

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

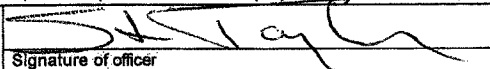
Department of the Treasury  
 Internal Revenue Service


<b>A</b> For the 2023 calendar year, or tax year beginning		and ending		
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization ARTHRITIS FOUNDATION, INC.			<b>D</b> Employer identification number 58-1341679
	Doing business as			<b>E</b> Telephone number (404) 872-7100
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>G</b> Gross receipts \$ 135,675,002.
	1355 PEACHTREE STREET NE		600	
	City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30309			
<b>F</b> Name and address of principal officer: STEVEN TAYLOR, CEO 1355 PEACHTREE ST NE SUITE 600, ATLANTA, GA 30309			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	
<b>I</b> 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	<b>H(c)</b> Group exemption number 8510			
<b>J</b> Website: WWW.ARTHRITIS.ORG				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	<b>L</b> Year of formation: 1948		<b>M</b> State of legal domicile: GA	

Part I Summary			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: THE AF IS PURSUING A CURE FOR AMERICA'S #1 CAUSE OF DISABILITY, WHILE CHAMPIONING THE FIGHT AGAINST ARTHRITIS WITH LIFE-CHANGING RESOURCES, SCIENCE, ADVOCACY, & COMMUNITY CONNECTS.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	14
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	14
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	219
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	7,500
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	NONE
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	NONE	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 53,161,518.	Current Year 60,839,890.
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,503,049.	1,204,783.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,086,654.	8,178,004.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,279,317.	-1,903,664.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	59,471,904.	68,319,013.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,928,732.	12,843,319.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21,347,601.	25,566,315.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	1,882,531.	1,956,694.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	8,515,381.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20,185,696.	21,447,871.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	54,344,560.	61,814,199.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	5,127,344.	6,504,814.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 200,280,337.	End of Year 228,528,581.
	<b>21</b> Total liabilities (Part X, line 26)	32,937,856.	33,350,428.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	167,342,481.	195,178,153.

**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.

<b>Sign Here</b>		Date 10/18/2024
	Signature of officer STEVEN TAYLOR	CEO
Type or print name and title		

<b>Paid Preparer Use Only</b>	Print/Type preparer's name SANDRA L FEINSMITH	Preparer's signature 	Date 09/30/2024	Check <input type="checkbox"/> if self-employed	PTIN P01064157
	Firm's name BDO USA	Firm's EIN 13-5381590		Phone no. 919-278-1936	
	Firm's address 421 FAYETTEVILLE STREET, SUITE 300 RALEIGH, NC 27601				

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

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. ARTHRITIS FOUNDATION, INC.	Taxpayer identification number (TIN) 58-1341679
	Number, street, and room or suite no. If a P.O. box, see instructions. 1355 PEACHTREE STREET NE SUITE 600	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30309	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations** (see instructions)

ROSE THOMAS

The books are in the care of 1355 PEACHTREE STREET NE, SUITE 600 ATLANTA GA 30309

Telephone No. 470 588-8625 Fax No. \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) 8510. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2024, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

calendar year 2023 or  
 tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return

Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$	NONE
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b> \$	NONE
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$	NONE

Part III Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission: THE ARTHRITIS FOUNDATION IS BOLDLY PURSUING A CURE FOR AMERICA'S #1 CAUSE OF DISABILITY, WHILE CHAMPIONING THE FIGHT AGAINST ARTHRITIS WITH LIFE-CHANGING RESOURCES, SCIENCE, ADVOCACY, AND COMMUNITY CONNECTIONS.
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 19,812,457. including grants of \$ 105,658. ) (Revenue \$ NONE )
SEE SCHEDULE O

4b (Code: ) (Expenses \$ 15,965,118. including grants of \$ 12,531,526. ) (Revenue \$ NONE )
SEE SCHEDULE O

4c (Code: ) (Expenses \$ 10,855,167. including grants of \$ 206,135. ) (Revenue \$ 1,204,783. )
COMMUNITY HEALTH & SUPPORT: THE ARTHRITIS FOUNDATION COMMUNITY PROGRAMS EMPOWER PEOPLE IN LOCAL COMMUNITIES NATIONWIDE. THE FOUNDATION PROVIDES OPPORTUNITIES FOR PEOPLE TO CONNECT WITH OTHERS WITH SIMILAR CHALLENGES AND DEVELOP SUPPORTIVE RELATIONSHIPS. THE ARTHRITIS FOUNDATION PROGRAMS INCLUDE KIDS AND FAMILY CAMPS, THE JUVENILE ARTHRITIS NATIONAL CONFERENCE, THE WALK WITH EASE EXERCISE PROGRAM, AND EXERCISE AND AQUATICS PROGRAMS. THE PEOPLE WE REACH THROUGH THESE PROGRAMS AND ARM WITH INFORMATION AND SELF-MANAGEMENT STRATEGIES HAVE A BETTER PERSPECTIVE ON THEIR DISEASE AND, IN TURN, BETTER OUTCOMES.

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O
(Expenses \$ 1,090,772. including grants of \$ NONE ) (Revenue \$ NONE )

4e Total program service expenses 47,723,514.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 contain various questions about organizational activities and financial reporting, with 'X' marks in the Yes or No columns.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS requirements.

