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

Department of the Treasury Internal Revenue Service

Open to Public Inspection

<u>A I</u>	For the	2015 calendar year, or tax year beginning OCT 1, 2015 and ending	SEP 30, 2016			
В	Check if applicable	C Name of organization	D Employer identifi	cation number		
-		Americans Against Cancer				
	Addrest change	fka Arthritis Aid and Research Institute				
\Box	Name change	Doing business as	46-1	550312		
\vdash	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/su				
⊢	Final	16150 N Arrowhead Fountain Center Dril195	[- · · · · · · · · · · · · · · · · · ·	248-3971		
<u>'</u>	return/ termin-	City or town, state or province, country, and ZIP or foreign postal code				
	ated ₹ Amende		G Gross receipts \$	322,697.		
- 1-2	Amende return Applica		H(a) Is this a group re			
L	tion	F Name and address of principal officer Dally Mackay	for subordinates	Yes X No		
		same as C above	H(b) Are all subordinates ii	ncluded? Yes No		
			527 If "No," attach a	list (see instructions)		
J	Website	www.americansagainstcancer.org	H(c) Group exemptio	n number 🕨		
K	Form of	organization: X Corporation	ear of formation: 2012 N	A State of legal domicile: AZ		
		Summary				
_	1 6	Briefly describe the organization's mission or most significant activities American	s Against Can	cer is a		
Governance	\	National/International organization that pro-				
nar		Check this box if the organization discontinued its operations or disposed of m				
ē	2 (1	ssers		
်င္တ	3 1	Number of voting members of the governing body (Part VI, line 1a)	3	3		
ૐ	4	lumber of independent voting members of the governing body (Part VI, line 1b)	4	2		
Activities &	5	otal number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1		
ξ	6	otal number of volunteers (estimate if necessary)	6	0		
Ē	7a	otal unrelated business revenue from Part VIII, column (C), line 12	. 7 <u>a</u>	0.		
•	ь	Net unrelated business taxable income from Form 990-T, line 34	7b	0.		
-			Prior Year	Current Year		
_	. B	Contributions and grants (Part VIII, line 1h)	280,415.	322,697.		
Revenue	9 1	Program service revenue (Part VIII, line 2g)	0.	0.		
ē	9 1		0.			
e e	10			0.		
3		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c 49c, and 11e)	0.	0.		
Ď	12	otal revenue - add lines 8 through 11 (must equal Part இ(, coயுற்பு (A), lîne)12)7	280,415.	322,697.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>252,500.</u>	<u>270,132.</u>		
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.		
ç	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10)	5,603.	10,085.		
Se	16a l	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.		
Expenses	,	Fotal fundraising expenses (Part IX, column (D), line 25)	<u>_</u>			
Ň	[]	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20,365.	13,831.		
	l l					
	1	Total expenses Add lines 13·17 (must equal Part IX, column (A), line 25)	<u>278,468.</u>	294,048.		
_		Revenue less expenses. Subtract line 18 from line 12	1,947.	28,649.		
Net Assets or	2		Beginning of Current Year	End of Year		
Set	를 20 ·	Fotal assets (Part X, line 16)	<u>4,135.</u>	24,475.		
SS.	B 21	Total liabilities (Part X, line 26)	1,260.	0.		
<u> </u>	들 22 ·	Net assets or fund balances Subtract line 21 from line 20	2,875.	24,475.		
	art II	Signature Block				
_		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	v knowledge and helief it is		
		t, and complete. Defaration of prepager (other than officer) is based on all information of which prep		y knowlodge and bellet, it is		
<u> </u>	ie, correc	t, and complete, designation of produce (other was officer) is based on an information of which prep	arei ilas aliy kilowieuge.	-/2-17		
		Significant Significant	Date Date	0/201		
Si	gn	, ()	Date /	/		
Here Larry Makkay, President						
		Type or print name and title				
		Print/Type preparer's name Preparer's solvature	Date Check	PTIN		
Pa	id	Cynthia Williams, EA	10/26/17 self-employ	P01222818		
	eparer	Firm's name James E. Raftery, CPA PC	Firm's EIN	86-0503405		
	e Only	Firm's address 606 N. Stapley Drive	THIII O LIN	00 0000100		
03		Mesa, AZ 85203	Dhana na 40	0-835-1040		
_			Pilone no. 4 8			
M	ay the If	S discuss this return with the preparer shown above? (see instructions)		X Yes No		

