CUREARTHRITIS.ORG

ARTHRITIS NATIONAL RESEARCH FOUNDATION ANNUAL REPORT 2015

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"ANRF IS THE ONLY CHARITY DEDICATED SOLELY TO ARTHRITIS RESEARCH!"

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★★★★
CHARITY NAVIGATOR
Four Star Charity

2015-16 RESEARCH

Arthritis research is the key to finding new and better treatments for this disease affecting over 52 million Americans, including 300,000 children. Thirteen scientists across the U.S. were awarded arthritis research grants, giving hope to all who are suffering.

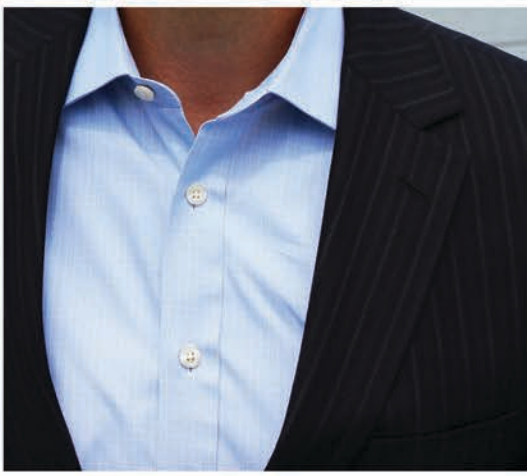
All grant applications are carefully reviewed by ANRF's world-renowned Scientific Advisory Board (SAB) of physician-scientists. The SAB only chooses the best and brightest emerging arthritis research scientists with the most innovative and cutting-edge projects. On average, only the top 15% of applicants receive a grant to ensure each scientist chosen is the best and exceeds our expectations.

Your support of arthritis research is critical to launching the independent research careers of these scientists. Their ANRF grant enables them to stay in research and spend their lifetime dedicated to finding a cure. These scientists work in top laboratories and ANRF funding enables them to make discoveries more quickly than without this support. The time is now to find a cure and help those suffering with arthritis.

Grant Recipients 2015-2016

Area of Study	ANRF Scientist	Research Institution
Rheumatoid Arthritis	Shahla Abdollahi-Roodsaz, PhD	NYU School of Medicine
	Pallavi Bhattaram, PhD	Cleveland Clinic
	Susan Carpenter, PhD	University of California, Santa Cruz
	Stephanie Stanford, PhD	La Jolla Institute for Allergy & Immunology
Juvenile Arthritis	Gang Li, PhD	Brigham and Women's Hospital
Osteoarthritis	Nidhi Bhutani, PhD	Stanford University
	Jenna Galloway, PhD	Massachusetts General Hospital
	Wentian Yang, MD, PhD	Brown University Medical School
Lupus	Michelle Kahlenberg, MD, PhD	University of Michigan
Psoriatic Arthritis	Iouri Chepelev, PhD	Cincinnati Children's Medical Center
Autoimmune	Lori Broderick, MD, PhD	University of California, San Diego
	Hilde Schjerven, PhD	University of California, San Francisco
	Shruti Sharma, PhD	UMass Medical School

Read more about current research at
CureArthritis.org/arthritis-research-2015



LETTER FROM THE PRESIDENT

Do you have arthritis or know someone with arthritis?

It's a question that most of us can answer, "Yes," because 52 million Americans have some form of arthritis. You may not know that 300,000 of those affected are children.

I've been involved with the Arthritis National Research Foundation (ANRF) since 2009 because I know that innovative and cutting-edge ideas come from early-stage research. ANRF is the only charity dedicated solely to funding arthritis research.

We don't limit our research grants to one form of arthritis; rather, we fund studies in many different forms of arthritis, including osteoarthritis, rheumatoid arthritis, juvenile arthritis, gout, psoriatic arthritis and studies in the human immune system as it relates to inflammation.

We do, however, limit our giving to young, innovative investigators. The scientists have a doctorate degree, a new approach, but no funding to move their ideas forward and closer to a cure. That's when ANRF provides a young genius with the funds needed to gather data and move to the next level in their research and career.

In 1970, ANRF began making small grants in California of only $50,000 - $100,000 per year.

This year we funded 13 scientists for over $1.2 million at nonprofit research institutions across America. Some are featured in this annual report; I invite you to view the others on our website, CureArthritis.org.

I'm intrigued by the potential of the science we fund. Since I have knee osteoarthritis, one study in particular comes to mind: our researchers working in stem cells think that joint replacement surgery may be unnecessary in as little as five years! Think of what this means for our quality of life as we age.