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <b>2a</b> 219		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
a	Gross income from members or shareholders <b>11a</b>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>11b</b>		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <b>13b</b>		
c	Enter the amount of reserves on hand <b>13c</b>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included on line 1a, above, who are independent... 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?... 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?... 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?... 5 Did the organization become aware during the year of a significant diversion of the organization's assets?... 6 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?... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?... b Each committee with authority to act on behalf of the governing body?... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?... 10b 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?... 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?... 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?... 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... 13 Did the organization have a written whistleblower policy?... 14 Did the organization have a written document retention and destruction policy?... 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... b Other officers or key employees of the organization... 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?... 16b 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

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records. ROSE THOMAS 1355 PEACHTREE STREET NE, SUITE 600 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  X

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVEN TAYLOR PRESIDENT & CEO	37.50 NONE			X				559,956.	NONE	76,953.
(2) MARIA VASSILEVA SVP, SCIENTIFIC STRATEGY	37.50 NONE				X			270,388.	NONE	36,526.
(3) MICHAEL PRIVETTE SVP, FIELD MANAGEMENT & DEV.	37.50 NONE				X			277,709.	NONE	29,164.
(4) SABRINA SEXTON SVP, MARKETING & COMMUNICATION	37.50 NONE				X			256,063.	NONE	39,132.
(5) VICTORIA FUNG SVP, MISSION & STRATEGIC INIT.	37.50 NONE				X			266,638.	NONE	22,410.
(6) KELLY MARTIN SVP, OPERATIONS	37.50 NONE				X			231,467.	NONE	38,441.
(7) CATHY HOOD VP, PEOPLE OPS/ASST SECRETARY	37.50 NONE			X				213,753.	NONE	39,280.
(8) ANNA RYAN WEST REGION VICE PRESIDENT	37.50 NONE					X		188,596.	NONE	28,486.
(9) ANNA HYDE VP, ADVOCACY & ACCESS	37.50 NONE					X		188,370.	NONE	28,578.
(10) LEANNE GRECO EAST REGION VICE PRESIDENT	37.50 NONE					X		186,938.	NONE	23,597.
(11) JASON KIM VP, OSTEOARTHRITIS PROGRAM	37.50 NONE					X		196,121.	NONE	8,717.
(12) LEIGH BOBIN CENTRAL EAST REGION VICE PRES.	37.50 NONE					X		190,808.	NONE	8,936.
(13) ROSE THOMAS ASSISTANT TREASURER/VP, FINANCE	37.50 NONE			X				171,756.	NONE	24,287.
(14) MATTHEW MOONEY CHAIR	1.00 NONE	X		X				NONE	NONE	NONE



**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 dotted 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			
( 15) FRANK LONGOBARDI IMMEDIATE PAST CHAIR	1.00 NONE			X	X			NONE	NONE	NONE
( 16) DENNIS EHLING VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
( 17) WINELL BELFONTE TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
( 18) HELEN KING SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
( 19) CARLOS CARRASCO DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
( 20) JOHN COALSON DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
( 21) MARY CROW, MD DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
( 22) ROBIN DORE, MD DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
( 23) DAVID FELSON, MD DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
( 24) MARK FROIMSON, MD DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
( 25) KEVIN MANDRELL DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b>								3,198,563.	NONE	404,507.
<b>c Total from continuation sheets to Part VII, Section A</b>								NONE	NONE	NONE
<b>d Total (add lines 1b and 1c)</b>								3,198,563.	NONE	404,507.

