CUREARTHRITIS.ORG

ARTHRITIS NATIONAL RESEARCH FOUNDATION ANNUAL REPORT 2016

NINE STRAIGHT YEARS OF 4-STAR RATINGS PLACES ANRF IN TOP 1% OF ALL CHARITIES

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★★★★
CHARITY NAVIGATOR
Four Star Charity
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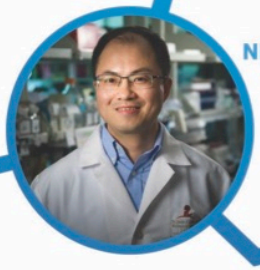

NEW THERAPEUTIC STRATEGY FOR AUTOIMMUNE DISEASES

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2016-17 RESEARCH

At the Arthritis National Research Foundation we like to say, "Together, through research, we can cure arthritis." Our arthritis researchers are key to finding new and better treatments for the 54 million Americans, including 300,000 children suffering with arthritis. This year thirteen scientists across the U.S. were awarded arthritis research grants.

All 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, ensuring each scientist chosen exceeds our expectations.

Our scientists work in top laboratories and ANRF funding enables them to make discoveries more quickly and push the field of arthritis research forward. The time is now to find a cure and help those suffering with arthritis.

Your support of arthritis research is critical to launching the independent research careers of these scientists and to making a difference for all who suffer with these debilitating diseases.

Grant Recipients 2016-2017

Area of Study	ANRF Scientist	Research Institution
Rheumatoid Arthritis	Shahla Abdollahi-Roodsaz, PhD Stephanie Stanford, PhD	NYU School of Medicine University of California, San Diego
Juvenile Arthritis	Gang Li, PhD	Brigham and Women's Hospital
Osteoarthritis	April Craft, PhD Jenna Galloway, PhD	Boston Children's Hospital Massachusetts General Hospital
Lupus	Shaun Jackson, MD, PhD Jason Knight, MD Kai Yang, PhD	Seattle Children's Hospital University of Michigan St. Jude Children's Research Hospital
Psoriatic Arthritis	Iouri Chepelev, PhD Lam Tsoi, PhD	Cincinnati Children's Medical Center University of Michigan
Autoimmune	Hilde Schjerven, PhD Shruti Sharma, PhD	University of California, San Francisco Tufts University Medical Center
Gout	Richard Reynolds, IV, PhD	University of Alabama at Birmingham

Read more about current research at
CureArthritis.org/arthritis-research-2016

FUNDING RESEARCH TO CURE ARTHRITIS

This is what we do at the Arthritis National Research Foundation (ANRF). Every time we fund an arthritis research grant, we make a calculated investment in a scientist, hoping they will have a breakthrough discovery to find a more effective treatment and cure.

ARTHRITIS RESEARCH IS THE KEY TO HELPING THE 1 IN 4 AMERICANS SUFFERING IN PAIN.

Take my family: I've watched my mother and my grandmother suffer the pain and diminishing mobility from arthritis for many years. Doing something concrete to help them means the world to me. The Arthritis National Research Foundation provides hope for them and other families like mine. The means to finding a cure is through research.

We're the only nonprofit organization in the country solely focused on funding the cutting-edge arthritis research ideas of young, entrepreneurial doctors.

These MDs and PhDs have innovative ideas, but limited funding to move forward. If, after a rigorous review process, they are ranked among the best of the best candidates, they receive a one-year grant from ANRF to work on their idea. This enables them to move the study ahead more quickly and more in-depth.

Arthritis research is the hope for 54 million Americans like my mother and 300,000 children with juvenile arthritis, too. New, cutting-edge research is exciting and may be ready for testing in patients soon. With your help, we can fund research focused on alleviating the pain many are suffering.

I invite you to join us in this fight to eradicate arthritis through research. with over 90% of your donation to ANRF funding arthritis research programs. And, online charity evaluator, Charity Navigator, has awarded ANRF its highest, 4-star rating for nine years in a row, placing ANRF in the top 1% of all charities reviewed.

