

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning APR 1, 2013 and ending MAR 31, 2014

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization ARTHRITIS NATIONAL RESEARCH FOUNDATION | | D Employer identification number 95-6043953 |
| | Doing Business As | | E Telephone number (562) 437-6808 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | G Gross receipts \$ 2,399,194. |
| | 200 OCEANGATE | 830 | |
| | City or town, state or province, country, and ZIP or foreign postal code LONG BEACH, CA 90802 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| F Name and address of principal officer: HELENE BELISLE 200 OCEANGATE #830, LONG BEACH, CA 90802 | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(c) Group exemption number ▶ | |
| J Website: ▶ WWW.CUREARTHRTITIS.ORG | | K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | |
| | | L Year of formation: 1952 M State of legal domicile: CA | |

Part I Summary

| | |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: PROVIDE FINANCIAL SUPPORT FOR: PREVENTION, TREATMENT & CURE OF ARTHRITIS & OTHER RHEUMATIC |
| | 2 Check this box <input type="checkbox"/> 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 18 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17 |
| | 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 3 |
| | 6 Total number of volunteers (estimate if necessary) 6 50 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. |
| | b Net unrelated business taxable income from Form 990-T, line 34 7b 0. |

| | Prior Year | Current Year |
|--------------------------------------------------------------------------------------------------------|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) 8 | 1,045,622. | 990,456. |
| 9 Program service revenue (Part VIII, line 2g) 9 | 24,581. | 24,950. |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 | 230,962. | 269,796. |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 | 0. | 0. |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 | 1,301,165. | 1,285,202. |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 | 805,000. | 960,366. |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) 14 | 0. | 0. |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 | 193,809. | 237,053. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) 16a | 0. | 0. |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 26,257. | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 | 199,954. | 232,597. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 | 1,198,763. | 1,430,016. |
| 19 Revenue less expenses. Subtract line 18 from line 12 19 | 102,402. | -144,814. |

| | Beginning of Current Year | End of Year |
|--------------------------------------------------------------------------------|---------------------------|-------------|
| 20 Total assets (Part X, line 16) 20 | 8,157,229. | 8,580,407. |
| 21 Total liabilities (Part X, line 26) 21 | 4,732. | 4,517. |
| 22 Net assets or fund balances. Subtract line 21 from line 20 22 | 8,152,497. | 8,575,890. |

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 |
| | HELENE BELISLE, EXECUTIVE DIRECTOR | |
| | Type or print name and title | |

| | | | | | |
|-------------------------------|--------------------------------------------------------------------|--------------------------------|------|-------------------------------------------------|--------------------------|
| Paid Preparer Use Only | Print/Type preparer's name DONITA M. JOSEPH | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN P00286656 |
| | Firm's name ▶ WINDES, INC. | Firm's EIN ▶ 95-3001179 | | | |
| | Firm's address ▶ P.O. BOX 87 LONG BEACH, CA 90801 | Phone no. (562) 435-1191 | | | |

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

1 Briefly describe the organization's mission: TO PROVIDE INITIAL RESEARCH FUNDING TO BRILLIANT, INVESTIGATIVE SCIENTISTS WITH NEW IDEAS TO CURE ARTHRITIS AND RELATED AUTOIMMUNE DISEASES.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1,104,088. including grants of \$ 960,366.) (Revenue \$) EACH YEAR, ARTHRITIS RESEARCH GRANTS ARE AWARDED TO INDEPENDENT M.D. AND/OR PHD SCIENTISTS AT UNAFFILIATED RESEARCH FACILITIES AND UNIVERSITIES ACROSS THE COUNTRY. ANRF'S SCIENTIFIC ADVISORY BOARD PERFORMS AN NIH-LEVEL REVIEW OF ALL APPLICATIONS, RANKING THE PROPOSALS AS TO THE EXCELLENCE OF THE SCIENCE, OPPORTUNITY TO MAKE A BREAK-THROUGH DISCOVERY AND THE QUALITY OF THE INVESTIGATOR. AWARDEES, WHO RECEIVE A MAXIMUM GRANT OF \$75,000, MUST PROVIDE PROGRESS AND FINAL REPORTS OF THEIR WORK, INCLUDING PUBLICATIONS IN SCIENTIFIC JOURNALS AND PRESENTATIONS AT SCIENTIFIC MEETINGS. IF PROGRESS IS DEEMED SIGNIFICANT IN THE FIRST YEAR, AWARDEES MAY APPLY FOR AND EARN A SECOND YEAR OF SUPPORT. ANRF ALSO SUPPORTS SMALL TRAVEL GRANTS TO SCIENTIFIC MEETINGS FOR YOUNG INVESTIGATORS.

