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DLN: 93493090002432

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Department of the Treasury
Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public

A Fo	the .	2010 ca	ılendar year, or tax year begir	nning 10-01-2010 and ending 09-30-20	)11				<u> </u>
		pplicable	C Name of organization			D Emp	loyer	identificatio	n number
_	ress ch		AMERICAN INSTITUTE FOR CANC	CER RESEARCH		52-	1238	026	
_		-	Doing Business As						
_	ne cha	-				E Tele	phone	number	
Inıt	al retu	ırn		ıf maıl ıs not delivered to street address)	Room/suite	(202	2)328	8-7744	
— Ter	mınate	ed .	1759 R STREET NW						
– <sub>Am</sub>	ended	return	City or town, state or country, a	nd ZIP + 4		<b>G</b> Gross	s receip	ots \$ 25,562,2	18
_ <sub>^ ^n</sub>	lication	n pending	WASHINGTON, DC 200092552						
744	iicatioi	r perioring			_				
			F Name and address of p KELLY BBROWNING	orincipal officer	H(a) Is this	a group returi	n for affil	ıates? Yes	✓ No
			1759 R STREET NW						
			WASHINGTON, DC 200	092552	H(b) Are all			•	Yes No
					H(c) Grou			t (see instr	uctions)
[ Ta:	k-exem	npt status	<b>▽</b> 501(c)(3)	◀ (insert no )	H(c) Glob	ib exemp	tion n	ullibel F	
ı w	ebsit e	e: 🕨 WW	/W AICR ORG						
					<u> </u>				
		ganızatıon	Corporation Trust Associ	ation Other 🕨	<b>L</b> Year of fo	rmation 1	981	<b>M</b> State of leg	jal domicile DC
Pa	rt I	Sum	mary						
	1	Briefly d	escribe the organization's mis	sion or most significant activities					
				UT THE RELATIONSHIP OF NUTRITION	,		TYAN	ND WEIGHT	•
8		<u>MANAG</u>	EMENT TO CANCER, INTER	PRETS THE SCIENTIFIC DATA AND F	UNDS RESEAR	CH			
€	-								
Governance									
5	2	———— Check th	nis box 🛏 if the organization	discontinued its operations or disposed	d of more than 2	5% of its	neta	assets	
			•	erning body (Part VI, line 1a)			з		6
ACTIVITIES &					• •		4		6
₽				rs of the governing body (Part VI, line 1		•			
5				ın calendar year 2010 (Part V, line 2a)			5		71
ဍ			mber of volunteers (estimate	.,			6		430,393
	7a '	Total un	related business revenue fron	n Part VIII, column (C), line 12			7a		0
	Ь	Net unre	lated business taxable incom	e from Form 990-T, line 34			7b		
					Prio	r Year		Currer	nt Year
	8	Contri	butions and grants (Part VIII	, lıne 1 h)		30,811	,266		21,205,301
≗	9	Progra	ım service revenue (Part VIII		1,496,132			1,574,240	
Ravenue	10	Invest	tment income (Part VIII, colu	mn (A), lines 3, 4, and 7d)		283	,695		211,779
æ	11		revenue (Part VIII, column (/	,093	640,83				
	12			11 (must equal Part VIII, column (A), l	ine ———				
	1		_			33,336	,186		23,632,156
	13			art IX, column (A), lines 1–3)		4,354	,826		521,537
	14	Benefi	ts paid to or for members (Pa	rt IX, column (A), line 4)			0		0
	15			oyee benefits (Part IX, column (A), lines	5 5 -				
8		10)	, , ,	, , , , , , , , , , , , , , , , , , , ,		5,443,052			5,253,321
<u>a</u>	16a	Profes	sional fundraising fees (Part 1	(X, column (A), line 11e)		2,356	,258		1,480,622
Expenses	ь	Total fu	ndraising expenses (Part IX, column	(D), line 25) <b>-</b> 5,176,750					
Ш	17		- ' '	.), lines 11a-11d, 11f-24f)		21,650	.715		17,682,771
	18			must equal Part IX, column (A), line 25)		33,804	_		24,938,251
	19			ne 18 from line 12		-468			-1,306,095
. 07	19	Keven	de less expenses Subtract II	me to nom me 12	D-simple.				-1,300,093
89 00					Beginning Y	g of Curre 'ear	ent	End of	f Year
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)			22,687	.679		16,703,968
<sup>주</sup> 문	21					12,949			8,363,448
5.5 5.5			, , ,				<del>- +</del>		
	22			ct line 21 from line 20	•	9,738	,220		8,340,520
	t II	_	ature Block						
				nined this return, including accompanying ete. Declaration of preparer (other than offi					
	edge.		·					•	•
		т.							
		<b> </b>				012-03-27			
Sign		Sig na	ature of officer		Da	ate			
Here	•		B Browning EXECUTIVE VICE PRESI	DENT					
		Туре	or print name and title						
		Print/Type		Preparer's signature	Date	Check if se		PTIN	
Paid	-	preparer's	me F KPMG LLP			employed	<u>"  </u>		
Prepa	rer [							Firm's EIN	<u> </u>
pc		Firm's add	dress 🕨 1676 International Drive					Phone no • 8000	(703) 286-
Use (	)nlv ⊨								

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

	Total program servi	ce evnenses <b>k</b> ¢	16,347,93	n		
	(Expenses \$	Inc	luding grants o	f \$	) (Revenue \$	)
4d	· •	ıces (Describe in Sch	•			
		, , , , ,		33 4	, ( 4	,
4c	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)
	SEE SCHEDULE O	, , , , ,	, ,		, , , , , ,	, ,
4b	(Code	) (Expenses \$	1,710,902	ıncludıng grants of \$	377,982 ) (Revenue \$	180,544 )
	SEE SCHEDULE O					
4a	(Code	) (Expenses \$	14,637,028	including grants of \$	143,555 ) (Revenue \$	1,393,696)
4	Section 501(c)(3) an	id 501(c)(4) organiza	tions and section		argest program services by e e required to report the amou ervice reported	
	If "Yes," describe the	se changes on Sched	ule O			
3	_		_	nt changes in how it con-		_ Yes
	If "Yes," describe the					
2				ervices during the year v		Yes ✓ No
	CER, INTERPRETS TH					
ICR	•			OF NUTRITION. PHYS	ICAL ACTIVITY AND WEIG	HT MANAGEMENT T
1		organızatıon's mıssıor	1			

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νο
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	Yes	
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			_
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		N o
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		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	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 $\checkmark$ Yes $\checkmark$ No			
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		No
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		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [고	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 185			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
!a	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			
b	return	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2D	res	
a	Did the organization have unrelated business gross income of \$1,000 or more during the	2-		N. a
h	year?	3a 3b		No
a	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	Yes	
b	If "Yes," enter the name of the foreign country ▶UK, HK, NL, FR, BE			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	_	
	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		Νo
	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?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
<b>.</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter  Instruction foce and constal contributions uncluded on Bart VIII. line 12			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
U	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from other sources (Do not net amounts due or paid to other sources			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand			
<b>4</b> >	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N a
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule 0	14a 14b		No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . . . . . . . . . .

Se	ction A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year						
b	Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No			
6	Does the organization have members or stockholders?	6		No			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No			
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			110			
0	year by the following						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo			
	<b>ection B. Policies</b> (This Section B requests information about policies not required by the Internal venue Code.)						
	•		Yes	No			
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes				
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	124	105				
	to conflicts?	12b	Yes				
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes				
13	Does the organization have a written whistleblower policy?	13	Yes				
14	Does the organization have a written document retention and destruction policy?	14	Yes				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b	Yes				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	166					
Sa	ction C. Disclosure	16b					
<u> </u>		IN	KS KY	. Ι Δ			
	ME, MD, MA, MI, MN, MS, MO, NH, ND, OH, OK, OR, PA, RI, SC, TN, U	N, LN	M,NY	NC,			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply						

Own website Another's website V Upon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization FELLY B BROWNING
  1759 R STREET NW
  WASHINGTON, DC 200092552
  (202) 328-7744

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### 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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours	Posi	((	<b>(</b> che	ckal			(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) MELVIN HUTSON CHAIRMAN	2 0	х		х				1,200	0	0
(2) LAWRENCE PRATT BOARD MEMBER	2 0	Х						1,200	0	0
(3) SUSAN PEPPER BOARD MEMBER	2 0	х						1,200	0	0
(4) PETER MCCARTY BOARD MEMBER	2 0	Х						1,200	0	0
(5) JEFFREY BUNN BOARD MEMBER	2 0	х						1,200	0	0
(6) G ALLEN DALE BOARD MEMBER	2 0	х						1,200	0	0
(7) MARILYN GENTRY PRESIDENT	40 0			х				262,760	286,701	17,684
(8) KELLY B BROWNING EXECUTIVE VICE PRESIDENT	40 0			х				388,616	17,925	42,989
(9) KATHRYN L WARD SENIOR VICE PRESIDENT	40 0				Х			199,872	0	21,886
(10) STEPHENIE L LOWE SENIOR VICE PRESIDENT	40 0					Х		139,341	0	39,264
(11) DEIRDRE MCGINLEY GIESER SENIOR VICE PRESIDENT	40 0					Х		142,120	0	36,830
(12) PATRICIA M BODENSTEDT CONTROLLER	40 0					Х		103,501	0	16,373
(13) GLEN WELDON DIRECTOR OF COMMUNICATIONS	40 0					Х		103,074	0	14,977
(14) RICHARD ENSMINGER DIRECTOR OF GIFT PLANNING	40 0					Х		101,694	0	14,851

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per		(i tion that a			11		(D) Reportable compensation from the	(E) Reportable compensation from related	n (	(F) Estima amount of compens	ted fother
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		from t prganizati relate organiza	he on and ed
											_		
1b	Sub-Total				٠.	٠.		<b>&gt;</b>					
С	Total from continuation sheets	to Part VII, Sec	tion A				Þ						
d	Total (add lines 1b and 1c) .			•				<b>*</b>	1,448,178	304,62	26	2	04,854
2	Total number of individuals (inc \$100,000 in reportable comper					ted	above)	) who	received more tha	n			
												Yes	No
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sc.							ee, o	r highest compens	ated employee	3		Νο
4	For any individual listed on line organization and related organiz										4	Yes	

				110
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		,	
	marvidaar	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	Л		No
		•		

### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
INFOCISION MANAGEMENT CORPORATION 325 SPRINGSIDE DRIVE AKRON, OH 44333	TM CONSULTANT	4,453,936
WEBCRAFT DBA VERTIS COMMUNICATIONS PO BOX 403217 ATLANTA, GA 30301	MAILHOUSE CONSULTANT	1,509,202
DIRECT RESPONSE CONSULTING 6849 OLD DOMINON DRIVE MCLEAN, VA 22101	FR CONSULTANT	585,474
THE DATA CENTER 11200 WAPLES MILL RD FAIRFAX, VA 22030	DP CONSULTANT	568,545
MERKLE RESPONSE SERVICE 100 JAMISON COURT HAGERSTOWN, MD 21740	RESPONSE HANDLING	464,094
2 Total number of independent contractors (including but not limited to those listed abov	e) who received more than	

\$100,000 in compensation from the organization **>**8

		(2010)					Pa	age <b>9</b>
Part V	/111	Statement of Reven	ue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections
<del>\$</del> \$	1a	Federated campaigns	1a					512, 513, or 514
Contributions, gifts, grants and other similar amounts		Membership dues Fundraising events						
s, gifts milar s	d	Related organizations						
Hersin		All other contributions, gifts, grants similar amounts not included above	1e , and 1f	21,205,301				
	_		nes 1a-1f \$	4,019	21,205,301			
		Total. Add lines 1a-11		Business Code	21,203,301			
Revel	2a b	SERVICE FEES BOOK SALES		900099	1,273,032 5,699	1,273,032 5,699		
Xer vice	c d	BROCHURE SALES EXPERT REPORT SALES		900099	114,965 5,406			
Program Service Revenue	e f	RESEARCH CONFERENCE All other program service re	venue	900099	175,138			
š	g 3	Total. Add lines 2a-2f  Investment income (including)			1,574,240			
	4	and other similar amounts) Income from investment of tax-ex	<b>.</b>		182,643 0			182,64
	5	Royalties	► (i) Real	(II) Personal	1,663			1,6
	b c	Gross Rents Less rental expenses Rental income or (loss)						
		Net rental income or (loss)  Gross amount from sales of assets other than inventory	(1) Securities 1,959,198	(II) O ther				
	_	Less cost or other basis and sales expenses	1,930,062					
	d	Gain or (loss)  Net gain or (loss)			29,136			29,1
	8a	Gross income from fundraisi (not including \$	line 1c)					
		Less direct expenses .  Net income or (loss) from fui			0			
•	b		ctivities See Part IV, line 19 .	a	0			
	10a	Gross sales of inventory, les returns and allowances .  Less cost of goods sold .	s <b>a</b>					
		Net income or (loss) from sa  Miscellaneous Revenue		Business Code	0			
		MAIL LIST RENTAL  ODISCOUNT EARNED		900099	618,959 17,457			618,9 17,4
	d	OTHER INCOME  All other revenue		900099	2,757			2,7
		Total revenue. See Instructi	<b>•</b>		639,173 23,632,156		0	852,6

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

A	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	377,982	377,982							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0								
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	143,555	143,555							
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors, trustees, and key employees	849,199	605,018	152,884	91,297					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0								
7	Other salaries and wages	3,281,532	1,788,187	1,159,025	334,320					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	73,288	55,845	11,929	5,514					
9	Other employee benefits	757,626	431,007	243,289	83,330					
10	Payroll taxes	291,676	134,210	98,092	59,374					
а	Fees for services (non-employees)	0								
b	Management	119,099	54,740	49,973	14,386					
c	Accounting	93,896	9,129	83,005	1,762					
d	Lobbying	0	3,123	33,000	2,7.02					
e	Professional fundraising services See Part IV, line 17	1,480,622			1,480,622					
f	Investment management fees	43,934	23,471	11,001	9,462					
g	Other	3,410,950	3,244,157	166,793						
12	Advertising and promotion	307,761	264,768	38,494	4,499					
13	Office expenses	411,362	253,239	103,929	54,194					
14	Information technology	96,775	66,812	18,954	11,009					
15	Royalties	0			· · · · · · · · · · · · · · · · · · ·					
16	Occupancy	802,646	457,508	256,847	88,291					
17	Travel	373,287	321,668	32,986	18,633					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0								
19	Conferences, conventions, and meetings	54,597	48,108	2,843	3,646					
20	Interest	91,994		91,994						
21	Payments to affiliates	73,895	73,895							
22	Depreciation, depletion, and amortization	63,383	36,128	20,283	6,972					
23	Insurance	31,678	18,056	10,137	3,485					
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)									
а	MAILHOUSE FEES	1,560,416	1,043,316	67,377	449,723					
b	LIST COSTS	760,924	479,684	45,431	235,809					
c	POSTAGE & DELIVERY	5,816,848	3,988,925	291,646	1,536,277					
d	PRINTING & PUBLICATION	2,330,360	1,722,972	159,361	448,027					
e	DATA PROCESSING	1,089,312	613,613	255,423	220,276					
f	A II other expenses	149,654	91,937	41,875	15,842					
25	Total functional expenses. Add lines 1 through 24f	24,938,251	16,347,930	3,413,571	5,176,750					
26	<b>Joint costs.</b> Check here <b>▶</b>									
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	13,117,569	8,509,396	471,320	4,136,853					