I invite you to get involved with us. **Together, we can cure arthritis.**

Sincerely,

Shaun Skeris
President

P.S. Please consider joining us this year to Meet The Scientists behind the research getting us closer to cure. Learn more at **CureArthritis.org/MTS**

TOP 1% IN THE NATION

Nine Straight Four-Star Ratings From Charity Navigator ☆☆☆☆

By scoring 100% for fiscal management and accountability, the Arthritis National Research Foundation (ANRF) has earned its ninth consecutive four-star rating from premier online charity evaluator, Charity Navigator, validating ANRF's work as a top charity in America.

This achievement places ANRF in the top 1% of all charities reviewed by Charity Navigator and earns ANRF a spot on their "10 Charities Worth Watching" list as well as their "Charities With Perfect Scores" page.

Charity Navigator praised ANRF for its excellent fiscal management and its unwavering commitment to transparency and accountability, scoring a perfect 100% in all of the areas reviewed. A letter from Michael Thatcher, President and CEO of Charity Navigator, stated:

> "Only 1% of the charities we evaluate have received at least 9 consecutive 4-star evaluations, indicating that Arthritis National Research Foundation outperforms most other charities in America. This exceptional designation from Charity Navigator sets Arthritis National Research Foundation apart from its peers and demonstrates to the public its trustworthiness."

Based in Long Beach, CA, ANRF is the only U.S. charity focused solely on supporting emerging, early career investigators' research to cure arthritis. Over 90% of all donations received are used for arthritis research programs. For over 45 years, the foundation has funded young doctors studying arthritis and the human immune system.

The discoveries made by the over 230 scientists ANRF has supported have often been ground-breaking and led to many new treatments for those suffering with arthritis.

Receiving four out of four stars for nine years in a row is an independent validation of ANRF's exemplary administration and commitment to its mission to cure arthritis through research. The rating ranks ANRF in the top one percent of U.S. charities rated by Charity Navigator; in other words, ANRF performs more efficiently than 99% of all other charities reviewed by Charity Navigator. Charitable donors can give confidently knowing their gifts will be used wisely to fund the best young arthritis researchers.

Along with it's Board of Directors and world-renownedScientific Advisory Board, the Arthritis National Research Foundation will continue its focus only on funding cutting-edge research. Research with the potential for better treatments and cures is the hope of the over 54 million Americans who suffer the pain of arthritis every day.

YOUR SUPPORT IS GETTING US CLOSER TO A CURE!

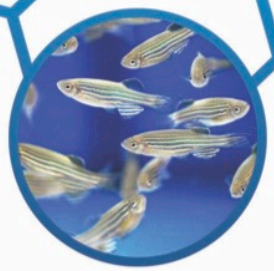
The 54 million Americans, including 300,000 children, affected by Arthritis will be positively impacted by scientific advancements.

Donations fund young, brilliant scientists with new ideas to cure arthritis and the related autoimmune diseases.

Please make a gift today!

Use the envelope included or go online to

CUREARTHRITIS.ORG/DONATE



ILLUMINATING NEW OSTEOARTHRITIS DRUG TARGETS

Finding new osteoarthritis drug targets is the focus of many researchers including the recently funded Dr. Jenna Galloway. Osteoarthritis is a degenerative disease that gradually destroys cartilage and bone. Normally, cartilage cushions the ends of bones and provides a smooth gliding surface for joint movement. Over time, chronic osteoarthritis, also described as "wear and tear" arthritis, damages the underlying bone and connective tissues, leading to painful swelling, stiffness and limited mobility.

FIVE REASONS TO STUDY ZEBRAFISH

1. **Genetically similar to humas**
   70% of human genes are found in zebrafish.

2. **They have the same organs as humans**
   Brain, heart, kidney, eyes, livers, nose, esophagus, intestines - to name a few.

3. **Easy to house**
   They are small and have simple living requirements.

4. **Embryos are clear**
   You can see fertilized eggs grow into baby fish under a microscope.

5. **Lots of eggs**
   Zebrafish have 200-300 offspring per pairing, providing a ready supply for research.

At the Center for Regenerative Medicine and Department of Orthopaedic Surgery at Massachusetts General Hospital, Arthritis National Research Foundation funded researcher Jenna Galloway, PhD, has developed an efficient way to screen a large number of potential new osteoarthritis drug targets with known bioactivity.