**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 **71**

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

**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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	414,306.					
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	12,067,257.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	5,579,365.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	42,778,962.					
	<b>g</b> Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$					
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .			60,839,890.				
<b>Program Service Revenue</b>	<b>2a</b> COMMUNITY HEALTH & SUPPORT	Business Code 624100		1,204,783.	1,204,783.			
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> _____							
	<b>e</b> _____							
	<b>f</b> All other program service revenue . . . . .							
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .			1,204,783.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .			6,366,859.		NONE	6,366,859.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . .			NONE				
	<b>5</b> Royalties . . . . .			489,709.			489,709.	
	<b>6a</b> Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>						
	<b>c</b> Rental income or (loss)	<b>6c</b>	NONE	NONE				
	<b>d</b> Net rental income or (loss) . . . . .			NONE				
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other				
			62,280,172.	3,191,547.				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>7b</b>	63,660,574.	NONE				
	<b>c</b> Gain or (loss) . . . . .	<b>7c</b>	-1,380,402.	3,191,547.				
	<b>d</b> Net gain or (loss) . . . . .			1,811,145.			1,811,145.	
<b>8a</b> Gross income from fundraising events (not including \$ <u>12,067,257.</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>							
		1,302,042.						
<b>b</b> Less: direct expenses . . . . .	<b>8b</b>	3,695,415.						
<b>c</b> Net income or (loss) from fundraising events . . . . .			-2,393,373.			-2,393,373.		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		NONE					
			NONE					
			NONE					
<b>b</b> Less: direct expenses . . . . .	<b>9b</b>		NONE					
<b>c</b> Net income or (loss) from gaming activities . . . . .			NONE					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		NONE					
			NONE					
			NONE					
<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>		NONE					
<b>c</b> Net income or (loss) from sales of inventory . . . . .			NONE					
<b>Miscellaneous Revenue</b>			Business Code					
	<b>11a</b> _____							
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> All other revenue . . . . .							
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .				NONE				
<b>12</b> <b>Total revenue.</b> See instructions . . . . .				68,319,013.	1,204,783.	NONE	6,274,340.	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	12,843,319.	12,843,319.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2,553,923.	1,816,566.	332,142.	405,215.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE			
7 Other salaries and wages . . . . .	17,531,978.	12,454,144.	2,280,379.	2,797,455.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	719,545.	517,901.	93,459.	108,185.
9 Other employee benefits . . . . .	3,273,599.	2,356,213.	425,195.	492,191.
10 Payroll taxes . . . . .	1,487,270.	1,060,880.	188,274.	238,116.
11 Fees for services (nonemployees):				
a Management . . . . .	5,514,298.	3,213,578.	1,280,823.	1,019,897.
b Legal . . . . .	212,310.	123,822.	49,262.	39,226.
c Accounting . . . . .	227,008.	132,394.	52,672.	41,942.
d Lobbying . . . . .	312,628.	312,628.		
e Professional fundraising services. See Part IV, line 17. . . . .	1,956,694.			1,956,694.
f Investment management fees . . . . .	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	NONE			
12 Advertising and promotion . . . . .	8,062,816.	6,575,675.	532,888.	954,253.
13 Office expenses . . . . .	953,257.	680,605.	117,704.	154,948.
14 Information technology . . . . .	NONE			
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	766,649.	708,224.	21,111.	37,314.
17 Travel . . . . .	866,567.	686,915.	79,576.	100,076.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
19 Conferences, conventions, and meetings . . . . .	1,477,075.	1,412,001.	23,104.	41,970.
20 Interest . . . . .	NONE			
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	1,189,786.	1,130,296.	23,796.	35,694.
23 Insurance . . . . .	574,871.	546,128.	11,497.	17,246.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS EXPENSES . . . . .	648,510.	584,367.	29,633.	34,510.
b EQUIP. LEASE & MAINTENANCE . . . . .	376,006.	356,243.	8,361.	11,402.
c MEMBERSHIP DUES/SUBSCRIPTION . . . . .	175,004.	139,428.	11,963.	23,613.
d UNCOLLECTIBLE RECEIVABLES . . . . .	91,086.	72,187.	13,465.	5,434.
e All other expenses . . . . .				
25 Total functional expenses. Add lines 1 through 24e . . . . .	61,814,199.	47,723,514.	5,575,304.	8,515,381.
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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	5,560,736.	4,281,767.		1,278,969.

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	10,639,408.	<b>1</b>	8,118,626.
	<b>2</b> Savings and temporary cash investments . . . . .	NONE	<b>2</b>	NONE
	<b>3</b> Pledges and grants receivable, net . . . . .	12,599,327.	<b>3</b>	19,187,141.
	<b>4</b> Accounts receivable, net . . . . .	306,793.	<b>4</b>	148,587.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>5</b>	NONE
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE
	<b>8</b> Inventories for sale or use . . . . .	67,646.	<b>8</b>	67,829.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,513,601.	<b>9</b>	2,008,076.
	<b>10 a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 10,032,905.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 7,716,134.	3,243,815.	<b>10c</b> 2,316,771.
	<b>11</b> Investments - publicly traded securities. . . SEE SCHEDULE O . . . . .	111,765,762.	<b>11</b>	140,687,410.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	9,777,061.	<b>12</b>	NONE
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	NONE	<b>13</b>	NONE
	<b>14</b> Intangible assets . . . . .	NONE	<b>14</b>	NONE
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	50,366,924.	<b>15</b>	55,994,141.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	200,280,337.	<b>16</b>	228,528,581.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,889,976.	<b>17</b>	6,488,165.
	<b>18</b> Grants payable . . . . .	16,500,966.	<b>18</b>	17,409,723.
	<b>19</b> Deferred revenue . . . . .	NONE	<b>19</b>	NONE
	<b>20</b> Tax-exempt bond liabilities . . . . .	NONE	<b>20</b>	NONE
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	NONE	<b>23</b>	NONE
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	NONE	<b>24</b>	NONE
	<b>25</b> 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 . . . . .	12,546,914.	<b>25</b>	9,452,540.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	32,937,856.	<b>26</b>	33,350,428.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>			
	<b>27</b> Net assets without donor restrictions . . . . .	51,947,932.	<b>27</b>	65,932,184.
	<b>28</b> Net assets with donor restrictions . . . . .	115,394,549.	<b>28</b>	129,245,969.
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	167,342,481.	<b>32</b>	195,178,153.	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	200,280,337.	<b>33</b>	228,528,581.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	68,319,013.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	61,814,199.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	6,504,814.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	167,342,481.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	14,330,166.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	7,000,692.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	195,178,153.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

**SCHEDULE A**  
**(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization <b>ARTHRITIS FOUNDATION, INC.</b>	Employer identification number <b>58-1341679</b>
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**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 12, 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 (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First 5 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

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 89.84%; 15 Public support percentage from 2022 Schedule A, Part II, line 14 90.66%; 16a 33 1/3% support test - 2023. 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. [X]; 16b 33 1/3% support test - 2022. 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. [ ]; 17a 10%-facts-and-circumstances test - 2023. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. [ ]; 17b 10%-facts-and-circumstances test - 2022. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. [ ]; 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. [ ]



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

(Complete only if you checked the box on line 10 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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 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

Table with 3 columns: Description, Numerator, Denominator. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2022 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Numerator, Denominator. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2023. 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.

