** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Department of the Treasury

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

Open to Public Inspection

100		014 calendar year, or tax year beginning	ar	nd ending			
В	Check if applicable:	C Name of organization			D Employer id	entifica	ation number
	Address	Arthritis Foundation	Inc				
	Name change	Doing business as			5	3-13	41679
	Initial return	Number and street (or P.O. box if mail is not	delivered to street address)	Room/suite	E Telephone n		110/3
	Final return/	1330 West Peachtree		100		104)	872-7100
	termin- ated	City or town, state or province, country, a			G Gross receipts \$	101/	66,480,974.
	Amended	Atlanta, GA 30309			H(a) Is this a gro	oun reti	
	Applica-	F Name and address of principal officer: Ka	aren Larson		for subordi		
	pending	same as C above	(12				uded? Yes No
1.7	Tax-exem	ot status: X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or 527			st. (see instructions)
JI	Website:	▶ www.arthritis.org					number ▶ 8510
KF	orm of org	anization; X Corporation Trust	Association	L Year			State of legal domicile: GA
Pa	art I S	ummary			Tractination, 23	LO IVI	outo or logal dofficile. GE
o	1 Bri	efly describe the organization's mission or m	ost significant activities: The	missio	n of the	Art	hritis
Activities & Governance	Fo	oundation is to improve	lives through	leaders	hip in pr	eve	ntion.
erns	2 Ch	eck this box 🕨 📖 if the organization dis	continued its operations or disp	osed of more	than 25% of its r	et asse	ets.
O.	3 Nu	mber of voting members of the governing bo	dy (Part VI, line 1a)			3	32
8	4 Nu	mber of independent voting members of the	governing body (Part VI, line 1b)		4	32
es	5 Tot	al number of individuals employed in calenda	ar year 2014 (Part V, line 2a)			5	212
× it	6 Tot	al number of volunteers (estimate if necessa	ry)			6	7700
Act	7 a Tot	al unrelated business revenue from Part VIII,	column (C), line 12			7a	4,472,051.
	b Net	unrelated business taxable income from Fo	m 990-T, line 34		***************************************	7b	-13,659.
				17172	Prior Year		Current Year
e	8 Cor	ntributions and grants (Part VIII, line 1h)			37,069,77	3.	42,556,795.
Revenue	9 Pro	gram service revenue (Part VIII, line 2g)			5,906,30		5,757,499.
Sev.	10 Inve	estment income (Part VIII, column (A), lines 3	, 4, and 7d)		927,56		1,281,380.
	11 Oth	er revenue (Part VIII, column (A), lines 5, 6d,	8c, 9c, 10c, and 11e)		5,181,68		4,887,757.
		al revenue - add lines 8 through 11 (must equ		000000000000000000000000000000000000000	49,085,32		54,483,431.
	13 Gra	nts and similar amounts paid (Part IX, colum	n (A), lines 1-3)		6,093,35		7,093,347.
	14 Ber	efits paid to or for members (Part IX, column	(A), line 4)			0.	0.
es	15 Sala	aries, other compensation, employee benefit	s (Part IX, column (A), lines 5-10)	13,281,48	6.	13,799,005.
Expenses	16a Pro	fessional fundraising fees (Part IX, column (A), line 11e)		2,613,82	6.	2,232,604.
x	b Tota	al fundraising expenses (Part IX, column (D),	line 25) > 5,257,4	167.			
ш	17 Oth	er expenses (Part IX, column (A), lines 11a-1	ld, 11f-24e)		25,677,51	3.	23,900,608.
	18 Tota	al expenses. Add lines 13-17 (must equal Par	t IX, column (A), line 25)		17,666,17	7.	47,025,564.
- (0	19 Rev	enue less expenses. Subtract line 18 from lin	ne 12		1,419,14	7.	7,457,867.
s or				Beg	nning of Current Y	ear	End of Year
Net Assets or Fund Balances	20 Tota	al assets (Part X, line 16)	***************************************		8,375,21	3.	66,995,112.
et		Il liabilities (Part X, line 26)	***************************************		26,340,33	3.	24,008,837.
	22 Net	assets or fund balances. Subtract line 21 fro	m line 20		32,034,88	0.	42,986,275.
		ignature Block					
Unde	r penalties	of perjury, I declare that I have examined this return	n, including accompanying schedul	les and stateme	nts, and to the best	of my kn	lowledge and belief, it is
true,	correct, an	d complete. Declaration of preparer (other than off	icer) is based on all information of v	vhich preparer h	as any knowledge.		
a.c.		Signature of officer				3/15	
Sign					Date '	1	
Here		Karen Larson, CFO Type or print name and title					
_				16-			
nata.		t/Type preparer's name	Preparer's signature	Da	1.0		PTIN
Paid Propo		san Hill	Susan Hill	10.6	/16/15 self-e		P00846200
Prepa Use 0			CPAs	0.000	Firm's EIN	▶ 5	8-1729751
use U	HITT	's address 3340 Peachtree	koad, NE, Suite	2600			i distribution
	the IDO	Atlanta, GA 303			Phone no.	(404	
		scuss this return with the preparer shown at		***************************************	omonoummin	intreis.	X Yes No
432001	11-07-14	LHA For Paperwork Reduction Act Not	ice, see the separate instruct	ions.			Form 990 (2014)

2014.03040 Arthritis Foundation Inc

2532 021

17360616 795402 2532.01

Arthritis Foundation Inc Form 990 (2014) 58-1341679 Page 3 Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 1 Is the organization required to complete Schedule B, Schedule of Contributors? X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I \mathbf{x} Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 4 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? If "Yes," complete Schedule C, Part III 5 X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete Schedule D, Part III X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e \mathbf{x} Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV ______ X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15