4b (Code:) (Expenses \$ 183,735. including grants of \$) (Revenue \$) ANRF HAS VARIOUS PROGRAMS TO RAISE AWARENESS WITHIN THE GENERAL PUBLIC, THOSE SUFFERING WITH ARTHRITIS AND THE MEDICAL/SCIENTIFIC RESEARCH COMMUNITIES ABOUT THE IMPORTANCE OF AND NEED FOR ARTHRITIS RESEARCH FOR DEVELOPING A CURE AND MORE EFFECTIVE TREATMENTS. ALSO PART OF THE EDUCATION COMPONENT IS RAISING AWARENESS OF THE PREVALENCE OF ARTHRITIS, THE FACT THAT CHILDREN GET ARTHRITIS AND THE CURRENT WORK BEING DONE IN THE FIELD OF ARTHRITIS RESEARCH.

4c (Code:) (Expenses \$ 25,296. including grants of \$) (Revenue \$ 24,950.) RACING FOR A CURE IS A SPECIFIC PROGRAM TO RAISE AWARENESS OF THE NEED FOR ARTHRITIS RESEARCH AND RAISE FUNDS TO SUPPORT ANRF'S WORK TO FUND RESEARCH TO CURE ARTHRITIS. RACING FOR A CURE TEAM MEMBERS RACE IN ANY RACE (RUNNING, WALKING, SWIMMING, TRIATHLONS) HELD ANYWHERE IN THE WORLD. THEY ARE LINKED TOGETHER BY THEIR COMMITMENT TO ARTHRITIS RESEARCH.

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

4e Total program service expenses 1,313,119.

Part IV Checklist of Required Schedules

| | | Yes | No |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | 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? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | 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? <i>If "Yes," complete Schedule D, Part I</i> | | 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? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | 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? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 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? <i>If "Yes," complete Schedule D, Part VI</i> | | 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? <i>If "Yes," complete Schedule D, Part VII</i> | | 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? <i>If "Yes," complete Schedule D, Part VIII</i> | | 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? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | | 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)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | 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? <i>If "Yes," complete Schedule G, Part I</i> | | 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? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | 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? <i>If "Yes," complete Schedule J</i> | | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 25b | | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | | X |
| 26 | | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 27 | | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28a | | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | X | |
| 28b | | X | |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28c | | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 29 | | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 | | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 31 | | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 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? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 33 | | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 34 | | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 35b | | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 36 | | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 37 | | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |
| 38 | | X | |

Note. All Form 990 filers are required to complete Schedule O

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

Main form body containing questions 1a through 14b with columns for 'Yes' and 'No' and various sub-questions.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 18 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 in Schedule O. | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 17 | | |
| 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, or 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 in 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 in 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 in 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 in 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 **CA, AZ, UT, VA, CT, FL, IL, WA, NJ, PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: **HELENE BELISLE - 562-437-6808**
200 OCEANGATE, NO. 830, LONG BEACH, CA 90802

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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|----------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) KEVIN DONOHUE PRESIDENT | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (2) SHAUN SKERIS VICE PRESIDENT | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (3) HELENE BELISLE SECRETARY / EXECUTIVE DIRE | 40.00 | X | | X | | | 118,750. | 0. | 12,000. | |
| (4) MARK SCHULTEN TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (5) KELLY ROUBA 2ND VICE PRESIDENT | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (6) VIC BRADEN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) KATHRYN FERRIS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) GALE GRANGER, PH.D. DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) DAVID ISRAELSKY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) KRISTY MCPHERSON DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) BRITT MEYER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) LYNN MOYER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) JAMES ROSE, PHARM.D. DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) DEBBIE SAMPSON DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) SALLY ANNE SHERIDIAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) BENNET TCHAIKOVSKY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) KATHLEEN TEPLEY DIRECTOR | 1.00 | X | | | | | | 0. | 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) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) CARL WARE, PH.D. DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Sub-total | | | | | | | | 118,750. | 0. | 12,000. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 118,750. | 0. | 12,000. |