> "Osteoarthritis has a devastating effect on the musculoskeletal system," she says. "We need new drugs to prevent or slow the deterioration of joint tissues that occurs in this debilitating disease."

In her lab, Dr. Galloway is seeking to accelerate the discovery of new pathways to heal damaged joints and regenerate healthy tissue. She began by testing more than 7,000 small molecules, including drugs already approved by the FDA. So far, she has identified over 50 compounds that may promote cartilage and tendon repair.

To illuminate potential drug pathways, Dr. Galloway works with brightly colored, fluorescent zebrafish that have been genetically engineered to glow when viewed under a fluorescent microscope.

By manipulating cells in translucent embryos smaller than a fingernail, she can quickly see which drugs promote cartilage or tendon growth. "When we see an increased number of cells glowing green we know the drug is a cartilage-promoting molecule," she explains. "When more cells glow red we know the drug is stimulating the growth of tendons."

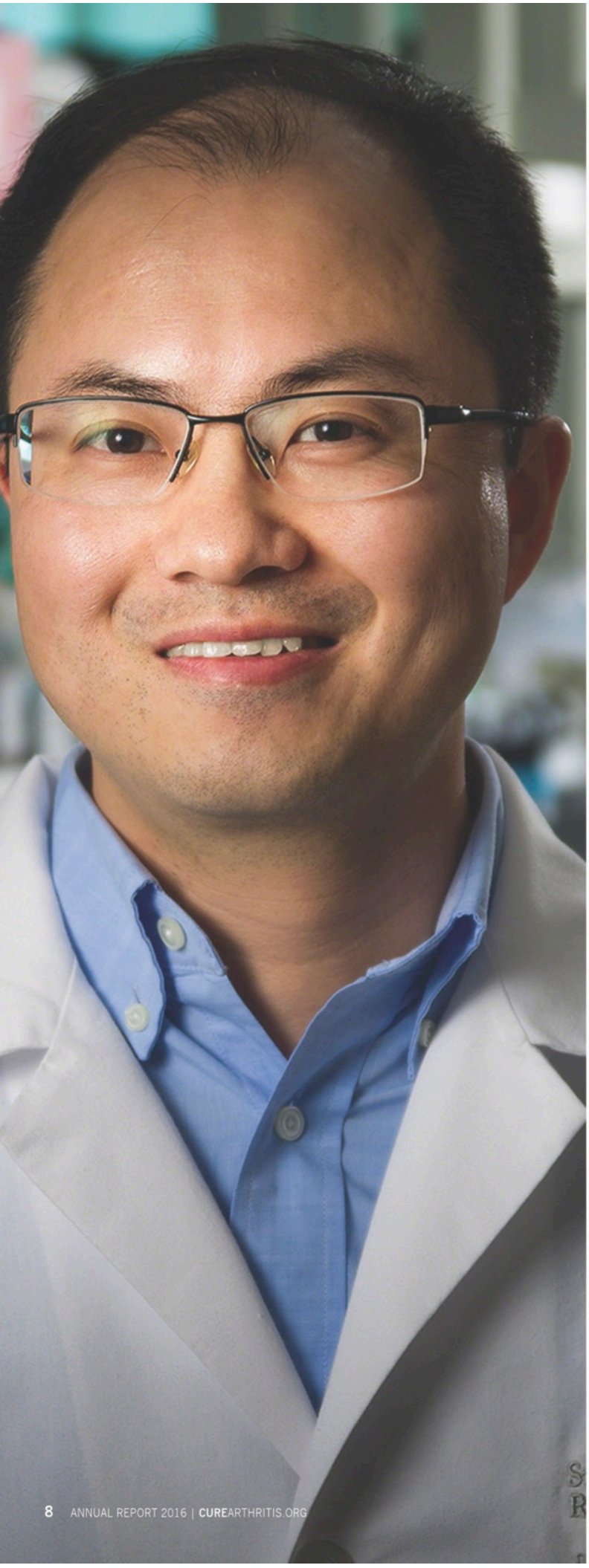
Now that the initial screening is finished, Dr. Galloway is collaborating with Arthritis National Research Foundation funded researcher April Craft, PhD, to test the compounds in human stem cells. "We want to assess the potency of these new drugs in humans," she says. "We will be investigating the underlying mechanism of their activity in human adult stem cells and pluripotent stem cells, cells that can generate into any cell type in the body."