We are committed to research and place 91 cents of every dollar into research programs. As a result, I can confidently direct my charitable gifts to ANRF to help fund the cutting-edge research leading to new and better treatments for everyone who suffers with arthritis.

At ANRF we provide hope through research and together we can cure arthritis!

Sincerely,

Shaun Skeris
President

TOP 2% IN THE NATION

Transparency and Accountability

ANRF NAMED ONE OF AMERICA'S BEST CHARITIES

★★★★ - CHARITY NAVIGATOR

Earning the highest, four-star rating from online charity evaluator, Charity Navigator, is a demonstration of the Arthritis National Research Foundation's commitment to transparency and accountability. Earning this rating for the eighth consecutive year places us in the top 2% of all charities in America.

The Arthritis National Research Foundation (ANRF) believes in the power of research. Our donors do too, and they can rest assured that we're doing everything we can to work toward a cure.

"At the Arthritis National Research Foundation, we believe research is the key to a cure for arthritis," says President Shaun Skeris. "That's why we are the only charity dedicated solely to funding arthritis research."

ANRF supports brilliant, early-stage scientists at U.S. nonprofit research institutions. Newer scientists have innovative ideas and a willingness to think outside the box. The grant they win from ANRF enables them to make the next research breakthrough.

"Researchers supported by ANRF have made pivotal discoveries to move us closer to a cure," Skeris continues. "However, every year there are more worthy proposals that may hold the key to a cure than we are able to support."

The support of our contributors drives our ability to fund this critical research. Charity Navigator praised ANRF for its excellent fiscal management and its unwavering commitment to transparency and accountability. Receiving four out of four stars for eight years in a row is an independent validation of ANRF's exemplary administration and commitment to their mission to cure arthritis through research.

Help support this critical and innovative research at CureArthritis.org/donate

FINANCIAL REPORT 2015

AUDITED STATEMENT OF PUBLIC SUPPORT, FISCAL YEAR ENDING MARCH 31, 2015

REVENUES AND EXPENSES

PUBLIC SUPPORT AND REVENUE	2015	2014
Contributions and bequests	1,055,132	1,015,406
Investment Income	387,723	269,796
Unrealized Gain (loss) on Investments	128,869	568,207
TOTAL SUPPORT AND REVENUE	**$1,571,724**	**$1,853,409**
EXPENSES		
Program Services		
Research	1,188,519	1,104,088
Education	174,461	209,031
Total Program Services	**$1,362,980**	**$1,313,119**
SUPPORTING SERVICES		
Management and General	100,141	90,640
Fund Development	32,783	26,257
Total Supporting Services	**$132,924**	**$116,897**
TOTAL EXPENSES	**$1,495,904**	**$1,430,016**
Change in Unrestricted Net Assets	75,820	423,393
Net Assets at Beginning of Year	8,575,890	8,152,497
Net Assets at End of Year	8,641,424	8,575,890

STATEMENT OF FINANCIAL POSITION 2015

ASSETS		
Cash and Cash Equivalents	457,052	771,568
Accrued Interest	13,014	13,014
Investments	8,130,333	7,739,410
Note Receivable	56,415	56,415
Total Assets	**$8,656,814**	**$8,580,407**
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts Payable	5,104	4,517
NET ASSETS		
Unrestricted	8,641,424	8,565,604
TOTAL LIABILITIES AND NET ASSETS	**$8,656,814**	**$8,580,407**

CAN ONE MOLECULE TREAT BOTH RA AND OA?

Could one molecule, developed precisely for your body, be used to treat both osteoarthritis and rheumatoid arthritis?

It's not science fiction; it's science. Chuanju Liu, PhD, was a new Assistant Professor at New York University when ANRF funded his work on a molecule termed, Progranulin, from 2006 to 2008.

"My grants from ANRF played a critical role in my career development," says Liu, who is now a full Professor in the Departments of Orthopaedic Surgery and Cell Biology and the Director of Translational Research at the New York University School of Medicine.

Thirty years ago, ANRF funded a young researcher at University of California, Irvine, Gale "Morrie" Granger, PhD, who discovered the molecule Tumor Necrosis Factor (TNF) and its receptors. TNF is the target for the most effective "biologic" treatments for autoimmune arthritis today – therapies that block the inflammatory process.

Today, Dr. Liu's work, like that of Dr. Granger's, may lead arthritis patients down a new path to treatment.

His studies focus on a unique growth factor, Progranulin. According to Dr. Liu, this growth factor plays a critical role in many areas: embryonic development, wound healing, infection, inflammation and brain cell development.