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 **1**

| | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | 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? <i>If "Yes," complete Schedule J for such individual</i> | | 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? <i>If "Yes," complete Schedule J for such person</i> | | 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 |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

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 **0**

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|--------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------|----------------------------|----------------------------------------------------|----------|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 210,619. | | | | |
| | b | Membership dues | | | | | |
| | c | Fundraising events | | | | | |
| | d | Related organizations | | | | | |
| | e | Government grants (contributions) | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 779,837. | | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | | | | |
| | h | Total. Add lines 1a-1f | | 990,456. | | | |
| | Program Service Revenue | 2 a | RACING FOR A CURE | 900099 | 24,950. | 24,950. | |
| b | | | | | | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| f | | All other program service revenue | | | | | |
| g | | Total. Add lines 2a-2f | | 24,950. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 165,869. | | 165,869. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6 a | Gross rents | (i) Real | (ii) Personal | | | |
| | | Less: rental expenses | | | | | |
| | | Rental income or (loss) | | | | | |
| | | Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| | | Less: cost or other basis and sales expenses | 1,217,919. | | | | |
| | | Gain or (loss) | 1,113,992. | | | | |
| | | Net gain or (loss) | 103,927. | | | | 103,927. |
| | 8 a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | | | | | |
| | | Less: direct expenses | | | | | |
| | | Net income or (loss) from fundraising events | | | | | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | | | | | | |
| | Less: direct expenses | | | | | | |
| | Net income or (loss) from gaming activities | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | | | | | | |
| | Less: cost of goods sold | | | | | | |
| | Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | | | | | |
| 12 | Total revenue. See instructions. | | 1,285,202. | 24,950. | 0. | 269,796. | |

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 governments and organizations in the United States. See Part IV, line 21 | 960,366. | 960,366. | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 127,526. | 104,375. | 12,913. | 10,238. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 56,846. | 46,569. | 5,756. | 4,521. |
| 7 Other salaries and wages | 36,529. | 29,729. | 3,660. | 3,140. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 16,152. | 13,266. | 1,626. | 1,260. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 18,593. | | 18,593. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 34,000. | 25,250. | 8,750. | |
| 12 Advertising and promotion | 24,228. | 20,775. | 2,260. | 1,193. |
| 13 Office expenses | 11,419. | 10,689. | 614. | 116. |
| 14 Information technology | 14,543. | 10,625. | 3,480. | 438. |
| 15 Royalties | | | | |
| 16 Occupancy | 18,724. | 13,682. | 4,174. | 868. |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 22,389. | 22,389. | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | 5,962. | 1,498. | 4,320. | 144. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a ADMINISTRATION | 50,810. | 24,485. | 23,063. | 3,262. |
| b AWARENESS PROGRAM | 27,838. | 26,364. | 497. | 977. |
| c RECOGNITION | 3,140. | 2,704. | 436. | |
| d DUES AND SUBSCRIPTIONS | 951. | 353. | 498. | 100. |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 1,430,016. | 1,313,119. | 90,640. | 26,257. |
| 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 | 117. | 1 | 117. |
| | 2 Savings and temporary cash investments | 810,418. | 2 | 771,451. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | 56,415. | 7 | 56,415. |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | | |
| | b Less: accumulated depreciation | 10b | 10c | |
| | 11 Investments - publicly traded securities | 7,277,265. | 11 | 7,739,410. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 13,014. | 15 | 13,014. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 8,157,229. | 16 | 8,580,407. | |
| Liabilities | 17 Accounts payable and accrued expenses | 4,732. | 17 | 4,517. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 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 | 4,732. | 26 | 4,517. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 8,142,211. | 27 | 8,565,604. |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | 10,286. | 29 | 10,286. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 8,152,497. | 33 | 8,575,890. | |
| 34 Total liabilities and net assets/fund balances | 8,157,229. | 34 | 8,580,407. | |