Form	990 (2015) fka Arthritis Aid and Research Institute 46-1550312 Page 2 III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	The Organization is dedicated to collect, distribute, inform and
	educate the public about biological products, which may have proven
	medicinal qualities, with emphasis placed on treatment and prevention
	of cancer and other degenerative diseases.
2	Did the organization undertake any significant program services during the year which were not listed on
2	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
_	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O
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 \$288,800 . including grants of \$270,132 .) (Revenue \$)
	The Organization is dedicated to collect, distribute, inform and
	educate the public about biological products, which may have proven
	medicinal qualities, with emphasis placed on treatment and prevention
	of cancer and other degenerative diseases.
	The Organization also provides support and medical equipment to other
	nonprofit organizations, hospitals and clinics worldwide that have
	neither the resources nor the facilities to meet the growing demand to
	combat cancer and other degenerative diseases. The Organization
	networks with other nonprofit organizations and agencies in various
	countries of the world in an effort to provide free medical supplies
	and services to those in need.
4h	(Code) (Expenses \$
4b	(Code) (Expenses \$) (nicloung grants of \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	•
	Other program services (Describe in Schedule O.)
70	(Expenses \$ including grants of \$) (Revenue \$)
10	Total program service expenses 288,800.
<u> 46</u>	Form 990 (2015)
5320	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			77
	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
E	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		7.7
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	,		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	7		
Ü	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		Λ
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	"		
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	, , , , , , , , , , , , , , , , , , , ,	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	•		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	_12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a		14a		<u> X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		v	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	<u>X</u>	
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	40		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	_16		_X
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		y
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		X
10	1a and 2a2 If EVan E complete Cabadula C. Bort II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		- 21
	complete Schedule G, Part III	19		х
			990	

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ŀ		
	Schedule J .	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ļ
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	Ì		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	}	}	l
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	ł		
	instructions for applicable filing thresholds, conditions, and exceptions)	ĺ		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X_	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	 -	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
t	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 -	-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note, All Form 990 filers are required to complete Schedule O	38_	<u>X</u>	<u> </u>
		Form	1 32U	(2015)

	Check if Schedule O contains a response or note to any line in this Part V			
		$\overline{}$	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		100	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	ĺ
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 2a 1	ı		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	ĺ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	i		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
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)?	4a		Х
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)			ļ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	1 1		
	any contributions that were not tax deductible as charitable contributions?	_6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	1		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	,		x
d	4 m 4 m 4 m 4 m 5 m 5 m 5 m 5 m 5 m 5 m	7с		Λ
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
, q	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	40000	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	В		ļ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	, , , , , , , , , , , , , , , , , , ,	, ,		ļ
b				ļ
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders		ı	l
þ	· · · · · · · · · · · · · · · · · · ·			
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	\sqcup	<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		├
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		l	
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			1
14a		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(0015

Form 990 (2015) fka Arthritis Aid and Research Institute 46-1550312 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line da, da, da rob below, describe the circumstances, processes, or changes in concedure of see instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		14	
	Enter the number of veting members of the governing heady at the and of the tay year		Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing	' {		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1		
	Enter the number of voting members included in line 1a, above, who are independent 1b	,		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
2	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			- 21
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
<i>1</i> a	more members of the governing body?	7a		X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5		
а	The governing body?	8a	_X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.5	_21_	
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	<u> </u>		
	The state of this economic requirement about periode interregalized by the internal regalized by		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	<u> </u>
b		110	- 22	
12a		12a	Х	
b		12b	X	
	Dillian and the second of the	120		
С	In Schedule O how this was done	12c	Х)
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written whisheblower policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	7	15a	X	
b		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1	!	1
·va		16a		Х
h	taxable entity during the year?	100		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1		
	exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure	1 100		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶AZ			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	le	
10	for public inspection. Indicate how you made these available. Check all that apply	u v anau		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	rial	
פו	statements available to the public during the tax year	u mian	oiai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	The Organization - 800-248-3971			
	16150 N Arrowhead Fountain Center Drive, No., Peoria, AZ 8538	12		
5320	26 12-16-15		990	(2015)

Form 990 (2015) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter $\cdot 0$ - in columns (\bar{D}) , (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