Interestingly, high levels of Progranulin have been shown to increase the risk of cancer. Conversely, if you have low levels of Progranulin, musculoskeletal diseases, such as osteoarthritis (OA), can result. "Therefore, using this molecule as a therapy must be done under precise circumstances and in precise amounts to avoid the adverse effects," says Liu.

Initially, Dr. Liu thought Progranulin's protective properties in OA joints would be the only therapeutic benefit. Then, he found that Progranulin binds to the TNF-alpha receptor, making it a natural antagonist to TNF in autoimmune arthritis, such as rheumatoid arthritis. So, this molecule acts as an inhibitor of TNF in autoimmune arthritis AND a protective agent in OA joints.

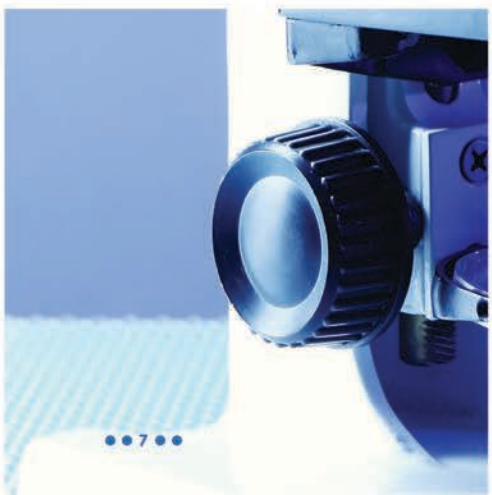
Armed with this knowledge, Dr. Liu's lab focused on the therapeutic potential of Progranulin by isolating the molecular areas that interact with TNF receptors, which led to the development of an engineered protein, termed "antagonist of TNF-TNFR signaling via targeting to TNF receptors" – Atstrrin for short.

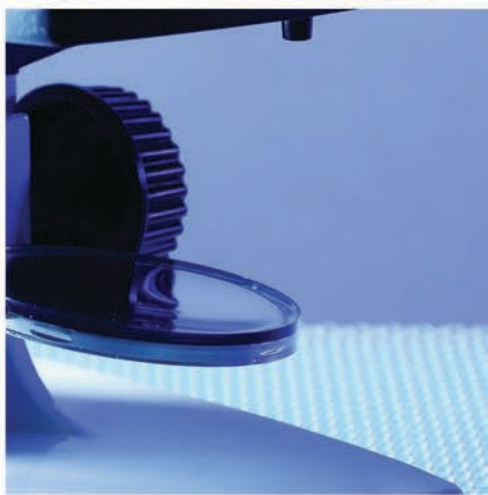
Atsttrin has effectively suppressed disease progression in several animal models of inflammatory disease. Dr. Liu says he is continuing to investigate why Progranulin level is increased in both RA and OA, when compared to healthy controls, but is even higher in RA patients. His goal is to utilize Atsttrin, in the development of new interventions for various degenerative and inflammatory conditions including, but not limited to, OA and RA.

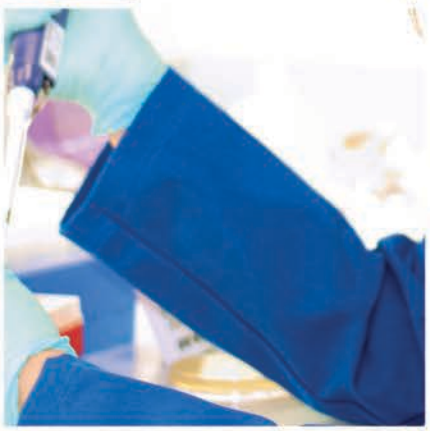
"The grants I received from ANRF enabled me to further my research, establish my laboratory and derive the data necessary to secure long-term funding from the National Institutes of Health," says Dr. Liu. "I'm so grateful for their support of this work."

One molecule, two treatments – that is the wonder of science.

Dr. Liu explains his work in his "Arthritis Now" video, "Can One Molecule Treat Osteoarthritis and Rheumatoid Arthritis?" Watch his interview and all the latest Arthritis Now interviews at CureArthritis.org/Arthritis-Now







HOT ON THE TRAIL OF lncRNA IN INFLAMMATION

Inflammation is the body's instinctive response to invasion. Any assault on the immune system triggers a flood of inflammatory chemicals to repel the intruder. When under attack, the body immediately mobilizes to fight infection or injury.