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 | 1,285,202. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,430,016. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -144,814. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 8,152,497. |
| 5 | Net unrealized gains (losses) on investments | 5 | 568,207. |
| 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 in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 8,575,890. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization **ARTHRITIS NATIONAL RESEARCH FOUNDATION** Employer identification number **95-6043953**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 - 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
 - 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 - 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 - 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 11g(i) | |
| (ii) A family member of a person described in (i) above? | 11g(ii) | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | |
 - h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of monetary support |
|------------------------------------|----------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----|------------------------------------------------------------------|----|-------------------------------------------------------------|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
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| Total | | | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 3,040,909. | 2,162,000. | 1,516,453. | 1,045,622. | 990,456. | 8,755,440. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 3,040,909. | 2,162,000. | 1,516,453. | 1,045,622. | 990,456. | 8,755,440. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 3,957,281. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 4,798,159. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|----------|--------------------------|
| 7 Amounts from line 4 | 3,040,909. | 2,162,000. | 1,516,453. | 1,045,622. | 990,456. | 8,755,440. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 67,246. | 122,024. | 130,143. | 147,635. | 165,869. | 632,917. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 9,388,357. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 49,531. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------|---|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | 51.11 | % |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14 | 15 | 43.23 | % |
| 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | | |
| 17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | | |
| b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | <input type="checkbox"/> | | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|--------------------------------------------------------------------------------------------------------|-----------|---|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|-------------------------------------------------------------------------------------------------------------|-----------|---|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

Employer identification number

ARTHRITIS NATIONAL RESEARCH FOUNDATION

95-6043953

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

| | |
|-----------------------------------------------------------------------|-----------------------------------------------------|
| Name of organization ARTHRITIS NATIONAL RESEARCH FOUNDATION | Employer identification number 95-6043953 |
|-----------------------------------------------------------------------|-----------------------------------------------------|

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 |
|------------|-----------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>1</u> | _____ _____ _____ | \$ <u>75,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>2</u> | _____ _____ _____ | \$ <u>25,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>3</u> | _____ _____ _____ | \$ <u>23,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>4</u> | _____ _____ _____ | \$ <u>20,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|-----------------------------------------------------------------------|-----------------------------------------------------|
| Name of organization ARTHRITIS NATIONAL RESEARCH FOUNDATION | Employer identification number 95-6043953 |
|-----------------------------------------------------------------------|-----------------------------------------------------|

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 |
|------------------------------|----------------------------------------------|------------------------------------------------|----------------------|
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |

| | |
|-----------------------------------------------|---------------------------------------|
| Name of organization | Employer identification number |
| ARTHRITIS NATIONAL RESEARCH FOUNDATION | 95-6043953 |

Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once.) ▶ \$ _____
 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 | |
| _____ _____ _____ | | _____ _____ _____ | |
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ _____ _____ | | _____ _____ _____ | |
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ _____ _____ | | _____ _____ _____ | |
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ _____ _____ | | _____ _____ _____ | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

ARTHRITIS NATIONAL RESEARCH FOUNDATION

Employer identification number

95-6043953

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for held at the end of the tax year (lines 2a-2d), and questions about monitoring and reporting.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets.

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 are a 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 programs
 - 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" to 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? Yes No

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

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 | 3,993,660. | 3,489,317. | 2,394,531. | 2,063,952. | 141,892. |
| b Contributions | 2,556. | 250,000. | 1,000,000. | 504,994. | 1,922,060. |
| c Net investment earnings, gains, and losses | 405,550. | 254,821. | 95,028. | -174,224. | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 674. | 478. | 242. | 191. | |
| f Administrative expenses | | | | | |
| g End of year balance | 4,401,092. | 3,993,660. | 3,489,317. | 2,394,531. | 2,063,952. |

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

- a Board designated or quasi-endowment 99.77 %
- b Permanent endowment .23 %
- c Temporarily restricted endowment _____ %