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X

X

16

17

18

20a

X

X

X

16

17

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? _____ 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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? If "Yes," complete Schedule L, Part I 25b X 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 "Yes," complete Schedule L, Part II X 26 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? If "Yes," complete Schedule L, Part III X 27 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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M _____ X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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

	n 990 (2014) Arthritis Foundation Inc 58-134	1679) F	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	٥	163	140
b		<u>o</u>		
С	District the second sec	Ĭ		
	(gambling) winnings to prize winners?	10	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1c		
	filed for the calendar year ending with or within the year covered by this return2a 21	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	4	77	
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
За			37	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b	X	-
40	financial account in a foreign country (such as a horty account assembly as a support of the calculation rise and interest in, or a signature or other authority over, a		1	
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a	-	_X_
b				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	ground that the many ground that the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the spengering graphization make any toyoble distributions and a section 10000	00		v
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		<u>X</u>
	Section 501(c)(7) organizations. Enter:	ab		
	Initiation fees and capital contributions included on Part VIII, line 12			
h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
	Section 501(c)(12) organizations. Enter:	1 l		
	Owner in a second secon			
	Gross income from members or shareholders	- 1		
22	amounts due or received from them.) Section 4947(a)(1) page exempt shortistable trusts to the exemption filling for a continuous filling filling for a continuous filling fil			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		_	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
			- 1	
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
ь				X

Form 990 (2014) Arthritis Foundation Inc. 58-1341679 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 X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 32 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 32 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? X 2 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 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? X 7a 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10a Did the organization have local chapters, branches, or affiliates? X 10a 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a 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 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b 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 Did the organization have a written whistleblower policy? X Did the organization have a written document retention and destruction policy? X 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 Other officers or key employees of the organization X 15b 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? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶GA, WI, MN, OR, ND 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. X Own website Another's website X Upon request Other (explain in Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records: Essil Washington - 404-965-7502 1330 W Peachtree St, Suite 100, Atlanta, GA 30309

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.

(A) Name and Title	(B) Average hours per week	box	not c	ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Öllicer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Mary Battle	0.00									
Director		X						0.	0.	0.
(2) Aaron Breitenbach	0.00									
Director		X			- 1	-		0.	0.	0.
(3) Theodore (Ted) Cadwell	0.00				11					
Director		X		_				0.	0.	0.
(4) Rowland W, (Bing) Chang	0.00			3						
Vice Chair	0.00	X						0.	0.	0.
(5) K. Andrew Crighton	0.00	2		11					- 2	
At Large	0.00	X					-	0.	0.	0.
(6) Catherine T. (Cathy) Dunlay	0.00	**						0		
Secretary	0.00	X	-		-		-	0.	0.	0.
(7) Dennis Ehling	0.00	x	Μ,					0.	0	
Director The State of the State	0.00	Δ			\exists			0.	0.	0.
(8) Autumn Ehnow	0.00	x						0.	0.	0.
Director (9) Helen Emery	0.00	Δ						0.	0.	0.
Director	0.00	X						0.	0.	0.
(10) Patricia (Trish) Hannon	0.00	1	-				-	0.	0.	0.
At Large	0.00	x						0.	0.	0.
(11) E. Robert Harris	0.00						7		0.	0.
Director		x						0.	0.	0.
(12) Margaret Jackson	0.00									
Director		X		2.4				0.	0.	0.
(13) Randeep Kahlon	0.00								- 13	
Director		X						0.	0.	0.
(14) Virginia Kraus	0.00									
Director		X			111			0.	0.	0.
(15) Frank P. Longobardi	0.00									
At Large		X						0.	0.	0.
(16) Alan Lotvin	0.00	- 1						× 1		
Director		X			Ш	Ш		0.	0.	0.
(17) Peter R. Martin	0.00							4.4		
Director		X						0.	0.	0.

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)	(B)	(C)
Name and business address	Description of services	Compensation
Merkle, Inc.	Direct Mail	30 000 raws
P.O. Box 64897, Baltimore, MD 21264-4897	Processor	10,385,026
Blackbaud Internet Solutions, Division PO	Technology and	
Box 930256, Atlanta, GA 31193-0256	Software Services	1,269,620
CDS Global Inc.	I Was a server be found to	
1419 W 5th Street, Wilton, IA 52778	Media Services	496,240
Randstad Technologies	Digital Website	100000
P.O. Box 100153, Atlanta, GA 30384	Services	471,048.
Fine Line, 290 Garry Street, Winnipeg, Manitoba, CANADA R3C1H3	Professional Fulfillment Services	
2 Total number of independent contractors (including but not limited to those lis \$100,000 of compensation from the organization ▶ 26	ted above) who received more than	

See Part VII, Section A Continuation sheets

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Part VII Section A Officers Directors To							_		58-134	1679
Coulding Officers, Directors, 11		mpl	oyee			High	nest		ees (continued)	
(A) Name and title	(B) Average hours	Average Po hours (check al		Posi k all t	itior		oly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or		Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) Suzanne Taylor Director	0.00	x						0.	0.	0
(28) Kelli Thompson Director	0.00	x						0.	Ó.	0
(29) Peter Vican Director	0.00	x						0.	0.	0
(30) Jennifer Vido Director	0.00	x					1	0.	0.	0.
(31) Dan Wenger Director	0.00	x						0.	0.	0.
(32) W. Hayes Wilson Director	0.00	x						0.	0.	0
(33) Bryon Wornson Director	0.00	x						0.	0.	0
(34) Ann Palmer CEO	37.50				x			386,561.	0.	33,619
(35) Karen Larson CFO	37.50				x			198,080.	0.	11,674.
(36) Kenneth Guthrie Senior Vice President of Staff Opera	37.50				x			185,946.	0.	8,902.
(37) Cynthia McDaniel Senior Vice President, Consumer Heal	37.50				x			177,643.	0.	14,779.
(38) Meagan Fulmer Chief Development Officer	37.50	11			X			213,061.	0.	8,822.
(39) George P. Brennan Arthritis Today - National Sales Dir	37.50					x	1	157,696.	0.	8,292.
(40) Marla F. Davidson Vice President	37.50					x		191,143.	0.	8,930.
otal to Part VII, Section A, line 1c			.,,					1,510,130.		95,018.

