARE USED AS THE BASIS FOR AWARDING THE SCHOLARSHIP. SCHOLARSHIP RECIPIENTS ARE SELECTED BASED ON THE QUALITY OF SCIENCE OF THE ABSTRACT. THE ACR EARLY CAREER INVESTIGATORS SUBCOMMITTEE EVALUATES EACH APPLICATION AND SELECTS THE FINAL RECIPIENTS.

TRAVEL SCHOLARSHIP TO ATTEND STATE OF THE ART CLINICAL SYMPOSIUM (SOTA):

THIS SCHOLARSHIP ALLOWS FELLOW-IN-TRAINING TO PARTICIPATE IN BOTH THE FELLOW-IN-TRAINING EDUCATIONAL PRE-MEETING AND TWO DAY SOTA MEETING. THE PRE-MEETING EXPOSES FELLOWS-IN-TRAINING TO DIDACTIC LECTURES, PROVIDES AN AVENUE TO EXPLORE CAREER OPPORTUNITIES THROUGH ROUND TABLE DISCUSSIONS AND ALLOW FOR PARTICIPATION IN HANDS-ON WORKSHOPS DESIGN TO FURTHER THE UNDERSTANDING AND EXPERTISE IN ESSENTIAL RHEUMATOLOGIC AREAS. EACH FELLOW-IN-TRAINING WHO PARTICIPATES HAS THE OPPORTUNITY TO LEARN FIRSTHAND FROM NATIONALLY KNOWN RHEUMATOLOGY EXPERTS DURING EACH MEETING.

THE PROCESS:

Part IV Supplemental Information

EDUCATIONAL OPPORTUNITIES ARE ADVERTISED TO RHEUMATOLOGY PROGRAM DIRECTORS, EACH PROGRAM DIRECTOR IS THEN CHARGED WITH SELECTING THE APPROPRIATE FELLOW TO ATTEND A MEETING BASED ON THE FELLOW'S AREA OF INTEREST AND LEVEL OF EXPERTISE. IF AN INSTITUTION HAS BOTH AN ADULT AND PEDIATRIC RHEUMATOLOGY PROGRAM, THEN ONE FELLOW-IN-TRAINING FROM EACH PROGRAM MAY BE APPOINTED.

TRAVEL SCHOLARSHIP TO ATTEND ACR/ARHP ANNUAL MEETING:

THIS SCHOLARSHIP ALLOWS FELLOW-IN-TRAINING TO PARTICIPATE IN BOTH THE FELLOW-IN-TRAINING EDUCATIONAL PRE-MEETING AND THE ANNUAL MEETING. THE PRE-MEETING EXPOSES FELLOWS-IN-TRAINING TO ANNUAL MEETING, PROVIDES AN AVENUE TO EXPLORE CAREER OPPORTUNITIES THROUGH ROUND TABLE DISCUSSIONS. THE ANNUAL MEETING IS THE PREMIER SCIENTIFIC MEETING DEVOTED TO THE RHEUMATIC DISEASE.

THE PROCESS:

EDUCATIONAL OPPORTUNITIES ARE ADVERTISED TO RHEUMATOLOGY PROGRAM DIRECTORS AND FELLOWS-IN-TRAINING. AWARDEES WERE SELECTED ON A FIRST-COME, FIRST-SERVE BASIS WITH PREFERENCE GIVEN TO FELLOWSHIP YEAR.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: AMERICAN COLLEGE OF RHEUMATOLOGY, INC.