Although acute inflammation is a vital tool for survival, unchecked or dysregulated inflammation unleashes a devastating torrent of redness, heat, swelling and pain. An "autoimmune" disease results when the body battles a non-existent threat. Why the body's defenses go awry remains a mystery, although certain genetic factors appear to predispose people to developing autoimmune disorders.

"My research has focused on early immune responses that are critical to fighting infection and repairing tissues," says Susan Carpenter, PhD, Assistant Professor of Molecular, Cell and Developmental Biology at the University of California, Santa Cruz. "If this response gets disrupted, it can lead to chronic inflammation, which lies at the heart of a large number of conditions, including arthritis."

Rheumatoid arthritis, a chronic inflammatory disease of the joint lining, leads to painful swelling, stiffness and disfiguring joint damage. The debilitating autoimmune condition inflames the lining of the joints (the synovium), causing loss of function and disfiguring joint damage.

Of the entire human genome, only a tiny fraction code for proteins. "For years we have taken a protein-centric view of understanding the regulation of complex diseases such as rheumatoid arthritis," says Dr. Carpenter. "Since the sequencing of the human genome more than a decade ago, we now know that only about 2% of the genome codes for proteins."

Why lncRNA?

Long noncoding RNA (lncRNA)—longer than 200 nucleotides—represent the majority of RNA transcripts produced from the genome. "There are over 16,000 lncRNAs in humans," says Dr. Carpenter, "and we simply do not understand their functions yet. I have identified a number of these genes to be highly over expressed in cells following inflammation."

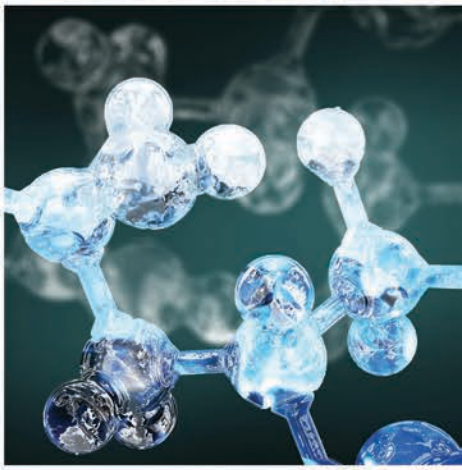
Dr. Carpenter is studying how lncRNA genes are involved in the pathogenesis of inflammatory arthritis. She has identified a specific lncRNA that is both highly inducible in response to inflammatory stimuli and necessary for the induction of other inflammatory genes.

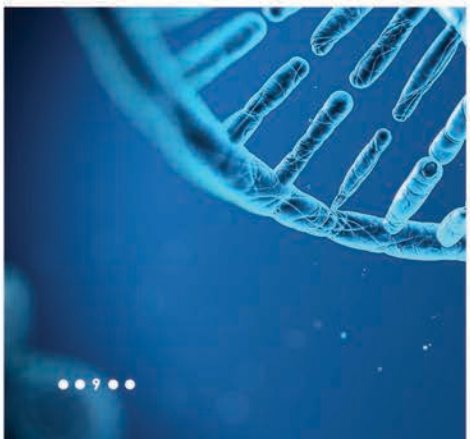
"Right now, the focus of my research is the lincRNA-Cox2 gene," says Dr. Carpenter. "In animal models of inflammatory arthritis, we find increased levels of lincRNA-Cox2 within the synovium of mice during inflammation. We aim to determine if lincRNA-Cox2 is involved in the pathogenesis of arthritis and also identify the exact homologue in human cells."

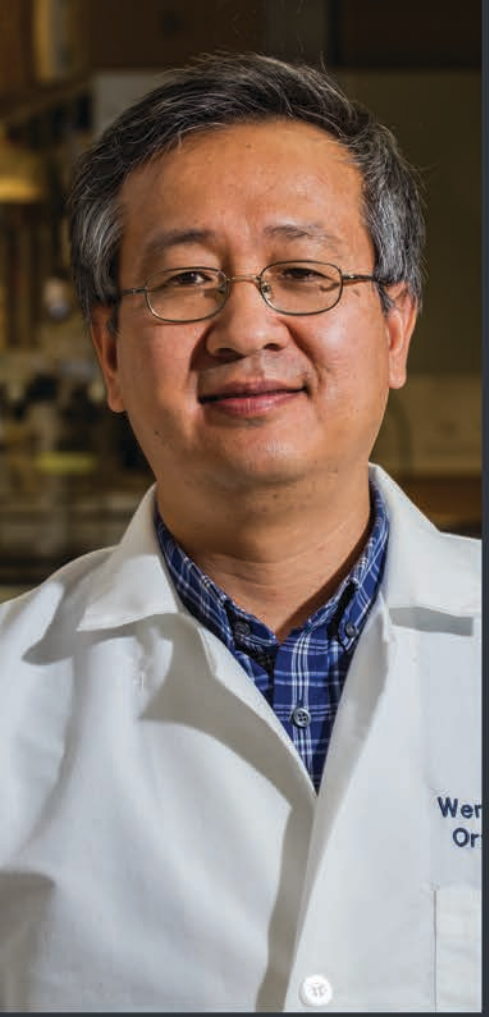
Named ANRF's Sontag Foundation Research Fellow in 2014, Dr. Carpenter is investigating how signaling pathways are regulated during chronic inflammation. Given the prevalence of devastating autoimmune diseases, new approaches towards understanding pathology and gene mechanisms are urgently needed.