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue exclude from tax under sections 512 - 514
1	a Federated campaigns		1a	88,560.				
1 6	b Membership dues		1b					
	c Fundraising events	***********	1c	1,706,549.				
	d Related organizations		1d					
	e Government grants (contrib f All other contributions, gifts, gra		1e	1,297,350.				
	similar amounts not included at		1f	39,464,336.				
	g Noncash contributions included in lin			390,596.				
1	h Total. Add lines 1a-1f				42,556,795.	-		
				Business Code				
2	a Sales and service fee	s		624100	5,757,499.	5,757,499.		
	b					0,107,255.		
li	с							
	d							
13	ė							
1	f All other program service rev	renue		1				
	g Total. Add lines 2a-2f				5,757,499.			
3	Investment income (including	g dividend	s, inter	est, and	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	other similar amounts)				802,814.			802,81
4	Income from investment of ta	ax-exempt	bond	proceeds				602,61
5	Royalties	*********			85,278.			85,27
		(i) R		(ii) Personal				65,21
6 2	a Gross rents	228	3,421					
t		529	781					
			360					
c			1000		-301,360,		-301,360.	
7 8	Gross amount from sales of	(i) Secu		(ii) Other	301,300.		-301,360.	
	assets other than inventory	11,571						
b	Less: cost or other basis		,					
	and sales expenses	11,092	755					
c	Gain or (loss)		.566.			1	1	
d	Net gain or (loss)				478,566.			100 00
8 a	Gross income from fundraisin	a events (not		470,300.			478,566
	including \$ 1,706	F-1		h 1	4			
	contributions reported on line							
	Part IV, line 18		a	677.804.				
b	Less: direct expenses	************	b				1	
	Net income or (loss) from fund			373,007.	302,797.			1220 40
	Gross income from gaming as				302,191.			302,797
	Part IV, line 19						1	
b	Less: direct expenses	************	b				1	
c	Net income or (loss) from gam			•				
	Gross sales of inventory, less			.,				
	and allowances	***************************************	а	£				
	Less: cost of goods sold							
С	Net income or (loss) from sale			>				
	Miscellaneous Revenu	е		Business Code	1 2 2 2 3			
	Advertising revenue			541800	4,709,078.		4,709,078.	
b				531120	64,333.		64,333.	
	Miscellaneous revenues		_	900099	27,631.	27,631.		
	All ather variance							
d	All other revenue	*************	1					
d	Total. Add lines 11a-11d Total revenue. See instructions.				4,801,042.			

Form 990 (2014) Arthritis Foundation Inc Part IX Statement of Functional Expenses

-	Check if Schedule O contains a respon		this Part IX		***************************************
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	and domestic governments. See Part IV, line 21	7,043,317.	7,043,317.	12 11 111	
2	2,200,20,000,000,000,000,000,000,000,00	E0 030	E0 020		
3	individuals. See Part IV, line 22 Grants and other assistance to foreign	50,030.	50,030.		
3	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				-
5	Compensation of current officers, directors,				
	trustees, and key employees	1,493,180.	796,153.	562,866.	134,161
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				101/101
7	Other salaries and wages	10,238,150.	6,277,892.	2,497,255.	1,463,003
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)			2/25//255	1/103/003
9	Other employee benefits	1,183,746.	745,490.	283,634.	154,622
10	Payroll taxes	883,929.	543,531.	219,164.	121,234
11	Fees for services (non-employees):				
t		176,019.	137,295.	19,362.	19,362
	: Accounting	121,000.	30,250.	90,750.	
	Lobbying				
6		2,232,604.			2,232,604.
f				4	LOS TWAT
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	4,211,566.	3,600,262.	434,942.	176,362.
12	Advertising and promotion	291,917.	221,645.	6,536.	63,736.
13	Office expenses	4,165,560.	3,093,821.	799,544.	272,195.
14	Information technology				
15	Royalties				
16	Occupancy	454,424.	339,279.	50,408.	64,737.
17	Travel	1,092,296.	702,168.	144,008.	246,120.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	623,809.	566,354.	26,784.	30,671.
20	Interest	85,485.	64,969.	11,113.	9,403.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	304,664.	231,016.	37,953.	35,695.
23	Insurance	222,582.	168,299.	27,181.	27,102.
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 0.)				
а	Membership/direct respo	7,521,439.	7,521,439.	0.	0.
b	Printing, publications,	1,822,849.	1,743,554.	15,586.	63,709.
C	Data processing and acc	1,367,116.	746,811.	558,033.	62,272.
d	Advertising commissions	367,063.	367,063.	0.	0.
	All other expenses	1,072,819.	963,320.	29,020.	80,479.
25	Total functional expenses. Add lines 1 through 24e	47,025,564.	35,953,958.	5,814,139.	5,257,467.
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 X if following SOP 98-2 (ASC 958-720)	9,754,043.	7,521,439.	142,897.	2,089,707.