The next step is to translate discoveries from the chemical screen to treatments for degenerative joint disease. "By integrating drug screening in the fish with human stem cell models, we hope to accelerate the discovery of new pathways with therapeutic potential for joint tissues affected by osteoarthritis," says Dr. Galloway.

Damage to the joints raises the risk of developing osteoarthritis later in life. Sports injuries often occur when the foot is fixed on the ground and a player suddenly changes direction or stops suddenly, twisting the knee joint. One common reason for joint instability—and later osteoarthritis—is an injury to the anterior cruciate ligament (ACL), the major stabilizer in the knee. More than 100,000 ACL repairs are performed annually in the United States.

> "Someday we may be able to engineer cells to improve ligament healing or replace diseased tissues, leading to long-term healthy joint function after injury," she says. "Our hope is that the drugs we identify could be used in two ways—as therapeutic molecules that stimulate healthy cartilage and tendon and ligament tissues—or in the generation of replacement tissues for damaged tendons, ligaments and cartilage."

Thanks to her grant from the Arthritis National Research Foundation, Dr. Galloway is eagerly narrowing down the most potent new osteoarthritis drug targets for additional research. "This grant provides critical support for new investigators at a time in their career when funding makes a real difference," she says. "New treatment options are urgently needed to halt progressive damage to the joint tissues."



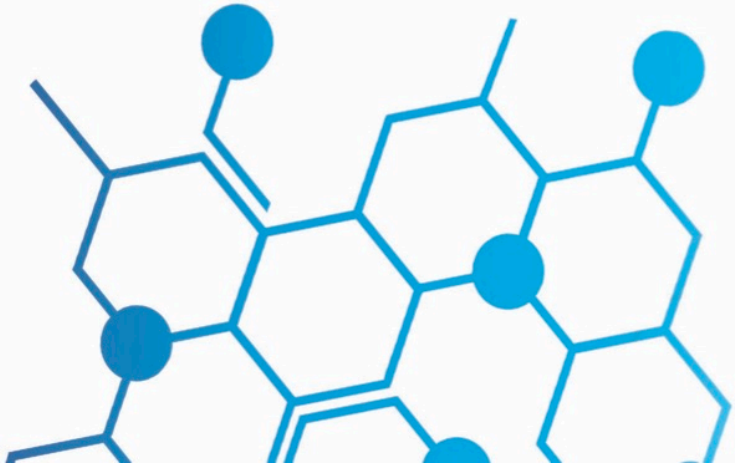
NEW THERAPEUTIC STRATEGY FOR AUTOIMMUNE DISEASES

Autoimmune diseases are often triggered by a T-cell imbalance in our system. Like forces ready for battle against an invading army, the T cells are pivotal players in defending the body against infection or injury. When under siege, the immune system quickly releases a burst of disease-fighting T-cells to engulf and defeat the invaders. Specialized blood cells—called "T effector cells"—are mobilized to fight the attack. Once the enemy is vanquished, regulatory T cells (Tregs) are supposed to quickly sweep away any T effector cells left on the battlefield.

Inflammatory diseases result when T effector cells linger in the bloodstream, circulating to distant organs and attacking the joints. The overgrowth of T effector cells contributes to the development of chronic inflammatory diseases such as rheumatoid arthritis (RA), a disabling disease that attacks and destroys cartilage and bone, leaving the joint painful and inflamed.

In his laboratory, Arthritis National Research Foundation funded researcher Kai Yang, PhD, is studying the cellular and molecular mechanisms of inflammatory diseases at St. Jude Children's Research Hospital.

"My current research represents a new therapeutic strategy for autoimmune diseases," he says. "We are investigating how Tregs may help to prevent arthritis and related diseases. Tregs are a specialized subset of CD4+ T cells with a central role in immune tolerance and prevention of autoimmunity."



The interplay between immune regulatory mechanisms and T cell responses is crucial to the body's defense system. When it goes wrong, it sparks a body-wide inflammatory response.