	(A)	(B)	l organization compensat (C)						(D)	(E)	(F)	
Na	ame and Title	Average	Position (do not check more than one				then	nn a	Reportable	Reportable	Estimated	
Namo ana Tino		hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	amount of	
		week	 	cer an	dad	recto	or/trus	tee)	from	from related	other	
		(list any	ector	[l	1		the	organizations	compensation	
		hours for	or dir	92			ated	Ì	organization	(W-2/1099-MISC)	from the	
		related	stee	tan tan		۰	SE SE		(W-2/1099-MISC)		organization	
		organizations below	la t	onal		를 함	ig a				and related organizations	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations	
(1) Michael Ma	o¥av	10.00	=	=	۴	×	1 8	-				
Former Preside		10.00	X		x				8,327.	0.	0.	
(2) Michael Ha		1.00	-						0/32/			
Secretary/Trea		1.00	х		x	}	ł	l	0.	0.	0.	
(3) Dorothy Ba		1.00	-	_	-		\vdash					
Vice President			x		x	ļ	ļ		0.	0.	0.	
(4) Larry Mack		10.00					 					
President_	ωy		x		x	ļ			0.	0.	0.	
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Form 990 (2015)

Par	TVII	Check if Schedule O conta		or note to any line	ın this Part VIII			
	_	Officer in Contentio Content	anio a response		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d e f	Membership dues Fundraising events Related organizations	ts, and	284,032.				
Sont and 0	g h	Noncash contributions included in lines Total. Add lines 1a-1f	1a-1f \$	250,032. 	322,697.			
Program Service Revenue	2 a b c d			Business Code				
	g	Total. Add lines 2a-2f		•				
Other Revenue	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties	•	•				
	6 a	Less rental expenses	(i) Real	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(ii) Other				
	c	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin	a events (not	•				
		including \$ contributions reported on line Part IV, line 18	of 1c). See a					
₹	ı	 Less direct expenses Net income or (loss) from fund 	b draising events					
	9 a	a Gross income from gaming ac Part IV, line 19 Less direct expenses						
	10 a	 Net income or (loss) from gan Gross sales of inventory, less and allowances Less. cost of goods sold 	ning activities	>				
	1	Net income or (loss) from sale Miscellaneous Revenu	es of inventory	Business Code				
		a b		Duamess Ovue				
		d All other revenue Total. Add lines 11a-11d Total revenue. See instructions.			322.697.	0.	0.	0.

Do no 7b, 8l	check if Schedule O contains a response t include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.		this Part IX (B)	mplete column (A).	. 🔲
7b, 8l	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A)	(B)	(C)	
7b, 8l	b, 9b, and 10b of Part VIII.	Total expenses	_ (2)		(D)
	O		Program service expenses	Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations				
ì	and domestic governments. See Part IV, line 21	3,100.	3,100.		
2	Grants and other assistance to domestic				_
İ	individuals See Part IV, line 22				
3	Grants and other assistance to foreign	İ			
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	267,032.	267,032.		
4	Benefits paid to or for members				
	Compensation of current officers, directors,	_	_		
	trustees, and key employees	9,368.	7,494.	1,874.	
-	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
_	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes .	717.	574.	143.	
	Fees for services (non-employees)				
	Management				
	Legal	4 4 11 1			
	Accounting	1,175.		1,175.	
	Lobbying Professional fundrations converse See Part IV, line 17				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
-	Other (If line 11g amount exceeds 10% of line 25,	11 500	10 600	000	
	column (A) amount, list line 11g expenses on Sch 0.)	11,500.	10,600.	900.	
	Advertising and promotion	1,156.		1,156.	
	Office expenses Information technology	1,130.		т,130.	
	Royalties		-		
	Occupancy .				
	Travel .				
	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance .				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а					
b					
c					
d					
е	All other expenses			·	
25	Total functional expenses. Add lines 1 through 24e	294,048.	288,800.	5,248.	0.
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				

Americans Against Cancer fka Arthritis Aid and Research Institute 46-1550312 Page 11 Form 990 (2015)
Part X Balance Sheet

Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined unde section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributir employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D Less accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets		1 2 3 4 5 5 6 7 8 9 10c	(B) End of year 3,327. 21,148.
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined unde section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L Notes and loans receivable, net Inventories for sale or use Prepard expenses and deferred charges Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D Less accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11	er	2 3 4 5 6 7 8 9	
Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined unde section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D Less accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11		3 4 5 6 7 8 9	21,148.
Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined unde section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributin employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D Less accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11		5 6 7 8 9	21,148.
Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. Loans and other receivables from other disqualified persons (as defined unde section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch. L. Notes and loans receivable, net. Inventories for sale or use. Prepaid expenses and deferred charges. Land, buildings, and equipment cost or other. basis. Complete Part VI of Schedule D. Less accumulated depreciation. Investments - publicly traded securities. Investments - other securities. See Part IV, line 11. Investments - program-related. See Part IV, line 11.		5 6 7 8 9	
trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined unde section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributir employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D Less accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11		6 7 8 9	
Part II of Schedule L Loans and other receivables from other disqualified persons (as defined unde section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. Notes and loans receivable, net. Inventories for sale or use. Prepaid expenses and deferred charges. Land, buildings, and equipment cost or other. basis. Complete Part VI of Schedule D. Less accumulated depreciation. Investments - publicly traded securities. Investments - other securities. See Part IV, line 11. Investments - program-related. See Part IV, line 11.		6 7 8 9	
Loans and other receivables from other disqualified persons (as defined unde section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. Notes and loans receivable, net Inventories for sale or use. Prepaid expenses and deferred charges. Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D. Less accumulated depreciation. Investments - publicly traded securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11		6 7 8 9	
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employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D Less accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11	ing	7 8 9	
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Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D Less accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11		7 8 9	
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Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D Less accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11		9	
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basis. Complete Part VI of Schedule D Less accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11		10c	
Less accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11		10c	
Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11		10c	
Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11			
Investments - program-related. See Part IV, line 11		11	
	<u> </u>	12	
Intangible assets		13	
		14	
Other assets See Part IV, line 11		15	
Total assets. Add lines 1 through 15 (must equal line 34)	4,135.	16	<u>24,475.</u>
Accounts payable and accrued expenses	1,260.	17	0.
Grants payable .		18	
Deferred revenue		19	
Tax-exempt bond liabilities		20	
Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Loans and other payables to current and former officers, directors, trustees,			
key employees, highest compensated employees, and disqualified persons.			
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	2 975	07	24,475.
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Paid-in or capital surplus, or land, building, or equipment fund			24,475.
Paid in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds) 275		24,475.
	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund	Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances

Form **990** (2015)

Both consolidated and separate basis

X

X

2c

За

X Separate basis

Act and OMB Circular A-133?

□ Consolidated basis

review, or compilation of its financial statements and selection of an independent accountant?

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

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public

Name of the organization Americans Against Cancer Employer identification number fka Arthritis Aid and Research Institute 46-1550312 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g J 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. ___ 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, 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) (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported (ii) EIN listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes Total

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 fka Arthritis Aid and Research Institute 46-1550312 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")		561,213.	287,018.	280,415.	322,697.	1451343.
2	Tax revenues levied for the organ-			·			
	ızatıon's benefit and either paid to						
	or expended on its behalf						<u> </u>
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	j					
	Total. Add lines 1 through 3	ļ	561,213.	287,018.	280,415.	322,697.	1451343.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly		!				
	supported organization) included		1				
	on line 1 that exceeds 2% of the				1		
	amount shown on line 11,						
_	column (f)	<u> </u>		. —			1451242
	Public support. Subtract line 5 from line 4 ction B. Total Support						1451343.
	_ 	(-) 0011	#12.0010	(-) 0010	(n 0014	(-) 0015	(0.T-1-1
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012 561,213.	(c) 2013 287, 018.	(d) 2014 280, 415.	(e) 2015 322,697.	(f) Total 1451343.
,			301,213.	201,010.	200,415.	344,091.	1431343.
8	Gross income from interest,						
	dividends, payments received on			;			
	securities loans, rents, royalties		ļ.				
_	and income from similar sources Net income from unrelated business						
9	activities, whether or not the					, 1	
	business is regularly carried on						
40	Other income Do not include gain		-				
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		<u> </u>				1451343.
12	Gross receipts from related activities,	etc (see instructi	ions)		<u> </u>	12	11313131
13	First five years. If the Form 990 is for	· ·	•	d. fourth, or fifth ta	ax vear as a sectio		
	organization, check this box and stop	<u>-</u>		-, ,	,		$\triangleright x$
Se	ction C. Computation of Publ		rcentage				<u></u>
14	Public support percentage for 2015 (line 6, column (f) d	livided by line 11, o	column (f))		14	%
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	%
16	33 1/3% support test - 2015. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organization	ı .,			ightharpoons
1	33 1/3% support test - 2014. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual		• • •				
17	a 10% -facts-and-circumstances tes	t - 2015. If the org	ganization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac					rt VI how the orgar	nization
	meets the "facts-and-circumstances"	•	•		•		
١	10% -facts-and-circumstances tes	•	•			•	
	more, and if the organization meets t				•		. —
	organization meets the "facts-and-cire		_				. •
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t			
					Sche	dule A (Form 990	or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 fka Arthritis Aid and Research Institute 46-1550312 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support	ow, picago gom	pioto i dir ii j				
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that		1		1		
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities		-	-			
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5				· · - · ·	<u> </u>	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🖊	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975			<u> </u>			
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)		1				
14 First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here					<u> </u>	
Section C. Computation of Publi						
15 Public support percentage for 2015 (li		· ·	column (f))		15	9
16 Public support percentage from 2014					16	9
Section D. Computation of Inves					1.21	
17 Investment income percentage for 20			ne 13, column (f))	-	17	9
18 Investment income percentage from 2			on line 14 and 1.	 . 15	18	9
19a 33 1/3% support tests - 2015. If the	-					I IS NOT
more than 33 1/3%, check this box ar	-	-				▶ ∟_
b 33 1/3% support tests - 2014. If the line 18 is not more than 33 1/3%, check						
20 Private foundation. If the organization		•			=	· [=
ZU Private joungation, if the organization	<u>i ala not check a</u>	A DUA OIT III B 14, 18	o, or 180, CHECK I	ino DOX and See II	istructions	