Form 990 (2014)
Part X Balance Sheet

га	ILV	Datance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	1		X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,827,373.	1	9,498,924
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	5,533,817.	3	7,584,502
	4	Accounts receivable, net	6,860,432.	4	4,502,680
	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			
Assets		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
4SS	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use	469,099.	8	405,745.
	9	Prepaid expenses and deferred charges	1,341,777.	9	1,092,243.
	10a				
		basis. Complete Part VI of Schedule D 10a 12,617,476.			
	b	100 1720272001	5,159,802.	10c	5,434,993.
	11	Investments - publicly traded securities	27,602,157.	11	29,559,035.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	0 500 556	14	
	15	Other assets. See Part IV, line 11	8,580,756.	15	8,916,990.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	58,375,213.	16	66,995,112.
	17	Accounts payable and accrued expenses	6,034,921.	17	5,263,109.
	18 19	Grants payable	4,206,223.	18	4,223,566.
	20	Deferred revenue	1 600 000	19	1 100 000
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D	1,600,000.	20	1,100,000.
,	22	Loans and other payables to current and former officers, directors, trustees,		21	
İ	22	key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L			
ן ב	23	Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable to unrelated third parties		23	
	25	Other liabilities (including federal income tax, payables to related third		24	
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	14,499,189.	25	13,422,162.
	26	Total liabilities. Add lines 17 through 25	26,340,333.	26	24,008,837.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🐰 and	20/010/000	20	24,000,037.
S		complete lines 27 through 29, and lines 33 and 34.	-		
=	27	Unrestricted net assets	4,635,020.	27	9,170,676.
wer Assets of Fullu balances	28	Temporarily restricted net assets	13,654,959.	28	18,946,747.
2	29	Permanently restricted net assets	40 -44 004	29	14,868,852.
5		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			21/000/032:
5		and complete lines 30 through 34.			÷
2	30	Capital stock or trust principal, or current funds		30	
3	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
2	33	Total net assets or fund balances	32,034,880.	33	42,986,275.
	34	Total liabilities and net assets/fund balances		34	66,995,112.
					Form 990 (2014)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

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.

2014

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number

	Art	hritis Fou	indation Inc			5	8-1341679
Part I	Reason for Public	Charity Status	(All organizations must	complete th	is part.) S	ee instructions.	
he orga	nization is not a private fou		Character and the second second second				
1			ation of churches describe				
2	A school described in se						
3			rganization described in s	section 170	0(b)(1)(A)(i	in.	
4	A medical research organ						the hospital's name.
3	city, and state:	Manager Appropriate to					the respitate trainer
5	An organization operated		college or university own	ed or opera	ted by a g	overnmental unit describ	ed in
	section 170(b)(1)(A)(iv).						
6	A federal, state, or local g	government or gover	mmental unit described in	section 17	70(b)(1)(A)	(v).	
7 X	An organization that norm section 170(b)(1)(A)(vi).	사이스 하는 물건이 그렇게 그 없었다.	stantial part of its support	from a gov	ernmental	unit or from the general	public described in
8	A community trust descri		b)(1)(A)(vi), (Complete Pa	rt II.)			
9	An organization that norm		Control of the second of the s		contributi	ons, membership fees, a	nd aross receipts from
	activities related to its ex-						
	income and unrelated but						
	See section 509(a)(2). (C		no (1655 Section 5) I taxy I	TOTT DUSTITE	ooso acqu	incu by the organization	arter durie 50, 1975.
10			univalu ta tant for audilla a	ofatu Caa		20/-1/41	
10	An organization organized						Industrial distance
11 📖	An organization organized					[[[마다 그로 10] 10] [[[[[[[[[] 10] 10] [[[[] 10] [[[[] 10] [[[] 10] [[[] 10] [[[] 10] [[[] 10] [[[] 10] [[[] 10] [[[] 10] [[[] 10] [[[] 10] [[] 10] [[[] 10] [[] [[] 10] [[] [[] 10] [[] [[[[[[[[] 10] 10] [[[] 10] [[] 10] [[] 10] [[] [[] 10] [[] [[] 10] [[] [[] 10] [[] [[] 10] [[] [[] 10] [[] [[] 10] [[] [[] 10] [[] [[] 10] [[] [[] 10] [[] [[] 10] [[] [[] [[] [[] 10] [[] [[] [[] [[] [[] [[] [[] [[] [[] [한번 때 교리 교리시네다 전에 교내하다
	more publicly supported						neck the box in
0	lines 11a through 11d tha						4993
a			, supervised, or controlled				
			regularly appoint or elect	a majority	of the dire	ctors or trustees of the s	upporting
V 17	organization. You must					Y WAR TO BE	
b	그리는 어린이 뒤에게 나를 보다면서 하다고 하죠.		ed or controlled in conne				
		AND THE PERSON NAMED IN	rganization vested in the	same perso	ons that co	ontrol or manage the sup	ported
	organization(s). You mu	ust complete Part I	V, Sections A and C.				
c	Type III functionally in	tegrated. A support	ting organization operated	in connec	tion with, a	and functionally integrate	ed with,
_	its supported organizat	ion(s) (see instructio	ns). You must complete	Part IV, Se	ctions A,	D, and E.	
d _	Type III non-functiona	Ily integrated. A su	pporting organization ope	rated in co	nnection v	vith its supported organiz	zation(s)
	that is not functionally i	ntegrated. The orga	nization generally must sa	itisfy a dist	ribution re	quirement and an attenti	veness
- 1	requirement (see instru	ctions). You must c	omplete Part IV, Section	s A and D,	and Part	V.	
e	Check this box if the or	ganization received	a written determination fr	om the IRS	that it is a	Type I, Type II, Type III	
	functionally integrated,	or Type III non-funct	tionally integrated suppor	ting organiz	zation.		
f Ent	er the number of supported	organizations					
	vide the following information						
1	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o		(v) Amount of monetary	(vi) Amount of
	organization		(described on lines 1-9 above or IRC section	governing of		support (see	other support (see
			(see instructions))	Yes	No	Instructions)	Instructions)
			100000000000000000000000000000000000000				
						4	
			1				
			1				
				1			
otal							

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2014

17360616 795402 2532.01

Schedule A (Form 990 or 990-EZ) 2014 Arthritis Foundation Inc 58-1341679 Page 2 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.)