19b 33 1/3% support tests - 2022. 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.

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described on line 11a above?		
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b>	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b>	By reason of the relationship described on line 2, above, did the organization's supported organizations have a 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. Answer lines 2a and 2b below.		
<b>a</b>	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 <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b>	Did the activities described on line 2a, above, 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b>	Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>	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? If "Yes" or "No," provide details in <b>Part VI</b> .		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018 . . . . .		
b	From 2019 . . . . .		
c	From 2020 . . . . .		
d	From 2021 . . . . .		
e	From 2022 . . . . .		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019 . . . .		
b	Excess from 2020 . . . .		
c	Excess from 2021 . . . .		
d	Excess from 2022 . . . .		
e	Excess from 2023 . . . .		

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

ARTHRITIS FOUNDATION, INC.

58-1341679

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization ARTHRITIS FOUNDATION, INC. Employer identification number 58-1341679

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 2,266,142.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 2,072,856.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 1,596,276.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 1,500,000.	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 <p style="text-align: center;">ARTHRITIS FOUNDATION, INC.</p>	Employer identification number <p style="text-align: center;">58-1341679</p>
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**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
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____



Name of organization <b>ARTHRITIS FOUNDATION, INC.</b>	Employer identification number 58-1341679
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**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**

**2023**

**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

Name of organization ARTHRITIS FOUNDATION, INC.	Employer identification number 58-1341679
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2023

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	109,420.	
b Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	203,208.	
c Total lobbying expenditures (add lines 1a and 1b) . . . . .	312,628.	
d Other exempt purpose expenditures . . . . .	61,501,571.	
e Total exempt purpose expenditures (add lines 1c and 1d). . . . .	61,814,199.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>	
not over \$500,000,	20% of the amount on line 1e.	
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	
over \$17,000,000,	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .		
i Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	363,178.	226,804.	249,365.	312,628.	1,151,975.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	127,112.	79,381.	87,278.	109,420.	403,191.

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

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912.

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

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with columns 1-5. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by Part IV.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ARTHRITIS FOUNDATION, INC.

Employer identification number

58-1341679

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year. Includes checkboxes for Yes/No regarding donor information.

Part II Conservation Easements

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

Form with multiple sections: Purpose(s) of conservation easements, table for conservation contributions held at end of tax year, and monitoring/expense questions.

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

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

Form with questions regarding reporting of art, historical treasures, or other similar assets held for public exhibition, education, or research.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- |   | Amount    |
|---|-----------|
| c Beginning balance . . . . .             | <b>1c</b> |
| d Additions during the year . . . . .     | <b>1d</b> |
| e Distributions during the year . . . . . | <b>1e</b> |
| f Ending balance . . . . .                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. . . . .

**Part V Endowment Funds**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	47,936,862.	57,189,240.	52,490,943.	48,916,038.	43,145,238.
b Contributions . . . . .	421,898.				
c Net investment earnings, gains, and losses . . . . .	6,400,184.	-7,025,215.	6,718,548.	5,523,120.	7,623,605.
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	2,214,291.	2,227,163.	2,020,251.	1,948,215.	1,852,805.
f Administrative expenses . . . . .					
g End of year balance . . . . .	52,544,653.	47,936,862.	57,189,240.	52,490,943.	48,916,038.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment 100.0000 %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| (i) Unrelated organizations? . . . . .   | <b>3a(i)</b>  | X  |
| (ii) Related organizations? . . . . .  | <b>3a(ii)</b> | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		2,330,989.	1,782,153.	548,836.
d Equipment . . . . .		6,973,066.	5,251,707.	1,721,359.
e Other . . . . .		728,850.	682,274.	46,576.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) . . . . .				2,316,771.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . . . .		

**Part VIII Investments - Program Related**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . . . .		

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1) BENEFICIAL INT IN PERP TRUST	52,406,575.
(2) RIGHT-OF-USE ASSETS	3,587,566.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)). . . . .	55,994,141.

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT INTEREST AGREEMENTS	6,173,927.
(3) LEASE LIABILITY	3,278,613.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)). . . . .	9,452,540.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		89,649,871.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	2a	14,330,166.
<b>b</b>	Donated services and use of facilities . . . . .	2b	
<b>c</b>	Recoveries of prior year grants . . . . .	2c	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	2d	7,000,692.
<b>e</b>	Add lines 2a through 2d . . . . .	<b>2e</b>	21,330,858.
<b>3</b>	Subtract line 2e from line 1 . . . . .	<b>3</b>	68,319,013.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	4b	
<b>c</b>	Add lines 4a and 4b . . . . .	<b>4c</b>	
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	68,319,013.