Pa	rt X	Balance Sheet			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	90,609	1	92,581
	2	Savings and temporary cash investments	7,499,322	2	3,486,928
	3	Pledges and grants receivable, net	2,285,184	3	896,502
	4	Accounts receivable, net	530,902	4	425,458
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			
\$		Schedule L		6	
ssets	7	Notes and loans receivable, net		7	
₫	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,292,948	9	941,694
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  455,993			
	ь	Less accumulated depreciation 10b 188,404	248,785	10c	267,589
	11	Investments—publicly traded securities	2,683,090	11	2,491,323
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	5,748,660	13	5,338,203
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	2,308,179	15	2,763,690
	16	Total assets. Add lines 1 through 15 (must equal line 34)	22,687,679	16	16,703,968
	17	Accounts payable and accrued expenses .	2,304,081	17	1,453,935
	18	Grants payable	7,212,724	18	3,619,636
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
e S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Lia		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	3,432,654	25	3,289,877
	26	Total liabilities. Add lines 17 through 25	12,949,459	26	8,363,448
es		Organizations that follow SFAS 117, check here ▶			
anc	27	Unrestricted net assets	4,699,625	27	4,870,357
<u> </u>	28	Temporarily restricted net assets	4,237,910		2,694,549
Fund Balances	29	Permanently restricted net assets	800,685	-	775,614
H		Organizations that do not follow SFAS 117, check here F and complete	, 23		
or F		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	9,738,220	33	8,340,520
Z	34	Total liabilities and net assets/fund balances	22,687,679	34	16,703,968
		,	,55.,510		, ,

Par	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		22.4	: 22 1 54
2	Total expenses (must equal Part IX, column (A), line 25)	2			32,156
3	Revenue less expenses Subtract line 2 from line 1	3			306,095
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9,7	738,220
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-91,60!
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		8,3	340,520
Par	t XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response to any question in this Part XII		•	<u> </u>	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	2	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

#### DLN: 93493090002432

OMB No 1545-0047

### **Public Charity Status and Public Support**

(Form 990 or 990EZ)

Name of the organization

AMERICAN INSTITUTE FOR CANCER RESEARCH

SCHEDULE A

Department of the Treasury Internal Revenue Service

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. See separate instructions. **Employer identification number** 

Inspection

52-1238026 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 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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). 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 331/3% 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 331/3% 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	ion in ted in rning	(v) Did you notify the organization in col (i) of your support?		(vi)  Is the organization in col (i) organized in the US?		(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

# 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.)

	under Part III. II til	e organizacion	ialis to quality	under the tests	iisted below, pi	ease co	inpiete i	Part III.)
	ection A. Public Support endar year (or fiscal year beginning				1			
Care	in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2	010	<b>(f)</b> Total
1	Gifts, grants, contributions, and							
	membership fees received (Do no	t 35,354,8	30,553,96	1 31,300,129	30,811,266	21	1,205,301	149,225,487
	ınclude any "unusual		00,000,50	]	00,011,200		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	113,223,101
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either		0	0 0	0			0
	paid to or expended on its behalf							
3	The value of services or facilities							
,	furnished by a governmental unit							0
	to the organization without		0	0 0	0			0
	charge							
4	Total. Add lines 1 through 3	35,354,83	30,553,96	1 31,300,129	30,811,266	21	1,205,301	149,225,487
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) <b>Public Support.</b> Subtract line 5							
0	from line 4							149,225,487
S	ection B. Total Support			L				
	endar year (or fiscal year	(-) 200 <i>c</i>	/b) 2007	(-) 2000	(4) 2000	/-\ <u>2</u> /	710	/5) T
	beginning in) 🟲	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) 20	,10	(f) Total
7	A mounts from line 4	35,354,830	30,553,961	31,300,129	30,811,266	21	,205,301	149,225,487
8	Gross income from interest,							
	dividends, payments received							
	on securities loans, rents,	1,627,622	1,545,188	984,333	898,115		803,265	5,858,523
	royalties and income from							
	similar sources						+	
9	Net income from unrelated							
	business activities, whether or not the business is regularly	0	0	0	0		0	0
	carried on							
10	Other income Do not include							
	gain or loss from the sale of	51,655	55,423	21,729	16,496		20,214	165,517
	capital assets (Explain in Part	31,033	33,423	21,729	10,490		20,214	103,317
	IV)							
11	Total support (Add lines 7							155,249,527
	through 10)						$\vdash$	
12	Gross receipts from related activit	ies, etc (See ins	structions )			12		0
13	First Five Years If the Form 990 is	for the organiza	tıon's fırst, secon	d, thırd, fourth, or	fıfth tax year as a	501(c)(	3) organız	<b>—</b> '
	check this box and <b>stop here</b>							►
	ection C. Computation of Pu	blic Support	Dercentage					
14	Public Support Percentage for 201			11 column (f)		144		06.130.00
		-		i II column (i))		14		96 120 %
15	Public Support Percentage for 200	,	•			15		96 027 %
16a	33 1/3% support test—2010. If the				line <b>14</b> is <b>33</b> 1/3%	or more	e, check t	
	and stop here. The organization qu		, ,,					<b>▶</b> ▼
b	33 1/3% support test—2009. If the	-			oa, and line 15 is	33 1/3%	or more,	Check this
172	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b>			-	ne 13 16a or 16	h and line	a 1./	<b>F</b> 1
1/4	is 10% or more, and if the organiza		-					
	in Part IV how the organization me							ted
	organization						,	<b>▶</b> □
ь	10%-facts-and-circumstances test	.— <b>2009.</b> If the or	ganızatıon dıd not	check a box on lii	ne 13, 16a, 16b, o	or 17a ar	nd line	
	15 is 10% or more, and if the orga	nızatıon meets t	he "facts and circ	umstances" test,	check this box an	d <b>stop h</b> e	ere.	
	Explain in Part IV how the organiza	ation meets the '	facts and circum	stances" test The	e organization qua	lıfıes as	a publicly	
	supported organization							<b>►</b> □
18	Private Foundation If the organiza	tion did not chec	k a box on line 13	3, 16a, 16b, 17a o	r 17b, check this	box and	see	<b>.</b>
	ınstructıons							<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2010 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 Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15		
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

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OMB No 1545-0047

2010

Open to Public Inspection

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization
AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number
52-1238026

	(a) Donor advised funds	(b) Funds	and other accounts
Total number at end of year			
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor ad funds are the organization's property, subject to the			Г Yes   Г №
Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be conferring impermissible private benefit		•	ΓYes ΓΝ
rt III Conservation Easements. Complete	e if the organization answered "Yes	" to Form 990, Pa	rt IV, line 7.
Purpose(s) of conservation easements held by the	organization (check all that apply)		
Preservation of land for public use (e.g., recrea	<u> </u>		•
Protection of natural habitat	Preservation of	a certified historic	structure
Preservation of open space			
Complete lines 2a-2d if the organization held a qua	alified conservation contribution in the fo	orm of a conservatio	n
easement on the last day of the tax year			
Tabal asserbance for a second and a second and			t the End of the Year
Total number of conservation easements		2a	
Total acreage restricted by conservation easemen		2b	
Number of conservation easements on a certified h	, ,	2c	
Number of conservation easements included in (c)	acquired after 8/17/06	2d	
Number of conservation easements modified, trans	ferred, released, extinguished, or termin	ated by the organiza	ition during
the taxable year ►			
Number of states where property subject to conser	rvation easement is located <b>b</b>		
			d
Does the organization have a written policy regardi enforcement of the conservation easements it hold		andling of violations	, and Yes N
Staff and volunteer hours devoted to monitoring, in:	specting and enforcing conservation eas	ements during the v	ear <b>►</b>
A mount of expenses incurred in monitoring, inspec			
			F →
Does each conservation easement reported on line $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?	: 2(d) above satisfy the requirements of :	section	┌ Yes ┌ ſ
In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease.	f the footnote to the organization's financ		
Tt III Organizations Maintaining Collectic Complete if the organization answered			lar Assets.
	1 "Yes" to Form 990, Part IV, line 8.		
If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its f	S 116, not to report in its revenue state ld for public exhibition, education or rese	ment and balance s earch in furtherance	
art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its f	S 116, not to report in its revenue state Id for public exhibition, education or rese financial statements that describes thes S 116, to report in its revenue statemen or public exhibition, education, or researc	ment and balance s earch in furtherance e items nt and balance shee!	of public service, t works of art,
art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its f If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo	S 116, not to report in its revenue state ld for public exhibition, education or resetfinancial statements that describes thes S 116, to report in its revenue statements public exhibition, education, or researchs	ment and balance s earch in furtherance e items nt and balance shee! h in furtherance of p	of public service, t works of art,
art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its f If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo provide the following amounts relating to these iter	S 116, not to report in its revenue state ld for public exhibition, education or resetfinancial statements that describes thes S 116, to report in its revenue statements public exhibition, education, or researchs	ment and balance s earch in furtherance e items nt and balance shee h in furtherance of p	of public service, t works of art, ublic service,
art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its for the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item (i) Revenues included in Form 990, Part VIII, line	IS 116, not to report in its revenue state ld for public exhibition, education or resetinancial statements that describes thes is 116, to report in its revenue statement public exhibition, education, or researchs.	ment and balance search in furtherance entems Int and balance sheet In the furtherance of p	of public service, t works of art, ublic service,
art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its for the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item (i) Revenues included in Form 990, Part VIII, line (ii) Assets included in Form 990, Part X. If the organization received or held works of art, his	IS 116, not to report in its revenue state ld for public exhibition, education or resetinancial statements that describes thes is 116, to report in its revenue statement public exhibition, education, or researchs.	ment and balance search in furtherance entems Int and balance sheet In the furtherance of p	of public service, t works of art, ublic service,