Se	ction A. Public Support		i				
Cal	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and					(0)	(1) 1010
	membership fees received. (Do not						
	include any "unusual grants.")	36965299.	38998639.	34111935.	37069773.	42556795.	189702441
2	Tax revenues levied for the organ-						
	ization'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	36965299.	38998639.	34111935.	37069773.	42556795.	189702441
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)						1061381.
6	Public support. Subtract line 5 from line 4.						188641060
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4		38998639.		37069773.	42556795.	189702441
8	Gross income from interest,						
	dividends, payments received on			2.			
	securities loans, rents, royalties					2.	
	and income from similar sources	913,383.	798,359.	763,126.	683,119.	888,092.	4046079.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	8,046.	-6,583.	-24,229.	-71,535.	-13,659.	-107.960.
10	Other income. Do not include gain					•	
	or loss from the sale of capital						
	assets (Explain in Part VI.)	-175,300.	335,022.	-835,488.	-55,483.	27,631.	-703,618.
11	Total support. Add lines 7 through 10						192936942
12	Gross receipts from related activities,	etc. (see instruction	ons)				,456,978.
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section		
	organization, check this box and stop						
Sec	tion C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2014 (li					14	97.77 %
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	97.11 %
	33 1/3% support test - 2014. If the o	rganization did not	t check the box or	n line 13, and line 1	14 is 33 1/3% or m		
	stop here. The organization qualifies a	as a publicly suppo	orted organization				
	33 1/3% support test - 2013. If the o	rganization did not	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	fies as a publicly s	upported organiza	ation			▶□
	10% -facts-and-circumstances test						
	and if the organization meets the "fact	ts-and-circumstance	ces" test, check th	is box and stop h	ere. Explain in Par	t VI how the organ	ization
	meets the "facts-and-circumstances"						
	10% -facts-and-circumstances test						
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
	Private foundation. If the organization						
						dule A (Form 990	

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.)

Se	ction A. Public Support	bolow, picase com	piete i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and			(5)	(4)	(0) 20 1 1	(i) rotai
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or aumanded on the behalf						
-							
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
D	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						
	Add lines 7a and 7b	·					
	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						
	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	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						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x vear as a sectio	n 501(c)(3) organiza	ation.
Sec	tion C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2014 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	%
	Public support percentage from 2013					16	%
	tion D. Computation of Inves						,,
17	Investment income percentage for 20	14 (line 10c, colum	nn (f) divided by lin	e 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2014. If the	organization did n	ot check the box of	on line 14, and line	15 is more than 3		7 is not
	more than 33 1/3%, check this box ar						
	33 1/3% support tests - 2013. If the						
	ine 18 is not more than 33 1/3%, che						
	Private foundation. If the organization						
					200 .110		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A	. All	Supporting	Organizations
-----------	-------	------------	----------------------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	res	+	N
-			
1		I	
2		-	
3a		+	
3b			
3c		-	
4a			
4b			
4c			
5a			
5b			
5c			
6			
7			
8			
9a			
9b			
9c			
10a			_
10b			

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1144		
	below, the governing body of a supported organization?	11a	11 :	
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	111.64		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	100	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		17.7	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	-		_
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			7,00
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	IVO
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	1 1		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
7	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Sec	tion E. Type III Functionally-Integrated Supporting Organizations	3	-	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instruction	male		-
a	The organization satisfied the Activities Test. Complete line 2 below.	ns):		
b	(1 			
	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity, Describe in Part VI how you supported a government entity (see	Instructions		200
2	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1	
	how the organization was responsive to those supported organizations, and how the organization determined	2.7		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
5	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

1	Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the containing of the containin			uctions. All
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			, 1
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
ď	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

b

d Excess from 2013 e Excess from 2014

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2014

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
Bristol-Myers Squibb Company	4,920,120.	1,061,381
otal Excess Contributions to Schedule A, Part II, Line 5		1,061,381

SCHEDULE D

(Form 990)