Schedule A (Form 990 or 990-EZ) 2015 fka Arthritis Aid and Research Institute 46-1550312 Page 4 Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
·		
2		
3a		
3b		
3c	<u> </u>	
_ 4a		
4b		
4c		
5a	<u> </u>	ļ
5b 5c		
6		
7		
8		
9a		
9b		
9c	-	<u> </u>
10a		
106		
10b 990 or 9	OO F7	

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	t IV Supporting Organizations (continued)	<u></u>	. 24 1 6	ige 5
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1.00	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		_
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	11		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2	l	<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	11		
<u>Sec</u>	tion D. All Type III Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Dul the experience provide to each of the cumparted experience by the last day of the fifth month of the		Yes	No
1	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?			1
_	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	}		
	supported organizations played in this regard	3		
Sec	ction E. Type III Functionally-Integrated Supporting Organizations		1	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction	s):		
a	——————————————————————————————————————	•		
t				
c		nstruction:	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify		1	
	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		1	
	that these activities constituted substantially all of its activities.	2a		
t	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	<u> </u>	ļ
3	Parent of Supported Organizations. Answer (a) and (b) below.			
6	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	ļ	<u> </u>
ı	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 Part VI the role played by the organization in this regard	3b	1	ľ

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Par	, , , , , , , , , , , , , , , , , , , ,								
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All								
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E						
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)					
1	Net short-term capital gain	1 1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or								
	collection of gross income or for management, conservation, or								
	maintenance of property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8							
Secti	on 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							
	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
	Discount claimed for blockage or other								
	factors (explain in detail in Part VI)								
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d	3							
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,								
	see instructions)	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 035	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Sect	ion C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1							
2	Enter 85% of line 1	2							
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3							
4	Enter greater of line 2 or line 3	4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to								
	emergency temporary reduction (see instructions)	6							
7	Check here if the current year is the organization's first as a non-functiona	ılly-ıntegra	ited Type III supporting org	ganization (see					

Schedule A (Form 990 or 990-EZ) 2015

Americans Against Cancer Schedule A (Form 990 or 990 EZ) 2015 fka Arthritis Aid and Research Institute 46-1550312 Page 7 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 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions. 6 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2015 from Section C, line 6 9 Line 8 amount divided by Line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015: C d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2015 from Section D. a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see Excess distributions carryover to 2016. Add lines 3j Breakdown of line 7:

Schedule A (Form 990 or 990-EZ) 2015

а

c Excess from 2013d Excess from 2014e Excess from 2015

<u> </u>	Americans Against Cancer
Schedule A Part VI	(Form 990 or 990-EZ) 2015 fka Arthritis Aid and Research Institute 46-1550312 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
	(See Instructions)
	·
	
	

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.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Americans Against Cancer

fka Arthritis Aid and Research Institute

Employer identification number 46-1550312

Par	I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a history	rically important land area
	Protection of natural habitat	Preservation of a certif	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	rt holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(I	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	· · · · ·	└── Yes No
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes t	he organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections of		her Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (A	•	
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		. ▶ \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	gaın, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$