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

b Buildings	3	Using the organization's accession and othe		•									ontinuea)
B   Scholarly research   e   Other					_								
4 Provide a description of thurse generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise fulfor state that to be maintained as part of the organization's orlection? Yes No	а	Public exhibition		d	ļ	Loan o	rexch	iange progr	ams				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XTV	b	Scholarly research		e	Γ	Other							
Part XIV   South and the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to risite funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part XIV   Secrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part XI, line 21.    1a   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XI   No.   Yes.   No.   No.   Yes.   No.	c	Preservation for future generations											
Part   V	4	•	ollections and expla	ıın hov	w they	further	the o	rganızatıon	's ex	empt purpos	e in		
Part IV, line 9, or reported an amount on Form 990, Part X, line 21.   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   It   It   It   It   It   It   It   It	5									ıılar	Γ	Yes	┌ No
March   Mar	Pai							answered	Y" t	es" to Forn	າ 990	,	
March   Marc	1a		lian or other interme	edıary	for co	ntrıbut	ions o	r other ass	ets r	not	Γ	Yes	┌ No
Reginning balance   Reginal   Regi	b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ving tal	ble		Г			A mou	nt	
Moditions during the year   Indicators	c	Reginning halance							1c				
Distributions during the year   16	_							-					
The provided the estimated percentage of the year end balance   List   Section 1   List		· ·						-					
Did the organization include an amount on Form 990, Part X, line 21?  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Contribution   (a)Current Year   (b)Prior Year   (c)Two Years Back   (d)Three Years Back   (e)Four Years Back   (a)Current Year   (b)Prior Year   (c)Two Years Back   (d)Three Years Back   (e)Four Years Back Years   (e)Four Years Back Years   (e)Four Years   (e)Four Years   (e)Four Years   (e)Four	f	•											
Description of present in Part XIV   Part V   Endowment Funds. Complete   f the organization answered "Yes" to Form 990, Part IV, line 10.	22	<b>J</b>	orm 990 Part V lin	a 212	,			L	<u></u> -			Vec	
Part V		-		e 21,							'	165	, 140
Column				n ans	were	d "Yes	" to F	orm 990	Dar	t IV line 1	n		
b Contributions		Endownent Funds: Complete										<b>)</b> Four Y	ears Back
c Investment earnings or losses	1a	Beginning of year balance	2,018,703		1,6	555,054		1,725,82	:9				
d Grants or scholarships	b	Contributions	16,610		3	393,875		25,34	-8				
e Other expenditures for facilities and programs	c	Investment earnings or losses	-16,764		1	163,325		-16,00	4				
and programs	d	Grants or scholarships	180,209		1	193,551		80,11	.9				
Provide the estimated percentage of the year end balance held as Board designated or quasi-endowment ▶ 76 240 %  Permanent endowment ▶ 23 760 %  Term endowment ▶ 23 760 %  Term endowment ▶ 336 Are there endowment punds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	e	·											
Provide the estimated percentage of the year end balance held as  Board designated or quasi-endowment   76 240 %  Permanent endowment   23 760 %  C Term endowment   Organization by   (i) unrelated organizations   Organization by   (ii) related organizations   Organizat	f	Administrative expenses											
Board designated or quasi-endowment   76 240 %  Permanent endowment   23 760 %  C Term endowment   3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations   3a(i)   No 3a(ii)   No 4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment   20,583 9,995 10,588  d Equipment   30 0 177,101  e Other   31 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	g	End of year balance	1,838,340		2,0	018,703		1,655,05	4				
b Permanent endowment  23 760 %  C Term endowment  Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations	2	Provide the estimated percentage of the yea	r end balance held	as		,					•		
Term endowment ►  A re there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations	а	Board designated or quasi-endowment 🕨	76 240 %										
Term endowment ►  A re there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations	ь												
Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations													
Test   No   Sa(i)   No   Sa(ii)   No   Sa(ii)   No   Sa(ii)   Sa			ssion of the organiz	ation	that ar	e held	and a	dministered	l for	the			
(ii) related organizations       3a(ii)       No         b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?       3b   Secriber of Schedule R?         Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.         Description of Investment       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land       79,900       79,900       79,900         b Buildings       9,995       10,588         c Leasehold improvements       20,583       9,995       10,588         d Equipment       355,510       178,409       177,101         e Other       Other       177,101       177,101										_		Yes	No
b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R? 3b    Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment		(i) unrelated organizations											Νo
Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  Description of investment  Land		` ,					•			🖺			No
Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.           Land         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           b Buildings         79,900         79,900         79,900           c Leasehold improvements         20,583         9,995         10,588           d Equipment         355,510         178,409         177,101           e Other         Other         10,588         178,409         177,101									•		3b		
Description of investment         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land							VO D-		1.0				
1a         Land         79,900         79,900           b         Buildings         20,583         9,995         10,588           d         Equipment         355,510         178,409         177,101           e         Other         Other <td>Pa</td> <td>investments—Land, Building</td> <td>s, and Equipme</td> <td>nt. S</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td> 1</td> <td></td> <td></td>	Pa	investments—Land, Building	s, and Equipme	nt. S							1		
b Buildings		Description of investment										( <b>d)</b> B	ook value
c Leasehold improvements       20,583       9,995       10,588         d Equipment       355,510       178,409       177,101         e Other	1a	Land					79,900						79,900
d Equipment       355,510       178,409       177,101         e Other       178,409       177,101	b	Buildings		•									
e Other	c	Leasehold improvements		•				20	,583		9,995		10,588
	d	Equipment						355	,510	17	8,409		177,101
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)													
	Tota	<b>il.</b> Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colui	mn (B	), line 1	10(c).)				▶			267,589

Part VII Investments—Other Securities. See	Form 990, Part X, line 12 T		J . C l
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value		d of valuation f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation
		Cost or end-o	f-year market value
(1) CHARITABLE GIFT ANNUITIES	1,542,648		F
(2) CHARITABLE REMAINDER UNITRUSTS	1,821,234		F
(3) CANCER RESEARCH FUND	1,974,321		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	5,338,203		
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
(a) Descrip	tion		(b) Book value
(1) DUE FROM AFFILIATES			2,424,848
(2) BENEFICIAL INT PERPETUAL TRUST			338,842
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		<u> </u>	2,763,690
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
DUE TO AFFILIATES	13,871		
LIABILITY CHARITABLE GIFT ANNUITIES	906,935		
LIABILITY CHARITABLE REMAINDER UNITRUSTS	986,168		
ACCRUED BENEFIT COST	1,382,903		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	3,289,877		
, , , = , = = , , , , , , , , , , , , , ,	J, 2 U J, U /		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	23,632,156
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	24,938,251
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,306,095
4	Net unrealized gains (losses) on investments	4	-191,093
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	99,488
9	Total adjustments (net) Add lines 4 - 8	9	-91,605
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,397,700
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	23,540,551
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-91,605
3	Subtract line <b>2e</b> from line <b>1</b>	3	23,632,156
4	A mounts 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 . 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	23,632,156
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	24,938,251
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	24,938,251
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	24,938,251
Pai	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Ret urn Reference	<b>Explanat ion</b>
PART XI, LINE 8 AND PART XII,LINE 2D		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT LIABILITY (11,944) PENSION RELATED CHANGES OTHER THAN NET PERIODIC BENEFIT COSTS 111,432
PART V, LINE 4		THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS ENDOWMENT FUNDS ARE ESTABLISHED TO FURTHER THE MISSION OF THE AMERICAN INSTITUTE FOR CANCER RESEARCH THE PERSON ESTABLISHING THE FUND DESIGNATES THE PURPOSE OF THEIR FUND (I E CANCER RESEARCH, EDUCATION OR GENERAL OPERATING)
SCHEDULE D, PART X		MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITION AND HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS