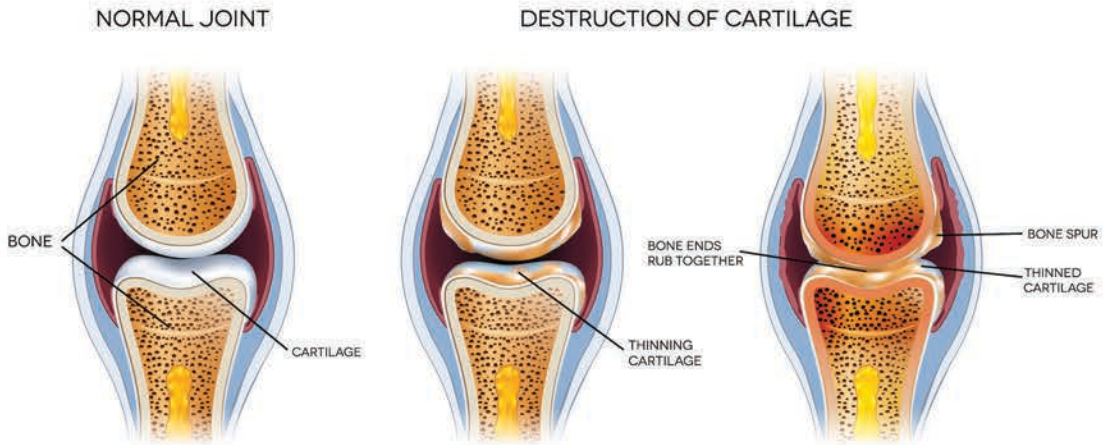
"Obtaining this recognition and support for my research has been extremely motivating," she says. "Our goal is to understand exactly what goes wrong in the signaling pathways in inflammatory conditions, and in doing so, identify novel targets for therapeutic intervention."

Dr. Carpenter further explains her work in her "Arthritis Now" video, "Does lncRNA Explain Inflammation in RA & Lupus?" Watch her interview and all the latest Arthritis Now interviews at CureArthritis.org/Arthritis-Now









NEW WAYS TO GROW CARTILAGE

Nearly 27 million Americans suffer the joint-damaging ravages of osteoarthritis (OA), the most common type of degenerative joint disease. Patients with OA experience a gradual destruction to the layer of bone-cushioning cartilage that provides a smooth gliding surface for the joints.

As the disease progresses, fluid leaks into the lining of the joints and disrupts the formation of new healthy cartilage. Damaged cells begin to form painful bony spurs as errant cells multiply and grow haphazardly. As cartilage breaks down further, the grinding of bone-on-bone causes pain, swelling, bone deformities and loss of motion.

"Cartilage diseases, particularly OA, are one of the leading cause of disability, severely affecting quality of life," says Wentian Yang, MD, PhD, Associate Professor of Medicine and Associate Professor of Orthopaedics at Brown University. "Current treatments focus on symptom relief, but don't significantly alter the joint-destroying progression of the disease."

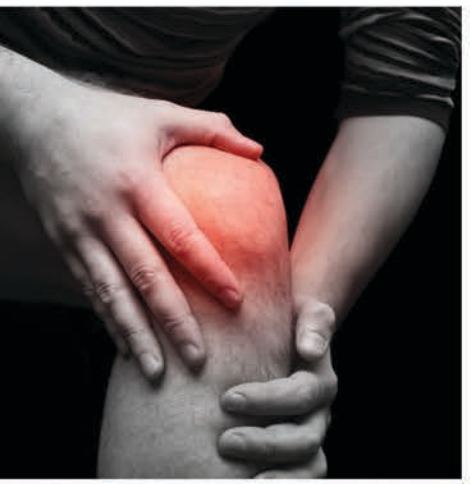
Research has shown that osteoarthritis results from a destructive cellular process, not just mechanical wear and tear. Because of cartilage's very limited ability to self-heal, total joint replacement surgery remains the only option for the painful and debilitating disease.