532051 11-02-15

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

Schedule D (Form 990) 2015

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Part	III Organizations Maintaining Co	ollections of A	t, Histo	rical Tre	easures, or (Other Similar As	ssets(continued)
3	Jsing the organization's acquisition, accession	n, and other record	s, check a	any of the	following that ar	e a significant use of	f its collection items
	(check all that apply)						
а	Public exhibition	d		an or excl	hange programs		
b	Scholarly research	е	O	her			
С	Preservation for future generations						
4	Provide a description of the organization's co	llections and explain	n how the	y further th	ne organization's	s exempt purpose in	Part XIII
5	During the year, did the organization solicit or	receive donations	of art, hist	orical treas	sures, or other s	ımılar assets	
	to be sold to raise funds rather than to be ma	intained as part of t	he organi	zation's co	llection?		Yes No
Parl	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		ete if the o	rganizatio	n answered "Ye	s" on Form 990, Par	t IV, line 9, or
	ls the organization an agent, trustee, custodia		diary for co	ontribution	s or other asset	s not included	
	on Form 990, Part X?		,				Yes No
	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing tal	ble			
_	, oo,p.a a. a. a. g						Amount
С	Beginning balance					1c	7 01100111
	Additions during the year					1d	
	Distributions during the year					1e	
	Ending balance					1f	
	Did the organization include an amount on Fo	orm 990. Part X. line	21, for es	crow or ci	istodial account	<u> </u>	Yes No
	If "Yes," explain the arrangement in Part XIII		•			•	
Par							
L -		(a) Current year		or year	(c) Two years b		pack (e) Four years back
1a	Beginning of year balance	(u) ourront you.	(2)	o, you.	(c) The yours of	aux (a) imoo youro c	AUN (C) Tour yours Buok
	Contributions						 _
	Net investment earnings, gains, and losses						
	Grants or scholarships						
	Other expenditures for facilities						
е	-						
	and programs	<u> </u>					
	Administrative expenses		-		 		
	End of year balance	ont year and halans) (line 1 a	a aluma /a)) hold oo		L
2	Provide the estimated percentage of the curr Board designated or quasi-endowment	ent year end balanc	· · · · · ·	Column (a	a)) Held as		
	· .	%	%				
	Permanent endowment						
С	Temporarily restricted endowment	%					
_	The percentages on lines 2a, 2b, and 2c short			6-14 -			
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that	are neiu a	na aaministered	for the organization	
	by.						Yes No
	(i) unrelated organizations	•					3a(i)
	(ii) related organizations			t. t- D0		•	3a(ii)
	If "Yes" on line 3a(ii), are the related organiza	•				•	3b
T Date	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment tu	nas			
rai			0 Dod 11/	lma 11a C		ant V line 10	
	Complete if the organization answered						Τ
	Description of property	(a) Cost or o	II.			(c) Accumulated	(d) Book value
		basis (investi	nent)	Dasis	(other)	depreciátion	
	Land ,						
b	Buildings						
С	Leasehold improvements .						
d	Equipment						
	Other .						
Total	. Add lines 1a through 1e (Column (d) must e	auai rorm 990. Part	X. columi	า (B), line 1	IUC.)		0.

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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) Descrip	tion of security or category (including name of security)	(b) Book value		valuation Cost or end	-of-year market value
	al denvatives				
	held equity interests				
3) Other	, ,				
(A) _					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
	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		valuation Cost or end	-of-year market value
(1)					
(2)					
(3)				·	
(4)				_	
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets. Complete if the organization answered "Yes"		/, line 11d See Form 990	, Part X, line 15	
	(a)	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)				· · · · · · · · · · · · · · · · · · ·	
	umn (b) must equal Form 990, Part X, col (B) lin	ne 15)		•	
Part X	,	on Form 000 Dod !!	/ line 11e er 11f C [000 Part V I 05	
	Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV	(b) Book value	m 990, Part X, line 25	
1.			(D) BOOK VAIUE	-	
	deral income taxes			-	
(2)				-	
(3)				-	
(4)				┥	
(5)				-∤	
(6)		-		\dashv	
(7)			<u> </u>	-	
(8)				Ⅎ	
(9)		- 051		-	
	umn (b) must equal Form 990, Part X, col. (B) lir		<u></u>	<u> </u>	
	y for uncertain tax positions In Part XIII, provid				
organiz	zation's liability for uncertain tax positions unde	r FIN 48 (ASC 740). (ineck here if the text of t	ne tootnote has been	provided in Part XIII 🛴