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		61,814,199.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	2a	
<b>b</b>	Prior year adjustments . . . . .	2b	
<b>c</b>	Other losses . . . . .	2c	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	2d	
<b>e</b>	Add lines 2a through 2d . . . . .	<b>2e</b>	
<b>3</b>	Subtract line 2e from line 1 . . . . .	<b>3</b>	61,814,199.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	4b	
<b>c</b>	Add lines 4a and 4b . . . . .	<b>4c</b>	
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	61,814,199.

**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.

SEE SUPPLEMENTAL PAGE



**Part XIII** Supplemental Information (continued)

PART V, LINE 4

THE FOUNDATION'S ENDOWMENT CONSISTS OF A NUMBER OF INDIVIDUAL FUNDS ESTABLISHED FOR RESEARCH AND SPECIFIC PROGRAMS AND OPERATIONS.

PART X, LINE 2

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. WITH RESPECT TO ANY UNRELATED BUSINESS INCOME GENERATED BY THE FOUNDATION, IT RECORDS INCOME TAXES USING THE LIABILITY METHOD UNDER WHICH DEFERRED TAX ASSETS AND LIABILITIES ARE DETERMINED BASED ON THE DIFFERENCES BETWEEN THE FINANCIAL ACCOUNTING AND TAX BASES OF ASSETS AND LIABILITIES. DEFERRED TAX ASSETS OR LIABILITIES AT THE END OF EACH PERIOD ARE DETERMINED USING THE CURRENTLY ENACTED TAX RATE EXPECTED TO APPLY TO TAXABLE INCOME IN THE PERIOD THAT THE DEFERRED TAX ASSET OR LIABILITY IS EXPECTED TO BE REALIZED OR TO BE SETTLED. AS OF DECEMBER 31, 2023 AND 2022, THE FOUNDATION HAD NO DEFERRED TAX ASSETS OR LIABILITIES OR ANY UNCERTAIN TAX POSITIONS.

**Part XIII** Supplemental Information (continued)

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PART XI, LINE 2D:

NET CHANGE IN VALUATION OF SPLIT INTEREST AGREEMENTS - \$7,000,692

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

ARTHRITIS FOUNDATION, INC.

58-1341679

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				8,782,995.	1,956,694.	6,826,301.

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL,  
 KS, KY, LA, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH,  
 OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		CA COAST CLASSI (event type)	JINGLE BELL RUN (event type)	161 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	1,371,807.	550,657.	11,446,835.	13,369,299.
	2	Less: Contributions	1,357,399.	529,612.	10,180,246.	12,067,257.
	3	Gross income (line 1 minus line 2)	14,408.	21,045.	1,266,589.	1,302,042.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	8,415.	9,962.	223,467.	241,844.
	6	Rent/facility costs	238,155.	35,690.	1,130,425.	1,404,270.
	7	Food and beverages	67,443.	457.	293,455.	361,355.
	8	Entertainment			115,611.	115,611.
	9	Other direct expenses	242,332.	43,425.	1,286,578.	1,572,335.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-2,393,373.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					
8	Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

ARTHRITIS FOUNDATION, INC.

58-1341679

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

MOORE, A SERIES LLC

ADDRESS:

55 OLD BEDFORD ROAD, SUITE 201  
LINCOLN, MA 01773

ACTIVITY :

STRATEGIC

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	8,782,995.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	1,440,002.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	7,342,993.

NAME:

MERKLE, INC.

ADDRESS:

P.O. BOX 64987  
BALTIMORE, MD 21264

ACTIVITY :

STRATEGIC

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	NONE
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	516,692.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	-516,692.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

ARTHRITIS FOUNDATION, INC.

58-1341679

**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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CARRA, INC STANFORD UNIV MED. PALO ALTO, CA 94304	46-4152355	501(C)(3)	3,608,754.				RESEARCH
(2) CLEVELAND CLINIC FOUNDATION P.O. BOX 931517 CLEVELAND, OH 44193	34-0714585	501(C)(3)	1,752,660.				RESEARCH
(3) BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	947,995.				RESEARCH
(4) RHO, INC. 2635 E NC HWY 54 DURHAM, NC 27713	56-1442655	501(C)(3)	920,368.				RESEARCH
(5) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 250 E FRANKLIN ST CHAPEL HILL, NC 27514	56-6001393	501(C)(3)	849,493.				RESEARCH
(6) THE UNIVERSITY OF IOWA B-5 JESSUP HALL IOWA CITY, IA 52242	42-6004813	501(C)(3)	495,589.				RESEARCH
(7) UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 105 KINKEAD HALL LEXINGTON, KY 40506-0057	61-6033693	501(C)(3)	382,445.				RESEARCH
(8) TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2103547	501(C)(3)	369,308.				RESEARCH
(9) THE HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH STREET NEW YORK, NY 10021	13-1624135	501(C)(3)	240,000.				RESEARCH
(10) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 9500 GILMAN DRIVE, 0009 LA JOLLA, CA 92093	94-6036493	501(C)(3)	230,683.				RESEARCH
(11) DARTMOUTH COLLEGE 11 ROPE FERRY ROAD HANOVER, NH 03755-1421	02-0222111	501(C)(3)	211,316.				RESEARCH
(12) DUKE UNIVERSITY SCHOOL OF MEDICINE 2200 W MAIN STREET DURHAM, NC 27706	56-2070036	501(C)(3)	100,000.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 32
- 3 Enter total number of other organizations listed in the line 1 table NONE

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

ARTHRITIS FOUNDATION, INC.