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

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

- (i) unrelated organizations
- (ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | | X |
| 3a(ii) | | X |
| 3b | | |

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to 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 | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 0.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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 | | |
| (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.) ▶ | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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" to 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" to 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

| | | | |
|----------|------------------------------------------------------------------------------------------------|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 1,853,409. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | 568,207. |
| 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 | 568,207. |
| 3 | Subtract line 2e from line 1 | 3 | 1,285,202. |
| 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 | 1,285,202. |

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

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

| | | | |
|----------|-------------------------------------------------------------------------------------------------|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 1,430,016. |
| 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 | 1,430,016. |
| 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 | 1,430,016. |

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 V, LINE 4:

EXPLANATION: AN ENDOWMENT ACCOUNT WAS ESTABLISHED IN FISCAL YEAR 2007-08.

THE BOARD OF DIRECTORS CAN, AND HAS MADE THE DECISION TO ADD UNRESTRICTED

FUNDS TO THE ENDOWMENT FUND IN ORDER TO GROW THIS FUND SO THAT FUTURE

INCOME EARNED MAY BE USED FOR GRANT AWARDS AND ORGANIZATION OPERATIONS, IF

NECESSARY. THE ENDOWMENT ACCOUNT IS MANAGED BY MEMBERS OF THE BOARD OF

DIRECTORS' FINANCE COMMITTEE.

PART X, LINE 2:

EXPLANATION: THE FOUNDATION RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF

TAX POSITIONS, SUCH AS ITS FILING STATUS AS TAX-EXEMPT, ONLY AFTER

DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT

Part XIII Supplemental Information (continued)

SUSTAIN THE POSITION FOLLOWING AN AUDIT. THE FOUNDATION IS SUBJECT TO
POTENTIAL INCOME TAX AUDITS ON OPEN TAX YEARS BY ANY TAXING JURISDICTION
IN WHICH IT OPERATES. THE STATUTE OF LIMITATIONS FOR FEDERAL PURPOSES IS
THREE YEARS AND FOR CALIFORNIA PURPOSES IS FOUR YEARS.

Multiple horizontal lines for supplemental information.

**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" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization **ARTHRITIS NATIONAL RESEARCH FOUNDATION** Employer identification number **95-6043953**