What if stem cells could be harnessed to regenerate lost cartilage? Could scientists coax stem cells to repair a torn layer of cartilage?

Articular cartilage is the smooth, white tissue that covers the ends of bones where they come together to form joints. Working with transgenic mice, Dr. Yang first identified a novel population of progenitor cells that are capable of migrating toward articular cartilage during development. “By manipulating cells in a controlled manner, we are working to identify molecular pathways in cartilage regeneration. We want to learn what’s happening inside the cell.”

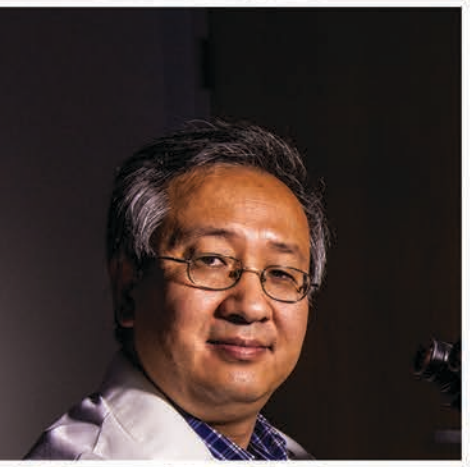
Dr. Yang is investigating genetic signaling and enzyme regulation in the development of cartilage using genetically modified mice. Working with a novel pool of stem cells, he is trying to find out whether a specific enzyme, SHP2, modulates the growth of cartilage by these cells.

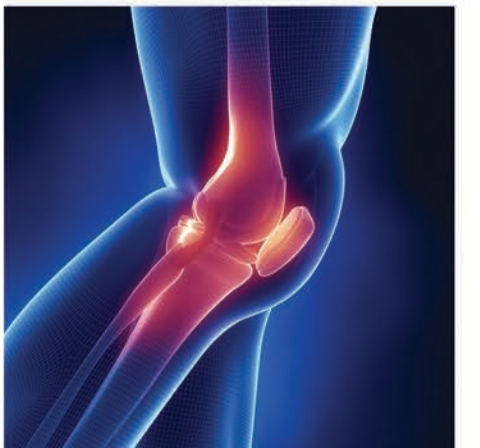
In the lab, Dr. Yang is testing the hypothesis that loss of SHP2 can promote stem cell production, leading to rebuilding of cartilage in the joints. If he can identify the molecular mechanisms involved, it will catalyze the development of novel therapeutics to treat OA and other degenerative cartilage diseases.



Thanks to his ANRF-funded research, Dr. Yang has received his first round of funding from the National Institutes of Health. “I am sincerely honored and very grateful to receive the Ethelmae Haldan Grant for Innovative Science in Osteoarthritis from ANRF,” he says. “My goal is to conduct top-flight musculoskeletal research with the aim of improving patient care and outcomes. I am confident that every step we move forward in OA research eventually will lead to a cure.”

To read about more innovative osteoarthritis research or to make a donation to help support exciting research like that of Dr. Yang’s, please visit CureArthritis.org





CAN INTESTINAL BACTERIA CAUSE RHEUMATOID ARTHRITIS?

Researchers worldwide are exploring the flawed immune response that kindles inflammatory disease. Intestinal bacteria may hold the key to understanding what triggers rheumatoid arthritis inflammation. Inflammation defends the body against infection, but must turn on at just the right

moment to repel an assault—and then quickly switch off when the invading pathogen is removed. Why does smoldering low-grade inflammation suddenly erupt into a raging autoimmune disease that attacks the joints and sparks the warmth, swelling and pain of rheumatoid arthritis (RA)?

One answer may lie in the microbiome—about 100 trillion intestinal bacteria microbes weighing up to three pounds—that normally live in the gut. "The microbiome shapes our immune system and can play an important role in autoimmune diseases," says Assistant Professor of Medicine Shahla Abdollahi-Roodsaz, PhD, of New York University School of Medicine. "The microbiome in the gut activates immune cells that may travel throughout the entire body, including to the joints."

For 2015-16, Dr. Abdollahi-Roodsaz was awarded funding as The Sontag Foundation Fellow of the Arthritis National Research Foundation (ANRF). This honor awarded by ANRF's partner organization, The Sontag Foundation, for the research project that they feel demonstrates the most promise towards finding a cure for RA.