58-1341679

**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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> FDN. FOR THE NATIONAL INSTITUTES OF HEALTH 11400 ROCKVILLE PIKE N BETHESDA, MD 20852	52-1986675	501(C)(3)	100,000.				RESEARCH
<b>(2)</b> UNIVERSITY OF NEBRASKA MEDICAL CENTER 985100 MEDICAL CENTER OMAHA, NE 68198	47-0049123	501(C)(3)	90,000.				RESEARCH
<b>(3)</b> EMORY UNIVERSITY 1599 CLIFTON ROAD NE ATLANTA, GA 30322	58-0566256	501(C)(3)	90,000.				RESEARCH
<b>(4)</b> THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	31-6025986	501(C)(3)	90,000.				RESEARCH
<b>(5)</b> BAYLOR COLLEGE OF MEDICINE P.O. BOX 301207 DALLAS, TX 75303	74-1613878	501(C)(3)	84,000.				RESEARCH
<b>(6)</b> LELAND STANFORD JUNIOR UNIVERSITY 455 BROADWAY REDWOOD CITY, CA 94063-3126	94-1156365	501(C)(3)	75,000.				RESEARCH
<b>(7)</b> NY UNIVERSITY GROSSMAN SCHOOL OF MEDICINE ONE PARK AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	74,995.				RESEARCH
<b>(8)</b> UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE 9201 UNIV. CITY BLVD CHARLOTTE, NC 28223	56-0791228	501(C)(3)	62,973.				RESEARCH
<b>(9)</b> DUKE UNIVERSITY 2200 W MAIN STREET DURHAM, NC 27705	56-0532129	501(C)(3)	62,224.				RESEARCH
<b>(10)</b> SHARP CLINICAL SERVICES LLC 2400 BAGLYOS CIRCLE BETHLEHEM, PA 18020	32-0383032	501(C)(3)	57,486.				RESEARCH
<b>(11)</b> HACKENSACK UNIVERSITY MEDICAL CENTER 343 THORNALL STREET EDISON, NJ 08837	22-2339534	501(C)(3)	50,000.				RESEARCH
<b>(12)</b> UNIVERSITY OF MINNESOTA - TWIN CITIES 200 OAK STREET SE MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	50,000.				RESEARCH

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

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

Schedule I (Form 990) 2023



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

ARTHRITIS FOUNDATION, INC.

58-1341679

**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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SEATTLE CHILDREN'S HOSPITAL P.O. BOX 5371 SEATTLE, WA 98145	91-1156519	501(C)(3)	50,000.				RESEARCH
(2) THE CHILDREN'S HOSPITAL OF PHILADELPHIA 34TH STREET & CIVIC PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	50,000.				RESEARCH
(3) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVENUE BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	50,000.				RESEARCH
(4) UNIVERSITY OF COLORADO DENVER, AMC AND DC 13001 EAST 17TH PLACE AURORA, CO 80045	84-6000555	501(C)(3)	50,000.				RESEARCH
(5) WASHINGTON UNIVERSITY IN ST. LOUIS CAMPUS BOX 1054 ST. LOUIS, MO 63130-4862	43-0653611	501(C)(3)	49,270.				RESEARCH
(6) ATRIUM HEALTH FOUNDATION 208 EAST BOULEVARD CHARLOTTE, NC 28203	56-6060481	501(C)(3)	25,000.				RESEARCH
(7) INDIANA UNIVERSITY 400 E 7TH ST RM 501 BLOOMINGTON, IL 47405	35-6001673	501(C)(3)	25,000.				RESEARCH
(8) UNIVERSITY OF CALIFORNIA, LOS ANGELES 10889 WILSHIRE BLVD LOS ANGELES, CA 90095	95-6006143	501(C)(3)	25,000.				RESEARCH
(9)							
(10)							
(11)							
(12)							

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

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

Schedule I (Form 990) 2023

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**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

MONITORING IS PROVIDED BY THE ARTHRITIS FOUNDATION'S NATIONAL OFFICE THROUGH OVERSIGHT OF THE TERMS AND CONDITIONS OF A WRITTEN AGREEMENT. MULTIYEAR AGREEMENTS REQUIRE YEARLY PROGRESS AND FINANCIAL REPORTS FOR CONTINUATION OF FUNDING.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ARTHRITIS FOUNDATION, INC.