In autoimmune diseases, the body turns on itself as circulating T effector cells seek, attack, and destroy normal tissue. "Our goal is to understand the basic immune mechanisms involved in rheumatoid arthritis," says Dr. Yang. "If we can enhance the capability of Tregs in suppressing T effector cells, we may be able to prevent this joint-damaging inflammatory response."

In the hope of finding a better way to treat RA and other autoimmune diseases, Dr. Yang is also studying how pro-inflammatory T helper cells intended to safeguard the body's immune system from disease-causing microbes also promote inflammation. The body's protective cellular reaction turns toxic when thrown into overdrive by persistent assault by bacteria or pathogens. Scientists are studying how inflammation — marked by redness, heat, swelling and pain—sets the stage for RA and other autoimmune diseases.

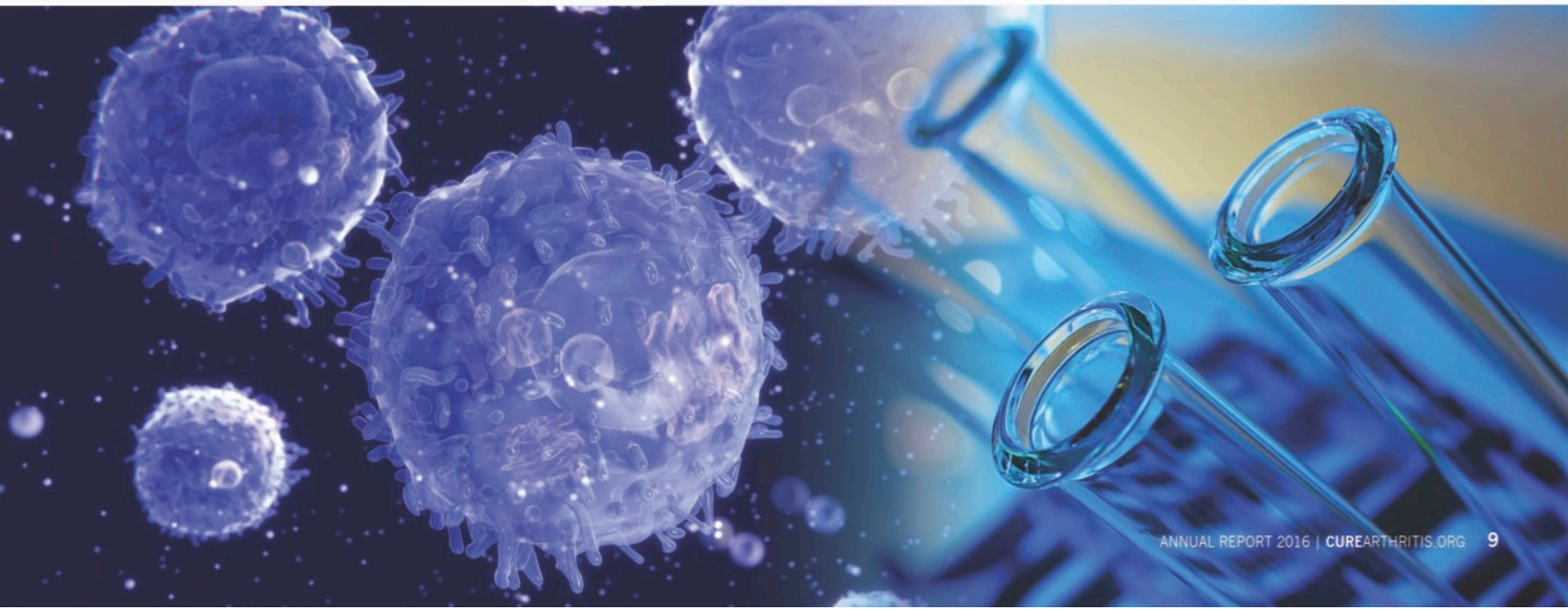
Over the past decade, medications that modify the body's "biologic response" have made breathtaking strides against inflammatory diseases by blocking chemical messengers in the immune system. Biologic therapies don't simply reduce pain and swelling, but also block the pathways that trigger inflammation and destroy the joints.