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# SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

**Statement of Activities Outside the United States** 

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH **Employer identification number** 

A IMI E	RICAN INSTITUTE FOR CANCE	RRESEARCH			52-1238026				
Pa	rt I General Informatio "Yes" to Form 990, Pa	n on Activiti rt IV, line 14b	es Outside tl	ne United States. C	omplete if the organiz	ation answered			
1	For grantmakers. Does the	organızatıon n	naıntaın record	s to substantiate the	amount of the grants o	or			
	assistance, the grantees' elig	gibility for the	grants or assis	stance, and the selecti	on criteria used to awa	ard			
	the grants or assistance?								
2	<b>For grant makers.</b> Describe in Pa United States	art V the organiz	zation's procedui	es for monitoring the use	e of grant funds outside th	ne			
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed :	)					
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region			
	Europe (Including Iceland and		1	Grantmaking		143,555			
	Greenland)								
	•								
	Sub-total Total from continuation sheets		1			143,555			
D	to Part I								

c Totals (add lines 3a and 3b)

143,555

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Europe/Iceland/Greenland	dEDUCATION	143,555	WIRE			
	-								
2			ient organizations listed for which the grantee o						1
3	Enter total nu	mber of other	organizations or entition	<b>A</b> S					

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete	ıf the organızatıon a	nswered "Yes" to Form 9	990, Part IV, line 16.
	Use Part V if ad	ditional space is ne-	eded.					

(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
					assistance	assistance	(book, FMV, appraisal, other)
			<u> </u>			1	
			<u>.                                    </u>		!		
			<u>.                                    </u>				
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
					!		
			1		,		

### Part IV 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 (see instructions for Form 926)	Γ	Yes	✓	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
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)	Γ	Yes	r	Νo
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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	r	Νo
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)	Г	Yes	্	Νo
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 file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	⊽	Νo

Schedule F (Form 990) 2010

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
AICR PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE U S	SCHEDULE F, PART I, LINE 2	PROGRESS REPORT AT THE END OF THE FIRST YEAR OF ANY TWO-YEAR GRANT, THE PRINCIPAL INVESTIGATOR MUST SUBMIT A PROGRESS REPORT, INCLUDING ABSTRACTS AND PUBLICATIONS OF RESEARCH SUPPORTED IN WHOLE OR IN PART BY AICR AT THE DISCRETION OF AICR, FUNDS FOR THE SECOND YEAR OF THE GRANT MAY BE WITHHELD BASED ON THE PROGRESS REPORT OR IF PROGRESS REPORTS ARE NOT SUBMITTED FINAL SCIENTIFIC REPORT WITHIN THREE MONTHS OF THE COMPLETION OF THE GRANT PERIOD, AICR REQUIRES A FINAL COMPREHENSIVE REPORT TO OUTLINE THE PROJECT'S ACCOMPLISHMENTS FAILURE TO SUBMIT A FINAL REPORT WILL RESULT IN AUTOMATIC DISQUALIFICATION FROM SUBMITTING A GRANT APPLICATION TO AICR FOR TWO YEARS FINAL FINANCIAL REPORT A FINAL REPORT OF EXPENDITURES MUST BE SUBMITTED WITHIN THREE MONTHS OF THE TERMINATION OF THE GRANT, TOGETHER WITH THE REFUND OF ANY UNSPENT FUNDS UNSPENT FUNDS FROM AN EXISTING GRANT MAY ONLY BE CARRIED FORWARD AS A NO-COST EXTENSION TO THE GRANT TERM WITH THE WRITTEN PERMISSION OF AICR BEFORE GRANT RECOMMENDATIONS ARE PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL, ALL APPLICANTS ARE CHECKED AND CLEARED AGAINST THE FOLLOWING TERRORIST WATCH LISTS SPECIALLY DESIGNATED NATIONALS (SDN), STATE DEPARTMENT TERRORIST EXCLUSIONS LIST, UNITED NATIONS CONSOLIDATED LIST WITH RESPECT TO AL-QAIDA, THE TALIBAN, AND OSAMA BIN LADEN, AND THE EUROPEAN UNION TERRORIST LIST

Schedule F (Form 990) 2010

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As Filed Data -

DLN: 93493090002432

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

**SCHEDULE G** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-F7. See separate instructions

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Open to Public

Internal Revenue Service	Attach to Form 990 or Form 990-EZ. P See separate instructions.	Inspection
Name of the organization		Employer identification number
AMERICAN INSTITUTE	FOR CANCER RESEARCH	
		52-1238026

Pa	rt I Fundraising Ac	<b>tivities.</b> Complet	e if the organiza	ation	answered "Yes" t	to Form 990, Part IV,	, line 17.
1	Indicate whether the organ	nızatıon raısed funds	through any of the	e follo	wing activities. Che	eck all that apply	
а	Mail solicitations		е		Solicitation of non	-government grants	
b	Internet and e-mail so	licitations	f		Solicitation of gov	ernment grants	
c	▼ Phone solicitations		g		Special fundraisin	g events	
d	In-person solicitations	S					
2a	or key employees listed in	Form 990, Part VII	) or entity in conne	ectioi	n with professional f	undraising services?	✓ Yes ✓ No
ь	If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table						
(	i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	•	r) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization

individual or entity (fundraiser)	(II) Activity	fundraiser have custody or control of contributions?		from activity	(or retained by) fundraiser listed in col (i)	(or retained by) organization
		Yes	No			
INFOCISION MANAGEMENT CORP	PHONE		No	7,201,203	4,551,462	2,649,741
DIRECT RESPONSE CONSULTING	DIRECT MAIL		Νο	8,880,675	527,992	8,352,683
Total			•	16,081,878	5,079,454	11,002,424

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

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, UT, VT, VA, WA, WV, WI, WY

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1	(b) Event #2	(c) O ther Events (total number)	(d) Total Events (Add col (a) through col (c))
<u>Ф</u>					(**************************************	
Revenue	1 2	Gross receipts Less Charitable				
₩ Ф	-	contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ဟ	5	Non-cash prizes				
anse T	6	Rent/facility costs				
Expenses	7	Food and beverages				
Direct	8	Entertainment				
ā	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 ın columı	n (d)	🛌	
	11	Net income summary Combine III	nes 3 and 10 ın column	(d)		
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
			(a) Bingo	(b) Pull tabs/Instant	(c) O ther gaming	(d) Total gaming
Revenue				bingo/progressive bingo		(Add col (a) through col (c))
	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
ញ ថ្ល	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes % ┌ No	☐ Yes % ☐ No	┌ Yes %	_
	7	Direct expense summary Add lines	s 2 through 5 ın column	(d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)		
9	Ent	er the state(s) in which the organize	ation operates gaming ac	tivities		
а		the organization licensed to operate				· Fyes Fno
b	If"	No," Explain				
						1
10a		re any of the organization's gaming			the tax year?	· · Fyes Fno
b	If"	Yes," Explain				
						1