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------|
| UCSD 9500 GILMAN DR. #0656 LA JOLLA, CA 92093 | | PUBLIC UNIVERSITY | 75,000. | 0. | | | THE NOVEL ROLE OF YAP IN REGULATING SYNOVIOCYTES BEHAVIOR IN RHEUMATOID ARTHRITIS |
| BRIGHAM AND WOMENS HOSPITAL SMITH 536, ONE JIMMY FUND WAY BOSTON, MA 02115 | 04-2103580 | 501(C)(3) | 75,000. | 0. | | | MODULATING NEUTROPHIL RECRUITMENT INTO THE JOINT FOR ARTHRITIS THERAPY |
| UNIVERSITY OF NORTH CAROLINA-CHAPEL HILL - 3341 MBRB, CB #7039 - CHAPEL HILL, NC 27599 | | PUBLIC UNIVERSITY | 75,000. | 0. | | | MODULATION OF THE MCP-5/PTHRP AXIS USING TGFRII JOINT PROGENITOR CELLS AS A THERAPY FOR |
| HARVARD MEDICAL SCHOOL 240 LONGWOOD AVE. BOSTON, MA 02115 | 04-2103580 | 501(C)(3) | 75,000. | 0. | | | THE ROLE OF FOXA FACTORS IN THE ONSET AND DEVELOPMENT OF OSTEOARTHRITIS |
| HOSPITAL FOR SPECIAL SURGERY 535 E. 70TH ST., RESEARCH BLDG., 4TH FLOOR NEW YORK, NY 10021 | 13-6714749 | 501(C)(3) | 75,000. | 0. | | | TNFA MODIFIES FLS CHROMATIN LANDSCAPE TO INDUCE DISEASE STATE |
| STANFORD UNIVERSITY 269 CAMPUS DR. - CCSR RM. 3255 STANFORD, CA 94305 | 94-1156365 | 501(C)(3) | 75,000. | 0. | | | MAST CELLS AS DRIVERS OF PATHOLOGY AND THERAPEUTIC TARGETS IN CRYSTAL-INDUCED |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **15.**
- 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) (2013)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------|
| ST. JUDE CHILDRENS RESEARCH HOSPITAL - 262 DANNY THOMAS PL. - MEMPHIS, TN 38105 | 62-0646012 | 501(C)(3) | 37,500. | 0. | | | P38 SIGNALING AND TH17 CELL DIFFERENTIATION AND FUNCTION IN AUTOIMMUNE ARTHRITIS |
| THE CHILDREN'S HOSPITAL OF PHILADELPHIA - 34TH ST. CIVIC CENTER BLVD. - PHILADELPHIA, PA 19104 | 12-1352166 | 501(C)(3) | 50,000. | 0. | | | FUNCTIONAL ANALYSIS OF IL-10 PRODUCING HEPATIC CD8 T-CELLS IN TLR9-INDUCED MACROPHAGE |
| BRIGHAM AND WOMEN'S HOSPITAL 77 AVENUE LOUIS PASTEUR, HIM 780 BOSTON, MA 02115 | 04-2103580 | 501(C)(3) | 75,000. | 0. | | | TRANSCRIPTIONAL NETWORK OF TIGIT-MEDIATED IMMUNE-REGULATION IN ARTHRITIS |
| REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 615 CHARLES E. YOUNG DR. DOUTH, STE 410 - LOS ANGELES, CA 90095 | | PUBLIC UNIVERSITY | 74,370. | 0. | | | TARGETING THE LYSOPHOSPHATIDIC ACID/AUTOTAXIN AXIS TO IMPROVE CARTILAGE REPAIR |
| UNIVERSITY OF CALIFORNIA, IRVINE 3014 HEWITT HALL IRVINE, CA 92697 | | PUBLIC UNIVERSITY | 75,000. | 0. | | | EPIGENETIC MODULATORS AS THERAPEUTICS IN LUPUS |
| ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PL. - MEMPHIS, TN 38105 | 62-0646012 | 501(C)(3) | 75,000. | 0. | | | INVESTIGATING THE ROLE OF THE NOD LIKE RECEPTOR PROTEIN NLRP12 IN THE NEGATIVE REGULATION OF |
| SANFORD-BURNHAM MEDICAL RESEARCH INSTITUTE - 10901 N. TORREY PINES RD. - LA JOLLA, CA 92037 | 51-0197108 | 501(C)(3) | 75,000. | 0. | | | RELATIVE CONTRIBUTIONS OF THE ALTERNATIVE NF?B AND THE PI3K PATHWAYS TO BAFF-R MEDIATED |
| JOHNS HOPKINS MEDICAL INSTITUTIONS 2024 E. MONUMENT ST. B-319 BALTIMORE, MD 21287 | 52-0595110 | 501(C)(3) | 50,000. | 0. | | | THE BURDEN, RISK FACTORS, AND CONSEQUENCES OF GOUT IN OLDER AMERICANS - AFAR COLLABORATIVE GRANT |
| | | | | | | | |

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
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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:

EXPLANATION: IN MID-JANUARY EACH YEAR, THE ANRF OFFICE RECEIVES APPROXIMATELY 60 TO 70 GRANT APPLICATIONS PER YEAR FROM SCIENTISTS ACROSS THE COUNTRY. APPLICATIONS MUST FOLLOW THE PUBLISHED GRANT GUIDELINES AND POLICIES ESTABLISHED BY THE ANRF. THE SCIENTIFIC ADVISORY BOARD (SAB) CONDUCTS AN NIH-LEVEL REVIEW PROCESS PRIOR TO A REVIEW MEETING SESSION HELD IN MARCH OR APRIL (THE DATE VARIES FROM YEAR TO YEAR, DEPENDING ON THE SCHEDULES OF THE MEMBERS). AT THIS REVIEW MEETING, THE SAB COLLECTIVELY RANKS THE APPLICANTS. THIS RANKING IS PRESENTED AT THE REGULAR BOARD OF

Part IV Supplemental Information

DIRECTORS MEETING, GENERALLY HELD WITHIN A COUPLE WEEKS OF THE SAB REVIEW MEETING.