Dr. Yang is focused on understanding the crucial role of a molecular pathway—called PTEN signaling — in the normal immune system. His research targets a complex web of signaling and metabolic pathways with the potential to influence the development of joint-damaging inflammation.

"My recent study highlights the crucial role of PTEN signaling in the development of an autoimmune disease," he explains.

Dr. Yang is studying the complex interplay between molecular and metabolic pathways. Someday, scientists may be able to harness PTEN signaling to potentiate the function of Tregs — while also suppressing the T effector cells that promote inflammatory diseases.

> "Understanding the underlying mechanisms of PTEN signaling in autoimmune diseases holds the promise to improve arthritis therapy," says Dr. Yang. "The grant from the Arthritis National Research Foundation provides a unique opportunity to investigate novel therapeutic targets that will potentially benefit patients with rheumatoid arthritis."



STEM CELL RESEARCH ON REGENERATING CARTILAGE

Pioneering stem cell research discoveries are driving more research into the molecular mechanisms of cartilage regeneration and repair. New therapies are desperately needed to heal or replace damaged cartilage in joints ravaged by osteoarthritis (OA).

Articular cartilage develops as you develop in your mother's womb to provide a smooth gliding surface for joint movement. Once lost to the devastating effects of osteoarthritis, the smooth layer of cartilage no longer cushions the ends of the bones where they come together to form joints. Damaged cells pile up in bony spurs and swollen joints, triggering constant, grinding pain. Today, total joint replacement surgery is the only treatment available for this painful and crippling disease, but that is about to change thanks to stem cell research.

In the near future, scientists hope to treat damaged cartilage with grafts of newly grown cartilage tissues derived from stem cells. At Boston Children's Hospital, Arthritis National Research Foundation funded researcher April Craft, PhD, is working to harness the power of stem cells to generate a new layer of articular cartilage.

"The challenge with cartilage repair and regeneration is that the articular cartilage lining our joints forms prenatally," she explains. "Regeneration does not normally occur after birth."

As an Assistant Professor in the Departments of Orthopaedic Surgery and Stem Cells and Regenerative Biology at Harvard Medical School, Dr. Craft is coaxing stem cells to grow into articular cartilage in a petri dish. Using pluripotent stem cells, cells that can generate into any cell type in the body, she has generated specialized cells called chondrocytes that develop during embryonic development. Chondrocytes are the cells that make up cartilage tissues, and part of their job is to make proteins that help distribute load and lubricate joints.

Ultimately, the goal of this stem cell research is to generate stable articular cartilage that can be successfully transplanted into a patient's knee or other joints. "The challenge with using pluripotent stem cells is to reliably and efficiently generate large numbers of articular chondrocytes and cartilage tissues," she explains. "We anticipate that knowledge we gain through these studies can be used to predict whether certain populations of cells from existing cartilage tissues are better suited than others to repair or regenerate cartilage tissues."

The ability to create more effective implants for long-term cartilage repair will improve dramatically with increased knowledge of how these tissues develop normally in the body.

> "We were the first to demonstrate that human articular cartilage tissues generated in this manner are very similar to those found in our joints," says Dr. Craft. "Now we have an opportunity to build on these findings to learn more about cartilage development, and define characteristics of cells that have the greatest ability to regenerate this tissue."

No longer the stuff of science fiction, her Arthritis National Research Foundation funded stem cell research holds promise for nearly 27 million Americans who suffer the pain of osteoarthritis. Cartilage tissues grown in a lab setting offer a safe and non-invasive way to screen for new drugs that might protect against further damage.

"The field of regenerative medicine is exploding," says Dr. Craft. "With Arthritis National Research Foundation support, we are moving step by step to identify the most promising cells to grow 'cartilage in a dish' so that we can achieve our goal of healing damaged joints."

LUPUS RESEARCH AIMS TO PREVENT HEART ATTACKS

Systemic Lupus Erythematosus (lupus) is a chronic autoimmune disease that arises when the body's defenses go awry. Subtly, often silently, the body attacks its own tissues and organs. Symptoms tend to come and go, occasionally flaring and subsiding. Jason Knight, MD, PhD, an Assistant Professor of Rheumatology at the University of Michigan, is using his funding from the Arthritis National Research Foundation to drive his lupus research and investigate new potential treatments.