In 2013, New York University rheumatologists discovered that patients with RA are far more likely to have certain intestinal bacteria called Prevotella copri (P. copri) in their intestinal tracts than those without the disease. Evidence suggests that people recently diagnosed with RA may have teeming colonies of these intestinal bacteria, compared to healthy individuals.

With ANRF funding, Dr. Abdollahi-Roodsaz is investigating the immune response to the intestinal bacteria associated with the disease in a mouse model. The discovery of the link between the microbiome and RA has sparked revolutionary theories about the inflammatory role of the gut bacteria in autoimmune diseases such as RA. Some gut bacteria signal the immune system to mount a forceful inflammatory response, while other species may protect against inflammation. Does P. copri signal the immune system to respond so aggressively that it destroys joint tissue? Or does the overgrowth of P. copri displace more beneficial bacteria? How exactly these microbes trigger autoimmune diseases remains elusive—"and is what we are trying to understand."

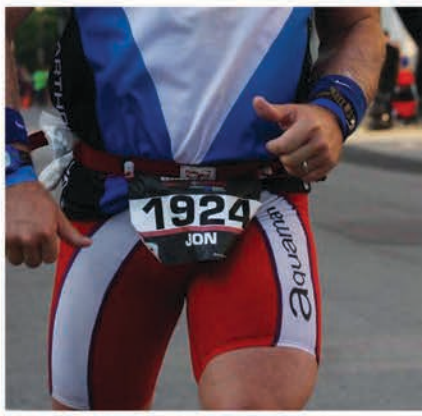
Animal studies reveal that mice, even when genetically modified to develop arthritis, don't fall victim to the disease when raised in a germ-free environment. "What's true for mice may also be true for humans," she says. "Perhaps we can treat patients by specifically eliminating the harmful bacteria while preserving or even promoting the 'good bugs.'"

In addition, Dr. Abdollahi-Roodsaz is investigating the role of specific molecules on immune cells responding to intestinal microbes. The focus of her research is a class of proteins called "Toll-like receptors" that form a line of defense against invading pathogens, but also react to certain intestinal bacteria. Intriguingly, the inflammatory response that spurs autoimmune diseases like RA suggests that the immune system overreacts to certain signals from bacteria.

Inflammation unleashes a flood of pro-inflammatory proteins called "cytokines" that trigger the immune system to attack the joints, causing debilitating pain, stiffness, and deformity. "We are investigating both genetic factors and the inflammatory proteins that exacerbate RA in relationship with the gut microbiome," she says. "Several biologic drugs that target a specific cytokine, IL-17, are already in clinical trials, and IL-17 is a cytokine whose production can be strongly triggered by the gut bacteria."

Disease-modifying drugs and biologic agents often slow the progression of RA, but the mechanisms that drive gut inflammation and joint damage remain a mystery. "With ANRF funding, we are doing basic research that could someday lead to novel treatments for the disease," says Dr. Abdollahi-Roodsaz. "Despite current therapies, a cure for RA remains an enormous challenge."

To read about more innovative rheumatoid arthritis research or to make a donation to help support exciting research like that of Dr. Abdollahi-Roodaz, please visit CureArthritis.org



ATHLETE WITH ARTHRITIS TAKES IT IN STRIDE

Jon Bourgeois is no stranger to pain. As an athlete with arthritis, Jon pushes past the pain of his osteoarthritis in each of his endurance events. Competing against the pain of the event and his arthritis. Jon has now pushed himself to his limits in seven IRONMAN triathlons in the past three years alone! However, Jon says that the pain experienced from ultra-distance racing doesn't compare to the pain of his osteoarthritis (OA).

Five years ago, when Jon was 41 years old, he was diagnosed with OA. His arthritis has left his shoulder permanently frozen in place after his left clavicle was removed in an attempt to ease his pain. Additionally, his pain levels resulted in an unintended side effect, Jon's inactivity led to an initial weight gain of over thirty pounds.

Despite being wrought with arthritis pain on a daily basis, Jon has refused to make excuses and his positive attitude has enabled him to take his OA obstacles in stride in his pursuit of competing in ultra-distance races.

Giving up was never an option for Jon; instead, he decided to become an athlete with arthritis. He decided to change his life by swimming to increase the mobility in his shoulder and he eventually ventured into endurance racing. In June 2015, Jon competed in the Escape from Alcatraz triathlon with his Racing For A Cure teammates in an effort to help find a cure. Jon and his teammates strongly believe that research is the key to finding cures and new arthritis treatments.