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

Department of the Treasury Internal Revenue Service

Open to Public Inspection

van	e of the organization Arthritis Foundatio	n Inc		Em	ployer identification num 58-1341679
Pa	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Fund	s or A	ccoi	unts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6.			
		(a) Donor advised funds	(1	o) Fur	nds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)		1		
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advi-	sed fund	ds	
	are the organization's property, subject to the organization's e	xclusive legal control?			Yes
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be	e used o	nly	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferr	ing	
_					
a	rt II Conservation Easements. Complete if the orga		Part IV, I	ine 7.	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).			
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of a hist	torically	impo	rtant land area
	Protection of natural habitat	Preservation of a cer	tified his	storic	structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	of a cor	nserv	ation easement on the last
	day of the tax year.				
			-		Held at the End of the Tax Y
a	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
C	Number of conservation easements on a certified historic structure			2c	
d	Number of conservation easements included in (c) acquired af		COLOR IN		
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	e organi	zation	during the tax
	year ▶				
	Number of states where property subject to conservation ease				
	Does the organization have a written policy regarding the period	이 그가 되었다. 그 그리아 아름다면 하나 이 사람이 되었다면 하는 것이 되었다. 그리고 있다.			
	violations, and enforcement of the conservation easements it h				
	Staff and volunteer hours devoted to monitoring, inspecting, a				
6	Amount of expenses incurred in monitoring, inspecting, and en	되어 가게 가게 되어 있다는 것이 없는데 하는데 하는데 되었다.	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		\$
	Does each conservation easement reported on line 2(d) above			3.0	
	and section 170(h)(4)(B)(ii)?		.,		Yes
	In Part XIII, describe how the organization reports conservation	그 마음이다. 중 하다면 다른 마일이 그렇게 그렇게 되었다. 그렇게 다 먹었다.			The second secon
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	the orga	anizat	ion's accounting for
_	conservation easements.	A A I l'atair al Turant a			San Caracharda Caracha
aı	t III Organizations Maintaining Collections of	나가 아니라이 아이는 아니는 그리 아이는 게임하다면 그리면 나가 되었다면 하다 하는데 바람이 되었다.	tner S	imii	ar Assets.
	Complete if the organization answered "Yes" to Form 99			ing it	
a	If the organization elected, as permitted under SFAS 116 (ASC				
	historical treasures, or other similar assets held for public exhib		ince of p	ublic	service, provide, in Part X
	the text of the footnote to its financial statements that describe				ACTES TO A PARTY OF THE PARTY O
b	If the organization elected, as permitted under SFAS 116 (ASC				and the state of t
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of pu	blic serv	ice, p	provide the following amou
	relating to these items:			- 4	
	(i) Revenue included in Form 990, Part VIII, line 1				
	(ii) Assets included in Form 990, Part X				
	If the organization received or held works of art, historical treas		ll gain, p	rovid	9
	the following amounts required to be reported under SFAS 116				
а	Revenue included in Form 990, Part VIII, line 1				
b	Assets included in Form 990, Part X	***************************************		▶ \$	5

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

Schedule D (Form 990) 2014

_		is Foundat								1167		
Pa	rt III Organizations Maintaining (Collections of A	rt, Histori	cal Tr	easures,	or Oth	er Si	milar A	sset	S (conti	nued)	
3	Using the organization's acquisition, access	sion, and other record	ls, check an	y of the	following that	at are a s	signific	ant use	of its c	ollectio	n iten	าร
	(check all that apply):											
а	Public exhibition	d	Loar	n or exc	hange progr	ams						
b	Scholarly research	е	Othe	er								
С	Preservation for future generations											
4	Provide a description of the organization's of	collections and explai	n how they f	urther th	he organizat	ion's exe	empt r	urnose i	n Part i	XIII		
5	During the year, did the organization solicit				-				iii aic	/ (III.		
J	to be sold to raise funds rather than to be m									Yes		No
Pa	rt IV Escrow and Custodial Arrar								+ IV lie			_ NO
	reported an amount on Form 990, Pa		ste ii tile org	ai iizatio	II alisweled	165 10	rom	990, Fai	t IV, III	ie 9, 0i		
10			lion, for cont	ribution	a ar athar a	aceta no	inalu	454				
та	Is the organization an agent, trustee, custoo		-							.,		٦
	on Form 990, Part X?							•••••	ـــــا	Yes		∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	: :								
							\vdash			Amoun	it	
С	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year						<u> </u>	1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on F	form 990, Part X, line	21, for escre	ow or cu	ustodial acco	ount liabi	lity?		🔲	Yes		No
	If "Yes," explain the arrangement in Part XIII											
Pa	t V Endowment Funds. Complete	if the organization an	swered "Yes	s" to For	rm 990, Part	IV, line	10.					
		(a) Current year	(b) Prior	year	(c) Two yea	rs back	(d) Th	ree years	back	(e) Four	r years	back
1a	Beginning of year balance	6,451,538.	5,689	9,033.	5,38	8,928.		6,068,	156.	7	,126	682.
b	Contributions	868,460.										960.
С	Net investment earnings, gains, and losses	208,043.	979	9.718.	59	9.664.		-42	379.			774.
d	Grants or scholarships			,								
е	Other expenditures for facilities											
	and programs	232 338.	21.	7,213.	29	9,559.		636,	849	1	019	260.
f	Administrative expenses	232,330.	21	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		030,	040.		, ,,,,,,	200.
g	End of year balance	7,295,703.	6 451	1,538.	5 69	9,033.		5,388.	020	-	060	156.
2	Provide the estimated percentage of the cur					9,033.		5,300,	20.	0	,000,	136.
	Board designated or quasi-endowment	Terit year eriu balanc	%	numm (a	J) Held as.							
a	Permanent endowment 78.84	%	_70									
С	Temporarily restricted endowment ▶ 2											
•	The percentages in lines 2a, 2b, and 2c short		4' 4l4	- l(-)								
за	Are there endowment funds not in the posse	ession of the organiza	ition that are	e neid ar	na administe	erea tor t	ne org	janizatior	1	Γ		
	by:										Yes	No
	(i) unrelated organizations									3a(i)		_X_
	(ii) related organizations									3a(ii)		_X_
b	If "Yes" to 3a(ii), are the related organization									3b		
4	Describe in Part XIII the intended uses of the		wment funds	s								
Par	t VI Land, Buildings, and Equipn											
	Complete if the organization answere	d "Yes" to Form 990,	Part IV, line	11a. Se	e Form 990	, Part X,	line 10).				
	Description of property	(a) Cost or ot	,		or other		ccumi		(d) Bool	k valu	Э
		basis (investm		basis (de	orecia	tion				
1a	Land			2,40	0,000.				2	,40	0,0	00.
	Buildings		4	4,57	7,787.	2,8	387	,442.	1	,69	0,3	45.
	Leasehold improvements			2,99	1,884.			,021.			7,8	
	Equipment				9,810.			,020.			8,7	
	Other				7,995.						7,9	
	. Add lines 1a through 1e. (Column (d) must e		X, column (B						5	,43		