In lupus, as the compromised immune system battles against self tissues, the body's disease-fighting defenses unleash a cascade of potentially lethal complications. These complications mean that nearly 1.5 million Americans with lupus are at risk for blood clots, heart disease and organ failure.

> "Lupus has a startling ability to damage any organ in the body—kidneys, lungs, liver, brain and blood vessels," says Dr. Knight.

Autoimmune disorders like lupus and rheumatoid arthritis overwhelmingly afflict women, especially during the childbearing years. "Women are 10 times more likely than men to develop lupus," says Dr. Knight. "In this country, African American women are especially at risk—1 out of every 250 will be diagnosed with lupus."

In an effort to better understand the underlying causes of lupus, scientists are studying how inflammation sets the stage for chronic autoimmune diseases like lupus. New treatments are desperately needed to prevent life-threatening damage to vital organs. Although survival has improved since the 1950s—when less than half of those diagnosed with the disease lived for 10 years—lupus remains a deadly threat.

Currently, immune-suppressing drugs are used to prevent sudden disease flares and symptoms. "Despite decades of research on immune system cells, precision therapies have been slow to emerge," says Dr. Knight. "Immune-system suppressing treatments are 'nuclear options' because they disrupt the entire immune system, including its ability to defend against infection."

While no longer a death sentence, lupus still lags behind other autoimmune diseases when it comes to treatment options. In 2011, the FDA approved Benlysta (belimumab), the first new medication for lupus in more than 50 years.

Today, thanks to medications and kidney transplants, the odds of dying from kidney disease have decreased sharply. As patients live longer, cardiovascular diseases such as heart attacks, strokes, and blood clots—have emerged as the new leading cause of death from lupus.

"When someone develops blood clots, we prescribe

potent blood thinners," says Dr. Knight. "These drugs must be taken for life, but pose dangerous bleeding risks. The fact that we treat an autoimmune disease with blood thinners is inherently dissatisfying to both the patient and the physician."

In an autoimmune disease, the body turns on itself as circulating antibodies in the bloodstream attack and destroy healthy cells. Patients with lupus often experience antiphospholipid syndrome, which is a condition in which the immune system mistakenly attacks normal proteins in the blood. Patients with antiphospholipid antibodies are at a much higher risk for blood clots. "More than 20 percent of lupus patients experience a clotting event within 10 years of diagnosis," says Dr. Knight. "When they develop a blood clot, they are diagnosed with antiphospholipid syndrome, or APS."

Researchers are creating targeted therapies to treat, and ultimately prevent, life-threatening cardiovascular complications in lupus.

How can Dr. Knight's lupus research prevent heart attacks?

Neutrophils, the most abundant type of disease-fighting white blood cells, attach to the walls of the blood vessels to block assaults on the immune system. Neutrophils extrude their sticky insides into spider web-like structures, perfect for capturing invaders. Although these neutrophil extracellular traps (NETs) help stave off microbial infections, they also serve as excellent 'scaffolding' for the assembly of blood clots.

"We hypothesize that the over-exuberant release of NETs is why lupus patients form blood clots," explains Dr. Knight. "We have demonstrated that neutrophils of patients with lupus/APS—the type of lupus with the highest risk of blood clots—extrude NETs more readily than the neutrophils of healthy individuals."

Gene-profiling experiments have revealed that molecules responsible for "adhesion" are highly expressed on the surface of neutrophils from patients with lupus/APS. These molecules function like Velcro, making the neutrophils stickier and more likely to adhere to the blood vessel wall.

> "We 'trick' healthy neutrophils into releasing NETs by exposing them to blood and antibodies from patients with lupus/APS," says Dr. Knight. "What's more, we have shown that these NETs activate specific enzymes that cause the blood to clot."

With funding from the Arthritis National Research Foundation, Dr. Knight's laboratory is pioneering advanced gene techniques and cutting-edge microscopy. "We believe the NET-releasing weapon is not fully activated until a neutrophil sticks to the blood vessel wall," he says. "If we can block those interactions, we can prevent clotting, which in turn may prevent heart attacks."