AT THIS BOARD MEETING, ANRF MEMBERS REVIEW AND VOTE ON THE ANNUAL BUDGET, INCLUDING THE TOTAL OF GRANT AWARDS FOR THE YEAR, BASED ON THE RANKING AND RECOMMENDATIONS FROM THE SAB. THE ANRF'S LARGEST ANNUAL EXPENSE IS THE COLLECTIVE TOTAL OF RESEARCH GRANTS AWARDED.

GRANTS ARE PAID IN TWO INSTALLMENTS DURING THE FISCAL YEAR TO THE GRANTEE'S RESEARCH INSTITUTION. THE FIRST PAYMENT OCCURS ON OR BEFORE JUNE 1 WHEN A CHECK FOR 50% OF THE AWARD IS SENT WHILE THE SECOND PAYMENT OCCURS IN EARLY MARCH OF THE FOLLOWING YEAR ONCE THE ANRF HAS RECEIVED A PROGRESS REPORT WHICH IS APPROVED BY THE CHAIR OF THE SAB. THIS PROGRESS REPORT MUST DEMONSTRATE ADHERENCE TO THE SPECIFIC AIMS OUTLINED IN THE ORIGINAL PROPOSAL AND PROGRESS TOWARD THE GOAL. AT THE END OF THE GRANT AWARD TERM, RECIPIENTS MUST SUBMIT A NARRATIVE, FINAL REPORT, IN WHICH THEY DELINEATE THEIR RESEARCH RESULTS AND LIST PUBLICATIONS OR PUBLIC PRESENTATIONS (GENERALLY AT PROFESSIONAL SCIENTIFIC MEETINGS) THAT THEY HAVE GENERATED AS A RESULT OF THE ANRF GRANT AWARD.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF NORTH CAROLINA-CHAPEL HILL

(H) PURPOSE OF GRANT OR ASSISTANCE: MODULATION OF THE MCP-5/PTHRP AXIS USING TGFRII JOINT PROGENITOR CELLS AS A THERAPY FOR POST-TRAUMATIC OSTEOARTHRITIS

NAME OF ORGANIZATION OR GOVERNMENT: STANFORD UNIVERSITY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: MAST CELLS AS DRIVERS OF PATHOLOGY AND THERAPEUTIC TARGETS IN CRYSTAL-INDUCED ARTHROPATHIES

NAME OF ORGANIZATION OR GOVERNMENT:

THE CHILDREN'S HOSPITAL OF PHILADELPHIA

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNCTIONAL ANALYSIS OF IL-10

PRODUCING HEPATIC CD8 T-CELLS IN TLR9-INDUCED MACROPHAGE ACTIVATION

SYNDROME

NAME OF ORGANIZATION OR GOVERNMENT: ST. JUDE CHILDREN'S RESEARCH HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: INVESTIGATING THE ROLE OF THE NOD

LIKE RECEPTOR PROTEIN NLRP12 IN THE NEGATIVE REGULATION OF

IMMUNOPATHOLOGY IN RHEUMATOID ARTHRITIS.

NAME OF ORGANIZATION OR GOVERNMENT:

SANFORD-BURNHAM MEDICAL RESEARCH INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: RELATIVE CONTRIBUTIONS OF THE

ALTERNATIVE NF κ B AND THE PI3K PATHWAYS TO BAFF-R MEDIATED SIGNALING, B

CELL MATURATION AND DIFFERENTIATION

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions. Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Name of the organization

ARTHRITIS NATIONAL RESEARCH FOUNDATION

Employer identification number 95-6043953

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|-----------------------------------------------------------------|---------------------------|--------------------------------|-----------------------------------------|----|
| | | | | Yes | No |
| DEREK BELISLE | FAMILY MEMBER OF HE | 56,846. | COMPENSATIO | | X |
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Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DEREK BELISLE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF HELENE BELISLE

(D) DESCRIPTION OF TRANSACTION: COMPENSATION PAID FOR SERVICES AS AN EMPLOYEE.