Schedule D (Form 990) 2014

Complete if the organization answered "Yes"	to Form 990 Part IV	/ line 11h See Form 000	Part V line 10	
(a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives	(-,	(0)		a c. year market value
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" t	o Form 000 Bort IV	/ line 11e See Form 000	Dort V line 10	
(a) Description of investment	(b) Book value	(c) Method of v	valuation: Cost or en	d-of-year market value
	(b) Book value	(c) Welliod of V	aldation. Cost of en	u-or-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.				
	5 000 B . II			
Complete if the organization answered "Yes" t		, line 11d. See Form 990,	Part X, line 15.	#ND 1
	Description			(b) Book value
(1) Beneficial interests in pe	erpetual t	rusts		8,916,990.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		>	8,916,990.
Part X Other Liabilities.				
Complete if the organization answered "Yes" to	o Form 990, Part IV		990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) Liability under SIA		9,372,213.		
(3) Debt obligations		322,986.		
(4) Funds held in trust for Ch	artered			
(5) Entities		3,726,963.		
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	13,422,162.		

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 X

Schedule D (Form 990) 2014

	dule D (Form 990) 2014 Arthritis Foundation Inc			58-	-1341679 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Wi	th Revenue per R	etur	n.
	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	58,506,740.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1			
a	Net unrealized gains (losses) on investments		-278,935.	-	
b	Donated services and use of facilities			-	
С	Recoveries of prior year grants		2 226 726	ļ	
d	Other (Describe in Part XIII.)		3,836,796.		
е	Add lines 2a through 2d			2e	3,557,861.
3	Subtract line 2e from line 1			3	54,948,879.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	I - I			
а	Investment expenses not included on Form 990, Part VIII, line 7b		165 110		
b	Other (Describe in Part XIII.)		-465,448.		
	Add lines 4a and 4b			4c	-465,448.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			_5_	54,483,431.
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	47,555,345.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)		529,781.		
е	Add lines 2a through 2d			2e	529,781.
3	Subtract line 2e from line 1			3	47,025,564.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		×.		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
-	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	47,025,564.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I'			; Part	X, line 2; Part XI,
lines :	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional info	ormation.		
D	b 17 13 4-				
Par	t V, line 4:				
m1	W-1-1-1 0651-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		11 11 16	-	
The	National Office's endowment consists of t	en 1	ndividual fi	und	S
	ablished for marrowsh and amounting				
est	ablished for research and operations.				
D	+ V Tino 2.				
Pal	t X, Line 2:				
Tna	ome Marca - As of March 2015 the ATODA -	. 7.			- h -
TIIC	ome Taxes - As of March, 2015, the AICPA n	0 10	nger require	es	tne
7	closure of uncertain tax positions when th				
uis	crosure or uncertain tax positions when th	ere	are no uncer	rta.	in tax
200	itions. Therefore, the National Office ha	a no	+ inaludad a	- E.	TNT 40
pos	relous: Therefore, the National Office ha	.S 110	t included a	ι г.	IN 40
sta	tement in its most recently audited financ	ial	gtatements		
bla	cement in its most recently addited linant	ıaı	statements.		
	-				_
Par	t XI, Line 2d - Other Adjustments:				
	,				
Cha	nge in valuation of split interest agreeme	nts			-487,716.
132054 10-01-1				Sched	lule D (Form 990) 2014
	32		,		_ (. Sim 500) E0 14

Schedule D (Form 990) 2014 Arthritis Foundation Inc	58-1341679 Page 5
Part XIII Supplemental Information (continued)	
Transfer of assets from Regions that relinquished charters	4,324,512.
Total to Schedule D, Part XI, Line 2d	3,836,796.
Part XI, Line 4b - Other Adjustments:	
Rental expenses	
481(a) adjustment	
Total to Schedule D, Part XI, Line 4b	
	103/110:
Part VII line 2d - Other Adjustments.	
Part XII, Line 2d - Other Adjustments:	
Rental expenses	529,781.
•	

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 Open to Public

Inspection

Name of the organization

Arthritis Foundation Inc

Employer identification number

58-1341679 Form 990, Part I, Line 1, Description of Organization Mission: control and cure of arthritis and related diseases. Form 990, Part III, Line 4b, Program Service Accomplishments: to prevent, control and cure arthritis and related diseases. Pillar #2: Decision Making With Metrics: Fact-based metrics for decision making and guiding actions to improve the health of people across the lifespan with arthritis and related diseases. Pillar #3: Building Human Capital: Scientific research pipeline is strengthened and scientific discovery is catalyzed and accelerated for arthritis and related diseases. Form 990, Part III, Line 4c, Program Service Accomplishments: state level. In addition, the Arthritis Foundation is working to ensure that research funding for arthritis is increased and that there is recognition of the fact that this disease impacts one in four Americans. Form 990, Part VI, Section A, line 1: The Executive Committee has been given the authority to exercise any and all powers of the National Board between meetings of the full National The Executive Committee consists of the Officers and up to eight

additional Directors.

Name of the organization
Arthritis Foundation Inc

Employer identification number 58-1341679

Form 990, Part VI, Section A, line 7a:

Twenty members of the Foundation's Board of Directors are elected by the Regional Corporations as each Region has the right to elect two members.

Form 990, Part VI, Section B, line 11:

The Form 990 was prepared by a public accounting firm with input from the Foundation's accounting staff and CFO. A draft copy of the Form 990 was reviewed by key accounting staff and senior management. Each person individually reviewed the Form (including schedules) and submitted questions or comments to management as necessary. Questions and comments were resolved appropriately to the satisfaction of the Foundation's CFO.