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015

1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements		1	315,648.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	•		313,040.
-	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities 2b		1	
c	Recoveries of prior year grants 2c		1	
d	Other (Describe in Part XIII)		1	
_			_	0
e 2	Subtract line 2e from line 1	•	2e	0. 315,648.
3	· · · · · · · · · · · · · · · · · · ·		3	313,646.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	7 040	1	
b	Other (Describe in Part XIII)	7,049.	1 1	5 040
C			4c	7,049.
<u>5</u>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	iala Camanana	5	322,697.
га	rt XII Reconciliation of Expenses per Audited Financial Statements W	ith Expenses per	Return) .
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			004 040
1	Total expenses and losses per audited financial statements		1	294,048.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities		4	
b	Prior year adjustments			
С	Other losses 2c			
d	, , , , , , , , , , , , , , , , , , ,		4	
е	Add lines 2a through 2d		_2e	0.
3	Subtract line 2e from line 1		3	294,048.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b]	
b	Other (Describe in Part XIII)]	
С	Add lines 4a and 4b		4c	0.
_				
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	294,048.
Pa	rt XIII Supplemental Information.			
Pa		1b and 2b, Part V, line		
Pa Prov	rt XIII Supplemental Information.			
Pa Prov	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines			
Pa Prov	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines			
Pa Prov	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines			
Pa Prov	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines			
Pa Prov lines	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines			
Pa Prov lines	art XIII Supplemental Information. And the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional info			
Pa Prov lines Pa	art XIII Supplemental Information. And the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional info			
Pa Prov lines Pa	Int XIII Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information. The supplemental Information. Th			
Pa Prov lines Pa	Int XIII Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information. The supplemental Information. Th			
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Pa Prov lines Pa	Int XIII Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information. The supplemental Information. Th			
Pa Prov lines Pa	Int XIII Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information. The supplemental Information. Th			
Pa Prov lines Pa	Int XIII Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information. The supplemental Information. Th			
Pa Prov lines Pa	Int XIII Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information. The supplemental Information. Th			
Pa Prov lines Pa	Int XIII Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information. The supplemental Information. Th			
Pa Prov lines Pa	Int XIII Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information. The supplemental Information. Th			
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Pa Prov lines Pa	Int XIII Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information. The supplemental Information. Th			
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532054 09-21-15

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

OMB No 1545-0047

Department of the Treasury		_	Attach to Form 990.			Open to Public
Internal Revenue Service	Information abo	out Schedule F	(Form 990) and its instructions is at	www.irs.gov/fo		Inspection
Name of the organization					Employer iden	tification number
Americans Again				-	46 4550	24.0
fka Arthritis A					46-15503	
Form 990, Part IV	/, line 14b		tside the United States. Compl			I "Yes" on
•	_		ds to substantiate the amount of its gr the selection criteria used to award the		_	X Yes No
United States		_	procedures for monitoring the use of it		ther assistance c	outside the
			an be duplicated if additional space is			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
	i					
East Asia and The						
Pacific	c	00	Program services	Program su	oport	2,000.
North America	1 (0	Program services	Program su	pport	15,000.
NOT CIT AMELITED	<u>_</u>		Language Bozvioos			23,000.
				į.		
Central America and						
the Caribbean		0	Humanitarian Aid	Medical su	pplies	250,032.
				<u> </u>		
]				
	<u> </u>		 	 - · · · · - 		
3 a Sub-total		0 0				267,032,
b Total from continuation	<u> </u>	1				207,032.
sheets to Part I	1	ol o				0.
c Totals (add lines 3a						
and 3h)	1	م ا				267 032

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

Schedule F (Form 990) 2015

Page 2

46-1550312

Americans Against Cancer

fka Arthritis Aid and Research Institute

Schedule F (Form 990) 2015

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Method of valuation (book, FMV, appraisal, other) air market value 250,032, Medical supplies (h) Description of non-cash assistance (g) Amount of non-cash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement (f) Manner of 2,000, Wire 15,000 Wire of cash grant (e) Amount the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (d) Purpose of und The Caribbean Humanitarian aid rogram support Program support grant ast Asia and the entral America Worth America (c) Region acific Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) (a) Name of organization N

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Schedule F (Form 990) 2015

532072 10-01-15

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Page 3

Americans Against Cancer

fka Arthritis Aid and Research Institute

46-1550312

Schedule F (Form 990) 2015

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16
Part III can be duplicated if additional space is needed

	•					
	(h) Method of valuation (book, FMV, appraisal, other)					
	(g) Description of non-cash assistance					
	(f) Amount of non-cash assistance	1				
	(e) Manner of cash disbursement					
	(d) Amount of cash grant					
	(c) Number of recipients					
ditional space is neede	(b) Region					
Part III can be duplicated it additional space is needed	(a) Type of grant or assistance					

Schedule F (Form 990) 2015

Part	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes 🎛	∑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		No
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	L_]Yes L X	NO L
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund		
	(see Instructions for Form 8621)	Yes 🔀	No No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes 🔀	∑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; do not file with Form 990)	Yes X	K No
		Schedule F (Form 9	90) 2015