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

ARTHRITIS NATIONAL RESEARCH FOUNDATION

Employer identification number

95-6043953

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

DISEASES.

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

EXPLANATION: BOTH THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE

DISTRIBUTED TO THE MEMBERS OF THE BOARD FOR REVIEW. UPON APPROVAL BY THE

BOARD OF DIRECTORS THE EXECUTIVE DIRECTOR SIGNS AND RELEASES THESE

DOCUMENTS TO THE PUBLIC AND/OR SUBMITS THE DOCUMENTS TO THE INTERNAL

REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: CONFLICTS OF INTEREST ARE MONITORED CONSTANTLY THROUGH AN

ANNUAL WRITTEN CONFIRMATION THAT IS COMPLETED AND SUBMITTED BY ALL BOARD

MEMBERS. ADDITIONALLY, ANY POSSIBLE INDICATION OF CONFLICT OF INTERESTS

THAT ARE BROUGHT TO THE ATTENTION OF THE BOARD, BOARD MEMBERS, SAB MEMBERS

OR THE EXECUTIVE DIRECTOR ARE FURTHER REVIEWED BY THE AUDIT COMMITTEE CHAIR

TO DETERMINE WHETHER OR NOT A CONFLICT OF INTEREST EXISTS. THE ANRF IS

VIGILANT IN ITS POLICIES WITH REGARDS TO CONFLICT OF INTEREST. AFTER REVIEW

BY THE AUDIT COMMITTEE CHAIR, IF THERE ARE REMAINING QUESTIONS AS TO A

CONFLICT OF INTEREST, THE ANRF'S COUNSEL WOULD BE CONTACTED AND THE MATTER

BROUGHT UP TO ALL INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS THAT WOULD

MAKE THE FINAL DETERMINATION AS TO WHETHER OR NOT A CONFLICT EXISTS.

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

EXPLANATION: THE FINANCE COMMITTEE WORKED WITH AN ADVISORY BOARD MEMBER WHO

IS AN EXPERT IN HUMAN RESOURCES FOR THE PURPOSES OF DETERMINING

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

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|-------------------------------------------------------------------|----------------------------------------------|
| Name of the organization ARTHRTIS NATIONAL RESEARCH FOUNDATION | Employer identification number 95-6043953 |
|-------------------------------------------------------------------|----------------------------------------------|

COMPENSATION OF THE EXECUTIVE DIRECTOR. TOGETHER THEY FORMED A
 COMPENSATION COMMITTEE. THIS INCLUDED REVIEW OF COMPARABLE COMPENSATION
 FOR COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS AND AN ONLINE
 SALARY REVIEW COMPLETED BY EVERY BOARD AND ADVISORY BOARD MEMBER, TALLIED
 BY COMPENSATION COMMITTEE. THIS PROCESS WAS FOLLOWED FOR FISCAL YEAR
 2013-14 AND 2014-15.

FORM 990, PART VI, SECTION C, LINE 19:
 EXPLANATION: ALL REQUESTS FOR THE 990, FORM 1023, AND ORGANIZATIONAL
 DOCUMENTS SUCH AS FINANCIAL STATEMENTS, CONFLICTS OF INTEREST POLICY, AND
 GOVERNING DOCUMENTS WILL BE SENT OUT BY REQUEST VIA REGULAR MAIL OR E-MAIL.

PART IX, LINE 6 & SCHEDULE L PARTS IV AND V
 EXPLANATION: DEREK BELISLE IS A FAMILY MEMBER OF THE EXECUTIVE
 DIRECTOR. DEREK'S COMPENSATION IS DETERMINED BY A BOARD COMMITTEE
 BASED UPON AN INDEPENDENT COMPENSATION SURVEY AS WELL AS PERIODIC
 REVIEWS AND INTERVIEWS.

FORM 990, PART VII
 EXPLANATION: HELENE BELISLE IS THE TOP MANAGEMENT OFFICER WITHIN THE
 ORGANIZATION. MARK SHULTEN IS THE TOP FINANCIAL OFFICER WITHIN THE
 ORGANIZATION.