12	Is the organization a grantor, be	eneficiary or trustee of a trust or a	member of a partnership or other	entity
	formed to administer charitable	gamıng?		· · · · · · · · · · · · · · · · · · ·
13	Indicate the percentage of game	ing activity operated in		
а	The organization's facility .			13a
b	An outside facility			13b
14	Provide the name and address or records	of the person who prepares the org	janization's gaming/special events	; books and
	Name 🟲			
	Address 🏲			
	revenue?		anızatıon 🟲 \$	Yes No
c	If "Yes," enter name and addres			
	ir res, enter name and dadres	, ,		
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation	<b>&gt;</b> \$		
	Description of services provided	d <b>▶</b>		
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions		·	
а	Is the organization required und	ler state law to make charıtable d	stributions from the gaming proce	eds to
	retain the state gaming license?			· · · · · · Fyes Fno
b	Enter the amount of distribution	s required under state law distrib	uted to other exempt organizations	orspent
	ın the organızatıon's own exemp	t activities during the tax year 🟲	\$	
Par	Complete this part to instructions.)	provide additional informatio	n for responses to question or	ı Schedule G (see
	Identifier	ReturnReference	Ex	xplanation
FUN	DRAISERS	PART IV		ON MANAGEMENT FEES FOR PROFESSIONAL PLUS FUNDRAISING EXPENSES -

Identifier	ReturnReference	Explanation
EUNDDAICEDC	PART IV	Explanation  PAYMENTS TO INFOCISION MANAGEMENT CORPORATION INCLUDE FEES FOR PROFESSIONAL FUNDRAISING SERVICES PLUS FUNDRAISING EXPENSES - LIST DEVELOPMENT, DATA PROCESSING, PRINTING AND MAILHOUSE FEES INVOICES CLEARLY DISTINGUISH FUNDRAISING FEES FROM FUNDRAISING EXPENSES ADDITIONAL COSTS, SUCH AS CAGING, BANK CHARGES, OTHER DATA PROCESSING AND POSTAGE ASSOCIATED WITH PHONE SOLICITATIONS ARE PAID DIRECTLY TO THE VENDOR AND THEREFORE NOT INCLUDED IN SCHEDULE G, COLUMN (V) AMOUNTS PAYMENTS TO DIRECT RESPONSE CONSULTING SERVICES ARE FOR PROFESSIONAL FUNDRAISING SERVICES ONLY ALL OTHER FUNDRAISING EXPENSES ASSOCIATED WITH DIRECT MAIL FUNDRAISING ARE PAID DIRECTLY TO THE
		VENDOR PROVIDING THE SERVICE AND THEREFORE NOT INCLUDED IN SCHEDULE G, COLUMN (V) AMOUNTS

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Schedule I (Form 990)

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

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

Attach to Form 990

OMB No 1545-0047

2010

DLN: 93493090002432

Open to Public Inspection

(h) Purpose of grant

Department of the Treasury Internal Revenue Service Name of the organization

1 (a) Name and address of

organization

Name of the organization

A MERICAN INSTITUTE FOR CANCER RESEARCH

the selection criteria used to award the grants or assistance? . . . . . . .

**(b)** EIN

Employer identification number

(f) Method of

valuation

52-1238026

(g) Description of

non-cash assistance or assistance

Pa	rt I General Information on Grants and Assistance	
1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

(c) IRC Code section

ıf applıcable

(d) A mount of cash

grant

(e) A mount of non-

cash

or government			<b>3</b>	assistance	(book, FMV, appraisal, other)	
(1) LSU HEALTH SCIENCES CENTER1901 PERDIDO ST 7205 NEW ORLEANS, LA 70112	17-2608777	501(C)(3)	99,000			RESEARCH GRANT
(2) UNIVERSITY OF TEXAS - AUSTIN1616 Guadalupe Street Suite 6300 AUSTIN,TX 78713	74-6000203	501(C)(3)	76,000			RESEARCH GRANT
(3) TUFTS UNIVERSITY711 WASHINGTON STREET BOSTON,MA 02111	04-2103634	501(C)(3)	164,497			RESEARCH GRANT
(4) THE OHIO STATE UNIVERSITY320 WEST 10TH AVENUE COLUMBUS,OH 43210	31-6025986	501(C)(3)	35,000			PREDO CTO RAL FELLO WSHIP
(5) UNIVERSITY OF ILLINOIS905 S GOODWIN AVE URBANA,IL 61801	37-6000511	501(C)(3)	35,000			PREDO CTO RAL FELLO WSHIP
(6) LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER1901 PERDIDO STREET NEW ORLEANS, LA 70112	17-2608777	501(c)(3)	99,000			MATCHING RESEARCH GRANT
(7) THE UNIVERSITY OF TEXAS AT AUSTINPO BOX 7726 MS A2700 AUSTIN,TX 78713	74-6000203	501(C)(3)	76,000			Research Grant
(8) TUFTS UNIVERSITY711 WASHINGTON STREET BOSTON,MA 02111	04-2103634	501(C)(3)	164,497			Research Grant

Enter total number of section 501(c)(3) and government organizations . . . . . . . . . . . . . . . .

Schedule I	(Form 990) 2010	
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV	, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.	

A						
<b>(a)</b> ⊺	ype of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
AICR PROCEDURES FOR	SCHEDULE I, PART I, LINE 2	PROGRESS REPORT AT THE END OF THE FIRST YEAR OF ANY TWO-YEAR GRANT, THE PRINCIPAL INVESTIGATOR
MONITORING THE USE		MUST SUBMIT A PROGRESS REPORT, INCLUDING ABSTRACTS AND PUBLICATIONS OF RESEARCH SUPPORTED IN
OF GRANT FUNDS IN		WHOLE OR IN PART BY AICR AT THE DISCRETION OF AICR, FUNDS FOR THE SECOND YEAR OF THE GRANT MAY BE
THE U S		WITHHELD BASED UPON THE PROGRESS REPORT OR IF PROGRESS REPORTS ARE NOT SUBMITTED FINAL
		SCIENTIFIC REPORT WITHIN THREE MONTHS OF THE COMPLETION OF THE GRANT PERIOD, AICR REQUIRES A
		FINAL COMPREHENSIVE REPORT TO OUTLINE THE PROJECT'S ACCOMPLISHMENTS FAILURE TO SUBMIT A FINAL
		REPORT WILL RESULT IN AUTOMATIC DISQUALIFICATION FROM SUBMITTING A GRANT APPLICATION TO AICR
		FOR TWO YEARS FINAL FINANCIAL REPORT A FINAL REPORT OF EXPENDITURES MUST BE SUBMITTED WITHIN
		THREE MONTHS OF THE TERMINATION OF THE GRANT, TOGETHER WITH THE REFUND OF ANY UNSPENT FUNDS
		UNSPENT FUNDS FROM AN EXISTING GRANT MAY ONLY BE CARRIED FORWARD AS A NO-COST EXTENSION OF THE
		GRANT TERM WITH THE WRITTEN PERMISSION OF AICR BEFORE GRANT RECOMMENDATIONS ARE PRESENTED TO
		THE BOARD OF DIRECTORS FOR APPROVAL, ALL APPLICANTS ARE CHECKED AND CLEARED AGAINST THE
		FOLLOWING TERRORIST WATCH LISTS SPECIALLY DESIGNATED NATIONALS (SDN), STATE DEPARTMENT
		TERRORIST EXCLUSIONS LIST, UNITED NATIONS CONSOLIDATED LIST WITH RESPECT TO AL-QAIDA, THE
		TALIBAN AND OSAMA BIN LADEN, AND THE EUROPEAN UNION TERRORIST LIST