The Form 990 (including schedules) was then reviewed and approved by the Audit Committee of the Board of Directors at a scheduled meeting. Comments and suggested changes were incorporated into a subsequent draft of the Form 990, the final draft of the Form 990 was presented to the full Board of Directors prior to submission. The final form was provided to the entire board of directors prior to filing. The form is filed after review before the entire board at a scheduled meeting.

Form 990, Part VI, Section B, Line 12c:

At least annually, all employees must sign a Conflict of Interest

disclosure form. Volunteers in positions of governance such as for Board

members, Committee members and ad hoc task force members shall complete a

conflict of interest disclosure form annually and prior to initial

appointment to serve in these various positions. The board of directors

audit committee reviews and adjudicates potential volunteer conflicts. If

potential conflicts exist as to Arthritis Foundation Staff, the appropriate

432212

Schedule O (Form 990 or 990-EZ) (2014)

Form 990, Part XI, line 9, Changes in Net Assets:

netted against amounts due to Chartered Entities and reported on line

Form **8868**

(Rev. January 2014)

Department of the Treasury

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

			ts instructions is at www.irs.gov/for			
If yo	u are filing for an Automatic 3-Month Extension, o	complete only	Part I and check this box			h [37]
If yo	u are filing for an Additional (Not Automatic) 3-Mo	onth Extension	. complete only Part II (on page 2 or	f this for		\triangleright X
טט ווטנ	you have already been gr	anted an autor	matic 3-month extension on a previou	ely filed	Form 2000	
Liecut	initing (e-file). You can electronically file Form 8	868 if you need	a 3-month automatic extension of the	mo to file	. /	
roquire	a to me i oim 990-1), of an additional (not automatic	c) 3-month exte	nsion of time. You can electronically	file Form	0000 +	
of time	to file any of the forms listed in Part I or Part II with	the exception	of Form 8870. Information Return for	Transfer	8868 to request an	extension
Person	al Benefit Contracts, which must be sent to the IRS	in paper forms	at (see instructions). For more details	ransier	s Associated With (Certain
visit wu	w.irs.gov/efile and click on e-file for Charities & Non	profits.	at (edd motidetions). For more details	on the e	lectronic filing of this	s form,
Part	Automatic 3-Month Extension of	Time. Only	submit original (no copies ne	(hehe		
A corpo	ration required to file Form 990-T and requesting ar	automatic 6-m	nonth extension - check this box and	complet		
Part I or	nly Corporations (including 1120-C filers), partnerships		one of the box and	complet		
All other	, and any state of the state of	, REMICs, and	trusts must use Form 7004 to reque	et an evt	ension of time	▶ □
to file in	Tome tax retains.				iler's identifying nu	
Type or	Name of exempt organization or other filer, see	instructions.			er identification nun	
print				Linploy	er identification fluff	nder (EIN) o
File by the	Arthritis Foundation Inc	2			58-13416	70
due date fo	Number, street, and room or suite no. If a P.O. I	oox, see instruc	ctions.	Social	security number (SS	
filing your return. See	1330 West Peachtree Stre	et, No.	100	Coolai S	eculty humber (55)	N)
instructions	City, town or post office, state, and ZIP code. For	or a foreign add	dress, see instructions.			
	Atlanta, GA 30309					
Enter the	Return code for the return that this application is for	or (file a separa	ate application for each return)			01
-				••••••		[0]1]
Applicati	on .	Return	Application			Return
Is For		Code	Is For			Code
	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
	0 (individual)	03	Form 4720 (other than individual)			09
Form 990		04	Form 5227			10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	T (trust other than above)	06	Form 8870			12
	Essil Washing	gton				12
The bo	oks are in the care of \triangleright 1330 W Peach	tree St,	Suite 100 - Atlan	ıta,	GA 30309	
reiebile	NIE NO. P 404-303-/307		Fay No.			
o If the or	ganization does not have an office or place of busi	ness in the Uni	ited States, check this box			
	ion a group riotain, enter the oldanization's folir a	IGIT GEOLIN EVAL	motion Number (CEN)			heck this
DON P	. If it is for part of the group, check this box	and attac	ch a list with the names and EINs of a	all memb	ers the extension is	for.
1 1109	dest an automatic 3-month to months for a corpora	tion required to	o file Form 990-T) extension of time u	ntil		
	August 15, 2015 , to file the exe	empt organizati	on return for the organization named	above.	The extension	
	the organization's return for:					
	calendar year 2014 or					
	tax year beginning	, and	ending			
2 If the	toy your ontowed in the state of the					
2 11 11 10	tax year entered in line 1 is for less than 12 months	s, check reaso	n: Initial return Fi	nal returr	1	
3a If this	Change in accounting period					
nonre	application is for Forms 990-BL, 990-PF, 990-T, 47	20, or 6069, er	nter the tentative tax, less any			
	fundable credits. See instructions.			3a	\$	0.
eetim	application is for Forms 990-PF, 990-T, 4720, or 60	069, enter any	refundable credits and			
c Balan	ated tax payments made. Include any prior year ov	erpayment allo	wed as a credit.	3b	\$	0.
by usi	ce due. Subtract line 3b from line 3a. Include your	payment with	this form, if required,			
Caution If	ng EFTPS (Electronic Federal Tax Payment System	n). See instruct	ions.	3c	\$	0.
instructions	ou are going to make an electronic funds withdray	vai (direct debi	t) with this Form 8868, see Form 845	3-EO an	d Form 8879-EO for	payment
423841	Privacy Act and Paperwork Reduction Act Notice	e, see instruc	tions.		Form 8868 (Rev	v. 1-2014)

Form 8868 (Rev. 1-2014)