**Compensation Information**

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

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Employer identification number

58-1341679

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	X
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?	<b>4b</b>	X
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement?	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization?	<b>5a</b>	X
<b>b</b> Any related organization?	<b>5b</b>	X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization?	<b>6a</b>	X
<b>b</b> Any related organization?	<b>6b</b>	X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	<b>7</b>	X
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	<b>8</b>	X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

Schedule J (Form 990) 2023

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
STEVEN TAYLOR 1 PRESIDENT & CEO	(i)	457,456.	100,000.	2,500.	35,700.	41,253.	636,909.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHAEL PRIVETTE 2 SVP, FIELD MANAGEMENT & DEV.	(i)	272,709.	5,000.	NONE	2,670.	26,494.	306,873.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARIA VASSILEVA 3 SVP, SCIENTIFIC STRATEGY	(i)	247,438.	7,500.	15,450.	10,027.	26,499.	306,914.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
VICTORIA FUNG 4 SVP, MISSION & STRATEGIC INIT.	(i)	251,638.	15,000.	NONE	20,972.	1,438.	289,048.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SABRINA SEXTON 5 SVP, MARKETING & COMMUNICATION	(i)	243,563.	12,500.	NONE	10,215.	28,917.	295,195.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KELLY MARTIN 6 SVP, OPERATIONS	(i)	226,467.	5,000.	NONE	9,463.	28,978.	269,908.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CATHY HOOD 7 VP, PEOPLE OPS/ASST SECRETARY	(i)	201,253.	12,500.	NONE	13,351.	25,929.	253,033.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JASON KIM 8 VP, OSTEOARTHRITIS PROGRAM	(i)	191,121.	5,000.	NONE	7,733.	984.	204,838.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LEIGH BOBIN 9 CENTRAL EAST REGION VICE PRES.	(i)	185,808.	5,000.	NONE	7,530.	1,406.	199,744.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANNA HYDE 10 VP, ADVOCACY & ACCESS	(i)	188,370.	NONE	NONE	11,443.	17,135.	216,948.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LEANNE GRECO 11 EAST REGION VICE PRESIDENT	(i)	181,938.	5,000.	NONE	8,149.	15,448.	210,535.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANNA RYAN 12 WEST REGION VICE PRESIDENT	(i)	183,596.	5,000.	NONE	11,362.	17,124.	217,082.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ROSE THOMAS 13 ASSISTANT TREASURER/VP, FINANCE	(i)	169,256.	2,500.	NONE	7,280.	17,007.	196,043.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ARTHRITIS FOUNDATION, INC.

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

58-1341679

**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 BOARD. THE EXECUTIVE COMMITTEE CONSISTS OF THE OFFICERS AND UP TO EIGHT ADDITIONAL DIRECTORS.

**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 VICE PRESIDENT OF FINANCE. 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 VICE PRESIDENT OF FINANCE. THE FORM 990 (INCLUDING SCHEDULES) WAS THEN REVIEWED AND APPROVED BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS PRIOR TO SUBMISSION. THE FINAL DRAFT OF THE FORM 990 WAS PRESENTED TO THE FULL BOARD OF DIRECTORS PRIOR TO SUBMISSION.

**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 THE VARIOUS POSITIONS. THE BOARD OF DIRECTORS

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

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ARTHRITIS FOUNDATION, INC.

58-1341679

AUDIT COMMITTEE REVIEWS AND ADJUDICATES POTENTIAL VOLUNTEER CONFLICTS. IF  
POTENTIAL CONFLICTS EXIST AS TO ARTHRITIS FOUNDATION STAFF, THE  
APPROPRIATE MANAGEMENT AND/OR THE HUMAN RESOURCES DEPARTMENT SHALL  
ADDRESS THEM.

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

THE COMPENSATION AND PERSONNEL COMMITTEE MET ON JANUARY 13, 2023 AND  
JANUARY 24, 2024 TO REVIEW TOTAL COMPENSATION AND BENEFITS FOR THE CEO  
AND OTHER KEY EMPLOYEES. THE COMMITTEE RECEIVED COMPENSATION REPORTS  
PREPARED BY AN INDEPENDENT COMPENSATION CONSULTANT, JER HR ASSOCIATES  
LLC, AND REVIEWED THE COMPARATIVE ANALYSIS OF MARKET DATA FOR PEER  
ORGANIZATIONS WITH THE TOTAL COMPENSATION PAID BY THE ARTHRITIS  
FOUNDATION FOR EACH POSITION. IT WAS THE CONSULTANT'S UNRESERVED OPINION  
THAT THE BASE SALARIES AND TOTAL COMPENSATION PROVIDED TO THE  
FOUNDATION'S SENIOR MANAGEMENT EXECUTIVES, INCLUDING THE CEO, MEET ALL  
STANDARDS OF REASONABLENESS AND ARE NOT EXCESSIVE. THE COMMITTEE MEETS  
ANNUALLY TO COMPLETE THIS REVIEW AND REPORTS TO THE BOARD OF DIRECTORS.

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

THE ORGANIZATION MAKES PUBLIC THE MAJORITY OF ITS GOVERNING DOCUMENTS,  
CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS VIA THE NATIONAL  
OFFICE'S WEBSITE AT [WWW.ARTHRITIS.ORG](http://WWW.ARTHRITIS.ORG). ALL OTHER DOCUMENTS NOT READILY  
AVAILABLE VIA THIS WEBSITE ARE AVAILABLE UPON REQUEST.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**ARTHRITIS FOUNDATION, INC.**

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2023**

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Inspection**

Employer identification number

**58-1341679**

**FORM 990, PART XI, LINE 9**

NET CHANGE IN VALUATION OF SPLIT INTEREST AGREEMENTS - \$7,000,692

Name of the organization

ARTHRITIS FOUNDATION, INC.