"I would not have become involved in endurance sports if I did not have arthritis, so in that regard, I see my arthritis as a positive. I want to show others that they can be an athlete with arthritis as well. I hope that sharing my story will help at least one person suffering from this disease," says Jon.

Jon recently completed IRONMAN Texas, his seventh IRONMAN finish and his drive and determination hasn't slowed down.

"When I race, I am obviously hurting just like everyone else and maybe a little more. But I know that the more it hurts, the better the post-race story will be and the more I might inspire someone else. When I'm out there I try to thoroughly enjoy every minute I am racing because I don't know how much longer I will be able to keep doing this." An IRONMAN is a 2.5 mile swim, 112 mile cycle and a 26 mile run.

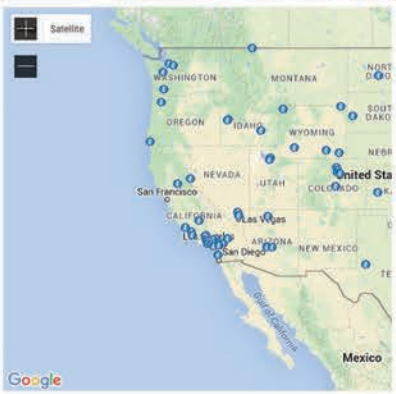
Despite Jon's notable athletic feats, he considers himself to be an average athlete, and credits his success to staying active and a nutritious diet. He admits that he sometimes doesn't train hard enough, often making his races even harder, but he cherishes using some of his training time to spend with his family. And despite his admission, he still is an incredible athlete who finds a way to make the finish.

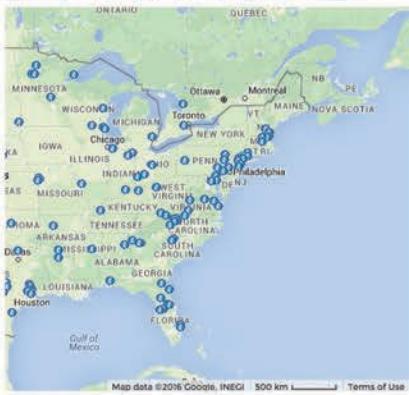
"The pain from my arthritis has altered everything I do, but I have learned to adjust to it. I swim all my triathlons in a modified side stroke with one arm. I kick with my legs and drag myself with my right arm because my left shoulder is frozen. But I'm not going to give up!"

Jon's inspiring attitude has led to the formation of the 2016 IRONMAN Chattanooga team. We're looking for athletes who want to make a difference and support research. Not only are we looking for athletes like Jon, but also those who want to get involved and make a difference using a variety of activities.

"The best thing you can do is to stay active. If all you can do is walk thirty minutes a day, then that's your 'Ironman.' Don't give up. You never know what tomorrow will bring. You too can be an athlete with arthritis!"

Join the Racing For A Cure team for IRONMAN Chattanooga or walk, run, roll, hike, bike, swim or train with us at RacingForACure.org
All ages and abilities are welcome to join!





TAKE ACTION TO CURE ARTHRITIS

Together we can cure arthritis! Arthritis affects **52 million** Americans and millions more worldwide. The problem is **BIG**, so how can you make a difference?

The month of May was Arthritis Awareness Month and to raise funds and awareness Lilly Pharmaceuticals sponsored the Cure Arthritis Awareness Map. For every photo posted $1 was donated to research bringing people from all over the U.S. and around the world together in an effort to help find a cure. The map is still active and we'd love to see your #CureArthritis photos, so please visit and post your photos at Map.CureArthritis.org today!

The Cure Arthritis Crew

Newly formed this year is the #CureArthritis Crew! Members pledge to support arthritis research and do what they can to make a difference in the fight to cure arthritis! We ask that members take the pledge and find unique ways to help raise awareness and funds for research. Please visit CureArthritis.org/Crew to get involved and keep checking social media to see all the ways that #CureArthritis Crew members are making a difference. To get involved visit CureArthritis.org/Crew

Social Media

To stay up-to-date with the daily activities of the foundation, find us on your desired social media platform:

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Please remember us again this fall!

THINKING ABOUT YOUR WILL OR PLANNING YOUR ESTATE?

A future gift is a wonderful way to ensure your legacy and support the mission to cure arthritis. Charitable trusts, stock, life insurance, and real estate are a few ways to make a future gift. And, you may designate the type of arthritis research you wish to fund!

The legacy you create for you and your family with a future gift and tax-deductible donation to the Arthritis National Research Foundation may fund the project that cures arthritis. Thank you for remembering the Arthritis National Research Foundation.

Arthritis National Research Foundation
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