**Compensation Information** 

DLN: 93493090002432

**Employer identification number** 

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

AME	RICAN INSTITUTE FOR CANCER RESEARCH			•		
			52-	1238026		
Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropiate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel		Housing allowance or residence for pers			
	Travel for companions		Payments for business use of personal r			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fe			
	Discretionary spending account		Personal services (e g , maid, chauffeur,	chef)		
b	If any of the boxes in line 1a are checked, did the oreimbursement orprovision of all the expenses described.					
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			? 2		
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t					
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	~	Approval by the board or compensation	committee		
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A , line $f 1a$ with respect to the fil	ing organization		
а	Receive a severance payment or change-of-contro	l paymen	t from the organization or a related organ	ızatıon? <b>4a</b>	ı	Νo
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	46	Yes	
c	Participate in, or receive payment from, an equity-l	based co	mpensation arrangement?	40	:	Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	e applicable amounts for each item in Pa	rt III		
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	lete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	did the organization pay or accrue any			
а	The organization?			5a	ı	Νo
b	Any related organization?			5b	,	Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
Ь	Any related organization?			6b	•	Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			ed <b>7</b>		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in			ribe		
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	ne rebutta	able presumption procedure described in	Regulations 9		

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	,	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and		(E) Total of columns	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) MARILYN GENTRY	(1) (11)	202,829	0	59,931 286,701				
(2) KELLY B BRO WNING	(I) (II)	294,195 0		82,421 17,925		•	431,605 17,925	
(3) KATHRYN L WARD	(ı) (ıı)	199,872 0	0	0 0	1 2,050	1	221,758	,
(4) STEPHENIE L LOWE	(ı) (ıı)	139,341	0	0 0	7,500			
(5) DEIRDRE MCGINLEY GIESER	(ı) (ıı)	142,120 0	- 1	0	´  ',= · =		178,950	,
(6)	'		1	,				
(7)	<del>    '</del>	,	1		1			
(8)	-							
(9)	<del>    '</del>	1	1					
(10)	<u> </u>	1	1	,	1			
(11)	<del>    '</del>	1	1		1			
( 12 )	+	†			1			
(13)	+	†			1			
( 14 )	+	†			1			
( 15 )	+	†			<u> </u>			
( 16 )	+-	+			<u>'</u>			

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
	(b)	EFFECTIVE JANUARY 1, 2001, THE BOARD OF DIRECTORS OF THE INSTITUTE ADOPTED A SUPPLEMENTAL RETIREMENT BENEFIT ARRANGEMENT FOR THE INSTITUTE'S PRESIDENT AND EXECUTIVE VICE-PRESIDENT IN RECOGNITION OF THEIR LONG TERM SERVICE AND CONTINUING COMMITMENT TO THE CHARITABLE ACTIVITIES OF THE INSTITUTE THE SUPPLEMENTAL RETIREMENT BENEFIT IS EQUAL TO THE LUMP SUM PRESENT VALUE OF A SINGLE LIFE ANNUITY IN THE AMOUNT OF 1% OF AVERAGE COMPENSATION FOR EACH YEAR OF SERVICE WITH THE INSTITUTE AND IT VESTED OVER A FIVE-YEAR PERIOD SUPPLEMENT RETIREMENT BENEFIT FOR 2010 MARILYN GENTRY (PRESIDENT) \$59,931 KELLY B BROWNING (EXECUTIVE VICE-PRESIDENT) \$82,421
	DIRECTORS, TRUSTEES, KEY	MARILYN GENTRY (PRESIDENT) 18,589 KELLY B BROWNING (EXECUTIVE VICE PRESIDENT) 17,925 THE COMPENSATION PROVIDED IS THROUGH THE WORLD CANCER RESEARCH FUND IN THE UNITED KINGDOM AND WORLD CANCER RESEARCH FUND INTERNATIONAL IS NOT REPORTED ON A W-2 OR 1099 BUT IS CONSIDERED ADDITIONAL INCOME TO THE PRESIDENT AND EXECUTIVE VICE PRESIDENT THEY ARE BOTH REQUIRED TO REPORT THEIR ADDITIONAL INCOME ON THEIR INDIVIDUAL 1040 FORMS

Schedule J (Form 990) 2010

### OMB No 1545-0047

2010

**SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH **Employer identification number** 

52-1238026

ldentifier	Return Reference	Explanation
EDUCATION	PART III LINE 4B	THE AMERICAN INSTITUTE FOR CANCER RESEARCH (AICR) CONTINUOUSLY INTERRETS THE GLOBAL SCIENTIFIC LITERATURE AND EDUCATES THE PUBLIC ABOUT THE EMPOWERING MESSAGE THAT EMPRGES FROM THE RESEARCH WE CAN ALL TAKE SMALL, EVERYDAY STEPS THAT HAVE BEEN SHOWN TO HELP PREVENT, AND SURVIVE, CANCER AICR ALSO FUNDS INNOVATIVE RESEARCH ON THE ROLES OF FOOD, NUTRITION, PHY SICAL ACTIVITY AND WEIGHT IN CANCER RISK AND SURVIVORSHIP RESEARCH THE WORK WE FUND IN PHY SICAL ACTIVITY AND WEIGHT IN CANCER RISK AND SURVIVORSHIP RESEARCH THE WORK WE FUND IN 1982. THE AMERICAN INSTITUTE FOR CANCER RISK AND SURVIVORSHIP RESEARCH THE WORK WE FUND IN 1982. THE AMERICAN INSTITUTE FOR CANCER RISK AND SURVIVORSHIP RESEARCH THE WORK WE FUND IN 1982. THE AMERICAN INSTITUTE FOR CANCER RISK AND SURVIVORSHIP RESEARCH THE WORK WE FUND IN 1981 AND THE US IN TIME AND THE US IN ATTOMAL ACADEMY OF SCIENCES REPORT "DIET, NUTRITION AND CANCER" IN 1982) EVALUATED THE WOUNTING EVIDENCE THAT DIET AND LIFESTYLE PLAYED A MAJOR ROLE IN CANCER RISK CITING THE LIFE-SAVING POTENTIAL OF THIS FIELD OF STUDY, BOTH REPORTS CONCLUDED BY ISSUING URGENT CALLS FOR MORE AND BETTER RESEARCH AICR WAS ESTABLISHED TO ANSWER THOSE CALLS. WE WERE THE FIRST ORGANIZATION TO DEVOTE FISHE. TO STUDY, BOTH REPORTS CONCLUDED BY ISSUING URGENT CALLS FOR MORE AND BETTER RESEARCH AICR WAS ESTABLISHED TO ANSWER THOSE CALLS. WE WERE THE FIRST ORGANIZATION TO DEVOTE FISHE. TO STUDY, BOTH ROLE OF DIET AND OTHER LIFES LIFE FACTORS IN LOWERNING EXCHANGE THE RESEARCH WE HAVE FUNDED HAS HELPED TRANSFORM A ONCE-RADICAL NOTION INTO A UNIVERSALLY ACCEPTED MEDICAL AND SCIENTIFIC FACT RESEARCH IS THE BASIS OF ALL PROGRAMAS AT AKE INTERPRETATION REPORTS AND CONTINUOUS UPDATES IN 1997 AICR AND ITS INTERNATIONAL AFFILIATE THE WORLD CANCER RESEARCH FUND PUBLISHED THE EXPERT REPORT "FOOD, NUTRITION AND THE PREVENTION OF CANCER RESEARCH FUND PUBLISHED THE EXPERT REPORT "FOOD, NUTRITION AND CANCER RISK THE REPORTS CONVOLUSIONS WERE ADOPTED BY RESEARCHERS, HEALTH PROFESSIONALS AND POLICY MAKERS, AND SET A NEW