532074 10-01-15

Americans Against Cancer
Schedule F (Form 990) 2015 fka Arthritis Aid and Research Institute 46-1550312 Page 5

Provide the information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information					
Part I, Line 2:					
The Organization has reviewed and approved all foreign projects as being					
in furtherance of its own exempt purpose and it retains control and					
discretion as to the use of these contributions.					
Part I, line 3:					
Expenditures are valued at Fair Market Value.					
Gifts-in-Kind are valued and recorded at their estimated fair value based					
upon the Organization's estimate of the wholesale value that would be					
received for selling the goods in its principal exit market considering					
the goods condition and utility for use at the time they are contributed					
by the donor using Level 3 inputs. The Organization does not sell donated					
Gifts-in-Kind and only distributes the goods for program use.					
•					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Americans Against Cancer

Open To Public Inspection

D		s Aid	and Resea	rch Institute	46-1	<u>.550</u>	<u> 312</u>	
Par	t i Types of Property	(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermir		:s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests					_		
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded					_		
	Securities - Closely held stock			 				
10	Securities - Partnership, LLC, or			 				
11					ļ			
	trust interests		ļ	 				
12	Securities - Miscellaneous		 	 				
13	Qualified conservation contribution -							
	Historic structures		 	 	 			
14	Qualified conservation contribution - Other							
15	Real estate - Residential	ļ		ļ				
16	Real estate - Commercial		ļ	<u> </u>				
17	Real estate - Other							
18	Collectibles							
19	Food inventory			<u> </u>				
20	Drugs and medical supplies	X	1	250,032.	Fair Market	: Va	<u>lue</u>	!
21	Taxidermy ,							_
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other							
26	Other ()							
27	Other			 				
28	Other ()				 			
29	Number of Forms 8283 received by the organ	uzation durin	on the tax year for	contributions				
29	for which the organization completed Form 82							
	101 Which the organization completed 1 01111 02	200, 1 ait iv,	Donee Acknowled	<u> 25 </u>			V	
00-	During the year did the graphization received	hu oontribuiti	an any proporty ro	nartad in Dart Llines 1 three	ah 20 that it		Yes	No
30a	During the year, did the organization receive t	-		*	-			
	must hold for at least three years from the da		ai contribution, an	a which is not required to be	used for		1	
	exempt purposes for the entire holding period	۰ .				<u>30a</u>	 	X
b	If "Yes," describe the arrangement in Part II.							l
31						31	<u> </u>	<u>X</u> _
32a	Does the organization hire or use third parties	s or related o	rganizations to sol	icit, process, or sell noncash	l			ļ
	contributions?					32a	X	<u> </u>
b	If "Yes," describe in Part II					1		ļ
33	If the organization did not report an amount in	n column (c)	for a type of prope	erty for which column (a) is cl	necked,			
	describe in Part II					1		1

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

Schedule M (Form 990) (2015)

Americans Against Cancer Schedule M (Form 990) (2015) fka Arthritis Aid and Research Institute 46-1550312 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Schedule M, Part I, Column (b): The actual number of contributions is reflected. Schedule M, Line 32b: When the Organization receives a grant request for tangible property, it will contact other relief organizations to assist in locating and obtaining the goods requested and will subsequently reimburse any organizations that were able to locate the requested goods their costs to administrate the transaction.

Schedule M (Form 990) (2015)

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.

OMB No 1545-0047 Open to Public Inspection

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

fka Arthritis Aid and Research Institute

Employer identification number 46-1550312

Form 990, Part I, Line 1, Description of Organization Mission:
general public as well as shipping medical supplies, medical equipment,
and humanitarian aid to hospitals and clinics that treat cancer and
other chronic diseases. AAC gives grants to organizations that do
cancer research and treat people with cancer.
Form 990, Part VI, Section B, line 11:
The Board reviews the Form 990 during a Board meeting prior to its being
filed.
Form 990, Part VI, Section B, Line 12c:
Compliance with the conflict of interest policy is verified during each
board meeting. Any individuals with a conflict will not participate in any
vote or discussion relating to that issue.
Form 990, Part VI, Section B, Line 15:
The salary for the top management official and other officers is determined
by the Board of Directors based on salary comparisons for management and
officers of other charities serving in a comparable capacity. Because of
the size of the charity, all officers are volunteers and do not receive a
salary.
Form 990, Part VI, Section C, Line 18:
The Organization makes its Forms 1023 and 990 available to the public upon
request.