Employer identification number

58-1341679

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

PUBLIC HEALTH EDUCATION AND ADVOCACY: THE FOUNDATION PROVIDES PUBLIC HEALTH EDUCATION AND A STRONG ADVOCACY PROGRAM. ADVOCACY IS ONE OF THE FOUR PILLARS OF THE ARTHRITIS FOUNDATION. OUR MISSION IS TO BE THE VOICE OF PEOPLE WITH ARTHRITIS WITH POLICY MAKERS, ELECTED OFFICIALS, REGULATORS, AT ALL LEVELS OF GOVERNMENT, AND EMPLOYERS. WE DO THIS BY ENGAGING OUR COMMUNITY OF ADVOCATES IN LEGISLATIVE AND REGULATORY POLICY MAKING, HELPING THEM TO FIND THEIR VOICES THROUGH ADVOCACY TRAINING, MEETINGS WITH CONGRESSIONAL REPRESENTATIVES AND STATE OFFICIALS TO ENSURE ACCESS TO TIMELY, AFFORDABLE ACCESS TO TREATMENTS AND MEDICATIONS. PART OF OUR ADVOCACY PROGRAM ALSO INCLUDES THE ARTHRITIS AMBASSADOR PROGRAM TO STRENGTHEN RELATIONSHIPS WITH MEMBERS OF CONGRESS THROUGH ADVOCACY TRAINING AND RELATIONSHIP DEVELOPMENT. A NEW FOCUS OF THE ADVOCACY PROGRAM IS ACTIVE ENGAGEMENT BY OUR ADVOCATES IN POLICYMAKING AT THE 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.

LINE 4B, PROGRAM SERVICE

SCIENTIFIC DISCOVERY: FOR 75 YEARS, THE ARTHRITIS FOUNDATION HAS INITIATED AND SUPPORTED SCIENTIFIC DISCOVERIES THAT IMPROVE THE LIVES OF PEOPLE WITH ARTHRITIS AND RELATED DISEASES. THE ARTHRITIS FOUNDATION CONTINUES TO LEAD THE WAY IN ADVANCING SCIENTIFIC DISCOVERIES AND SEEKING SOLUTIONS THAT WILL POSITIVELY IMPACT THE LIVES OF THOSE WHO SUFFER. OUR COMMITMENT TO FINDING A CURE IS UNWAVERING. THE SCIENTIFIC STRATEGY IS THE DIRECTION THE ARTHRITIS FOUNDATION SCIENCE DEPARTMENT IS GOING OVER THE NEXT FOUR YEARS. THE SCIENTIFIC STRATEGY HAS THREE PILLARS. THE GOAL FOR EACH PILLAR IS LISTED BELOW.
PILLAR #1: DELIVERING ON DISCOVERY IMPROVED DECISION MAKING AND BETTER LIVES THROUGH IMPROVED PREVENTION, EARLIER DIAGNOSIS AND NEW TREATMENTS 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



Name of the organization <b>ARTHRITIS FOUNDATION, INC.</b>	Employer identification number <b>58-1341679</b>
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FORM 990, PART III - PROGRAM SERVICE  
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STRENGTHENED AND SCIENTIFIC DISCOVERY IS CATALYZED AND ACCELERATED  
FOR ARTHRITIS AND RELATED DISEASES.

Name of the organization <b>ARTHRITIS FOUNDATION, INC.</b>	Employer identification number <b>58-1341679</b>
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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
PROFESSIONAL EDUCATION	NONE	1,090,772.	NONE
TOTALS	NONE	1,090,772.	NONE

Name of the organization ARTHRITIS FOUNDATION, INC.	Employer identification number 58-1341679
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FORM 990, PART VI, LINE 17 - STATES

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AL, AK, AR, CA, CO, CT,  
 FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI,  
 MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,  
 RI, SC, TN, UT, VA, WA, WV, WI,

Name of the organization <b>ARTHRITIS FOUNDATION, INC.</b>	Employer identification number <b>58-1341679</b>
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FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
RESOURCE ONE 2900 EAST APACHE STREET TULSA, OK 74110	DIRECT MAIL COUNCIL	4,386,177.
MOWER 211 W JEFFERSON STREET SYRACUSE, NY 13202	MARKETING SERVICES	1,153,921.
THOMPSON, HABIB & DENISON, INC. 55 OLD BEDFORD ROAD SUITE 201 LINCOLN, MA 01773	DIRECT MAIL COUNCIL	1,033,168.
DELOITTE CONSULTING, LLP 4022 SELLS DRIVE HERMITAGE, TN 37076	BUSINESS CONSULTING	1,022,188.
HOLLAND & KNIGHT, LLP P.O. BOX 865084 ORLANDO, FL 32886	LEGAL SERVICES	771,702.

Name of the organization <b>ARTHRITIS FOUNDATION, INC.</b>	Employer identification number <b>58-1341679</b>
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FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES  
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DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
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MARKETABLE SECURITIES	140,687,410.	FMV
TOTALS	----- 140,687,410. =====	