Employer identification number: 58-1627547

Part I Questions Regarding Compensation

			Yes	No
1a	Check the 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.			
	[X] First-class or charter travel			
	[X] Travel for companions			
	[ ] Tax indemnification and gross-up payments			
	[X] Discretionary spending account			
	[ ] Housing allowance or residence for personal use			
	[ ] Payments for business use of personal residence			
	[ ] Health or social club dues or initiation fees			
	[ ] 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	1b	X	
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?	2	X	
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.			
	[X] Compensation committee			
	[X] Independent compensation consultant			
	[ ] Form 990 of other organizations			
	[X] Written employment contract			
	[X] Compensation survey or study			
	[X] 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		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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	7		
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	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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) ECHARD, STEVE	(i)	571,864.	68,110.	1,032.	34,196.	37,673.	712,875.	0.
EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MCCALLA, SHERYL	(i)	268,911.	3,000.	1,032.	29,507.	12,978.	315,428.	0.
SR. VICE PRESIDENT & CHIEF ADMINISTR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MERKEL, COLLEEN	(i)	220,536.	3,000.	16,980.	23,810.	19,703.	284,029.	0.
VICE PRESIDENT, OPERATIONS & FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) COOPER, ADAM	(i)	187,851.	3,000.	360.	18,969.	21,557.	231,737.	0.
VICE PRESIDENT, PRACTICE, ADVOCACY &	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PUNJABI, HIRO	(i)	167,212.	3,000.	5,911.	17,538.	26,704.	220,365.	0.
VICE PRESIDENT, INFORMATION TECHNOLO	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BREHM, TAMI	(i)	159,538.	3,000.	552.	14,150.	12,978.	190,218.	0.
VICE PRESIDENT, MEMBER SERVICES & GO	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) HERNDON, CONNIE	(i)	139,644.	3,000.	1,584.	11,529.	12,948.	168,705.	0.
VICE PRESIDENT, RESEARCH, TRAINING &	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GRAHAM, STEPHANIE	(i)	133,420.	3,000.	552.	11,008.	13,451.	161,431.	0.
SR. DIRECTOR, GOVERNANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

THE ORGANIZATION'S VOLUNTEER POLICY ALLOWS THE EXECUTIVE COMMITTEE COMPLIMENTARY SPOUSE/PARTNER TRAVEL FOR 3 MEETINGS TO BE USED ANYTIME DURING THE OFFICIAL YEAR. ONE MEETING CAN BE INTERNATIONAL. FOR THE INTERNATIONAL MEETING, PARTNER/SIGNIFICANT OTHERS ARE ALLOWED TO TRAVEL BUSINESS CLASS.

SCHEDULE O
(Form 990)

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 the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: AMERICAN COLLEGE OF RHEUMATOLOGY, INC.

Employer identification number: 58-1627547

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AT RISK FOR ARTHRITIS AND RHEUMATIC AND MUSCULOSKELETAL DISEASES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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, SECTION A, LINE 1A:

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.

Name of the organization: AMERICAN COLLEGE OF RHEUMATOLOGY, INC.

Employer identification number: 58-1627547

FORM 990, PART VI, SECTION A, LINE 4:

THE CHANGES TO THE BYLAWS INCLUDE: THE ROLE FOR SECRETARY-TREASURER WAS RETURNED TO INDIVIDUAL ROLES. OTHER CHANGES THROUGH OUT THE THE BYLAWS WERE MADE TO REFLECT THIS CHANGE.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT COPY OF THE FORM 990 WAS SENT TO THE FULL BOARD FOR THEIR REVIEW AND COMMENT PRIOR TO FILING OF THE RETURN. THE QUESTION AND ANSWER PERIOD OF THE MEETING WAS HELD WITH 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, SECTION B, LINE 12C:

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.

FORM 990, PART VI, SECTION B, LINE 15:

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

Name of the organization: AMERICAN COLLEGE OF RHEUMATOLOGY, INC.

Employer identification number: 58-1627547

RANGES AND TARGETS. THE DIRECTOR OF HUMAN RESOURCES CONTEMPORANEOUSLY DOCUMENTS AND MAINTAINS CONFIDENTIAL RECORDS OF ALL DECISIONS AFFECTING COLLEGE EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

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:

PROFESSIONAL FEES	8,022,770.
HONORARIUM	1,296,271.
TEMP EMPLOYEE	126,246.
COMPUTER CONSULTING	603,314.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	10,048,601.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: AMERICAN COLLEGE OF RHEUMATOLOGY, INC.

Employer identification number: 58-1627547

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

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

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

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

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

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

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

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

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

			Yes	No
1	During the tax year, did the 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	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c	X	
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o	Sharing of paid employees with related organization(s)	1o	X	
p	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r	X	
s	Other transfer of cash or property from related organization(s)	1s		X

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

	(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)	RHEUMATOLOGY RESEARCH FOUNDATION	L	3,168,235.	CASH
(2)	RHEUMATOLOGY RESEARCH FOUNDATION	C	200,000.	CASH
(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 sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

FORM 990, SCHEDULE R, PART V, LINE 2:

THE MANAGEMENT FEE OF $3,168,235 REPRESENTS PAYMENT FROM RELATED ORGANIZATION RHEUMATOLOGY RESEARCH FOUNDATION FOR SHARED EMPLOYEES, SHARED SPACE, AND MANAGEMENT SERVICES.