Researchers are working to discover how genes, hormones, and an over-reactive immune system spur the development of autoimmune disease. "As a physician, I was drawn to rheumatology by unanswered scientific questions in the field," he says, "and especially by the opportunity to develop relationships with patients over many years—as we attempt to answer these questions together."

FINANCIAL REPORT 2016

AUDITED STATEMENT OF PUBLIC SUPPORT, FISCAL YEAR ENDING MARCH 31, 2016

REVENUES AND EXPENSES

PUBLIC SUPPORT AND REVENUE	2016	2015
Contributions and bequests	1,212,531	1,055,132
Investment Income	528,156	387,723
Unrealized Gain (loss) on Investments	(614,508)	128,869
TOTAL SUPPORT AND REVENUE	**$1,126,179**	**$1,571,724**
EXPENSES		
Program Services		
Research	1,440,782	1,188,519
Education	224,973	174,461
Total Program Services	**$1,665,755**	**$1,362,980**
SUPPORTING SERVICES		
Management and General	99,379	100,141
Fund Development	37,027	32,783
Total Supporting Services	**$136,406**	**$132,924**
TOTAL EXPENSES	**$1,802,161**	**$1,495,904**
Change in Unrestricted Net Assets	(675,982)	75,820
Net Assets at Beginning of Year	8,651,710	8,575,890
Net Assets at End of Year	7,975,728	8,651,710

STATEMENT OF FINANCIAL POSITION 2016

ASSETS		
Cash and Cash Equivalents	1,065,255	457,052
Accrued Interest	13,014	13,014
Investments	6,893,716	8,130,333
Note Receivable	56,415	56,415
Deposits	2,432	
TOTAL ASSETS	**$8,030,832**	**$8,656,814**
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts Payable	5,104	5,104
Grants Payable	50,000	
		5,104
TOTAL LIABILITIES	55,104	
NET ASSETS	7,975,728	8,651,710
TOTAL LIABILITIES AND NET ASSETS	**$8,030,832**	**$8,656,814**

FUNDRAISING SPOTLIGHT

ALL SHE WANTED FOR CHRISTMAS WAS A CURE

Most kids ask Santa for toys, trips, clothes, etcetera, but Mabel, age 6, wanted something more. This past Christmas, she asked Santa for a cure for her Polyarticular Juvenile Idiopathic Arthritis. She said, "Dear Santa, I have been very good. What I would like is a cure for my arthritis."

When learning of this at the foundation it broke our hearts, but these kinds of stories also inspire us to continue the research towards finding a cure. We aren't the only ones who were inspired by Mabel's wish.

And when Santa was unable to deliver, her family knew they needed to do something to make a difference. Mabel's older siblings Cora and Joshua stepped in to help their little sister by organizing **"Mabel's Mission: A Cure For Children's Arthritis"** (with help from mom!).

In their efforts to help find a cure they partnered with a local country club in their hometown of Adams, NY. The event was a success and included dinner, a photo booth, silent auction and special cake auction – because Mabel loves cake! The over $3,700 raised from the event was donated to the foundation to support juvenile arthritis research.

In addition, Mabel's principal put her hair on the line as the Mannsville Manor and South Jefferson Hight School students and faculty raised an addtional $1,000 for research. By hitting their goal Mabel got to shave her pricipal's head!

Mabel is an amazing young girl with a wonderful community around her. She inspires us and we hope that she inspires you. Mabel and the 300,000 kids like her are the reason we need new treatments and a cure. Join us in the the fight to cure arthritis at CureArthritis.org.

ARTHRITIS NATIONAL RESEARCH FOUNDATION

5354 E. 2ND ST. STE 201 • LONG BEACH, CA 90803
CUREARTHRITIS.ORG • 800.588.2873

MEET THE SCIENTISTS

SAVE THE DATE

Join us for a special evening with world-renowned scientists in the field of arthritis and autoimmune research. Meet The Scientists working towards a cure for arthritis and learn about the importance of funding this critical research.

Together, through research, we can cure arthritis!

MARCH 28, 2018

ORANGE COUNTY, CA

DETAILS AT
CUREARTHRITIS.ORG/MTS