ldentifier	Return Reference	Explanation
EDUCATION	PART III LINE 4B (CONTINUED)	IN JANUARY OF EY11, THE US GOVERNMENT RELEA SED THE 2010 DETARY QUIDELINES FOR AMERICANS THESE GUDELINES ARE CLOSELY IN LINE WITH AIGRS ADVICE FOR LOWERING CANCER RISK, IN PREPA RING THE GOVERNMENT GUIDELINES, THE US DISTARY QUIDELINES ADVISORY COMMITTEE EXTENSIVELY CITED THE ANALY SES AND CONCLUSIONS OF AIGRS EXPERT REPORT CONSOING REVIEW OF THE EY DENOE TODAY, THIS STUDY OF LIFESTYLES ROLE IN CANCER IS GROWING FASTER THAN EVER THAT'S WHY WE ESTABLISHED OUR CONTINUOUS UPDATE PROJECT (CUP) TO MAINTAIN THE WORLDS LARGEST DATABASE OF EVIDENCE RELATED TO FOCO, INJENTION HYSICAL ACTIVITY AND CANCER, AND TO UPDATE IT ON AN ONSOING BASIS AS RELEVANT NEW RESEARCH GITS PUBLISHED WORLDWIDE. THE PROCESS OF UPDATING THE DATABASE ONA PROLING BASIS IS WELL UNDERWAY, ADDING SYSTEM TO LITERAT RE REVIEWS OF NEW EVIDENCE, CANCER SITE BY CANCER SITE. IN 2010, THE CUP REPORT ON BREAST CANCER WAS PUBLISHED IN 2011, WE PUBLISHED THE CUP REPORT ON COLORECTAL CANCER EDUCATION ACR'S ME SANGE ACR'S PUBLIC EDUCATION PROCRAMIS ARE EVIDENCE-BASED. THIS EVIDENCE COMES FROM BOTH THE REPOCLICE MATERIALS TO MEET A WIDE VARETTY OF NEEDS, ACROSS ALL STAGES OF THEIR CANCER CONTINU UM AIGN REVISUAL SHAPE AND AND THE CUP REPORT ON COLORECTAL CANCER EDUCATION ACR'S ME REPOCLICE MATERIALS TO MEET A WIDE VARETTY OF NEEDS, ACROSS ALL STAGES OF THEIR CANCER CONTINU UM AIGN REVISUAL SHAPE AND AND THE CANCER CONTINU. UM AIGN REVISUAL SHAPE AND AND THE CANCER CONTINU. UM AIGN REVISUAL SHAPE AND AND THE CANCER CONTINU. UM AIGN REVISUAL SHAPE AND AND THE CANCER CONTINU. UM AIGN REVISUAL SHAPE AND
		SUR VIVORSHIP IN FY11, NEARLY 110,000 PEOPLE RECEIVED A COPY OF SCIENCE NOW AICR ON THE WEB AICR'S WEBSITE (WWW AICR ORG) OFFERS CONTINUALLY UPDATED INFORMATION ON AICR RESEARCH, HE LTHY, CANCER-PROTECTIVE RECIPES AND FITNESS TIPS, AND A HOST OF INTERACTIVE TOOLS AND RESO URCES ON THE SCIENCE OF LOWERING CANCER RISK IN FY11, AICR'S WEBSITE RECEIVED AN AVERAGE OF 51,000 UNIQUE VISITORS PER MONTH, AND OVER 608,000 VISITORS IN TOTAL, TOTAL PAGEVIEWS F OR FY1 TOPPED 2 6 MILLION - A 20 PERCENT INCREASE IN TRAFFIC OVER THE PREVIOUS YEAR FREE E-PUBLICATION AICR HAS DEVELOPED A LIBRARY OF E-PUBLICATIONS THAT DELIVER THE LATEST INFORMATION ON LOWERING CANCER RISK STRAIGHT TO SUBSCRIBER'S INBOXES OUR E-PUBLICATIONS ARE REVIEWED BY CANCER RESEARCHERS, CLINICIANS, DIETITIANS, AND AICR STAFF ENEWS IS A MONTHLY E-NEWSLETTER EMPHASIZING THE "TAKE-HOME" MESSAGE HOW CAN I START LIVING FOR LOWER CANCER RISK TODAY? A OF SEPTEMBER 2011, NEARLY 400,000 PEOPLE SUBSCRIBED TO ENEWS HEALTH-E-REC IPE IS FOR THOSE LOOKING FOR WAYS TO BRING THE RESEARCH HOME WITH QUICK, EASY AND DELICIOUS CANCER-

ldentifier	Return Reference	Explanation
EDUCATION	PART III LINE 4B (CONTINUED)	IPE HAD OVER 40,000 SUBSCRIBERS THOSE LOOKING TO DIG DEEPER INTO THE RESEARCH CAN DO SO BY SUBSCRIBING TO CANCER RESEARCH UPDATE THIS BIWEEKLY DIGEST OF BREAKING NEWS AND CURRENT RESEARCH IN THE FIGHT AGAINST CANCER REACHES OVER 8,000 READERS INTERESTED IN THE SCIENCE OF CANCER RISK, AS WELL AS HEALTH PROFESSIONALS LOOKING TO STAY CURRENT IN FY11 AICR LAU NCHED HEALTH AT WORK, A QUARTERLY E-PUBLICATION THAT ADAPTS AICR'S CANCER PREVENTION MESSA GE TO THE WORKPLACE BY THE CLOSE OF FY11 NEARLY 7,000 HUMAN RESOURCE MANAGERS AND WELLNES S PROFESSIONALS RECEIVED AICR'S HEALTH AT WORK AICR MULTIMEDIA THE AICR BLOG (WWW AICRBLO G ORG), SPEAKS TO SUPPORTERS, CANCER PATIENTS, SURVIVORS AND CAREGIVERS, HEALTH PROFESSION ALS, THE MEDIA AND THE GENERAL PUBLIC FILLED WITH TIPS, RESEARCHER PROFILES, RECIPES FROM THE AICR TEST KITCHEN, INTERACTIVE TOOLS FOR LOWERING CANCER RISK, THE AICR BLOG IS ALSO A MEANS BY WHICH AICR ENGAGES IN AN ONGOING DISCUSSION ABOUT THE RESEARCH, SEPARATING CANCER MYTHS FROM CANCER FACTS. THE BLOG RECEIVED APPROXIMATELY 50,000 PAGEVIEWS IN FY11, A 40 % INCREASE OVER THE PREVIOUS YEAR.

Identifier Return Referen	Explanation e
EDUCATION PART III LII 4B (CONTINUI	EDIA STATEMENTS, FEATURES, CAMPAIGNS AND PROGRAMS THE TASTE BUDDIES

Reference	
4B CA (CONTINUED) Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	DES READY-TO-USE CONTENT TO SMALL (<20,000 CIRCULATION) MEDIA OUTLETS AS NEWSPAPER COLUMNS FEATURING AICR'S CANCER-PREVENTION MESSAGE COLUMNS INCLUDE AICR HEALTHTALK (A QUESTION-A ND-ANSWER COLUMN) AND TWO RECIPE COLUMNS (FROM THE AICR TEST KITCHEN) IN FY 11, DVER 600 M EDIA OUTLETS WERE SUBSCRIBED CAMPAIGN LAUNCH IT'S NEVER TOO LATE TO COINCIDE WITH AICR A NNUAL RESEARCH CONFERENCE, AICR PARTNERED WITH THE ALLIANCE FOR AGING RESEARCH ON A VIDEO NEWS RELEASE LAUNCHING AICR'S "NEVER TOO LATE" CAMPAIGN, WHICH HIGHLIGHTS THE AGING OF THE US POPULATION, NEW RESEARCH ON AGING AND CANCER, AND RESPONSES TO AN AICR SURVEY AMONG AM ERICANS AGED 55 AND OVER THE VIDEO RELEASE WAS VIEWED OVER 17,000 TIMES WITHIN 24 HOURS OF ITS POSTING, AND RESULTED IN COVERAGE IN USA TODAY, US NEWS AND WORLD REPORT, THE AARP N EWSLETTER AND HUNDREDS OF OTHER MEDIA OUTLETS THE CAMPAIGN WEBSITE MWW AICR ORG/NEVER-TOO -LATE, CONTAINS DOWNLOADABLE TOOLS, PRACTICAL TIPS AND BACKGROUND INFORMATION

Identifier Return Reference	Explanation
RESEARCH PART III LINE 4B	RESEARCH PROGRAMS SCIENTIFIC STUDY OF THE RELATIONSHIP OF DIET, PHYSICAL ACTIVITY, AND WEI GHT MANAGEMENT TO CANCER RISK AND SURVIVORSHIP CONTINUES TO BE ONE OF THE MOST PROMISIOS A REAS OF CANCER RISK AND SURVIVORSHIP CONTINUES TO BE ONE OF THE MOST PROMISIOS A REAS OF CANCER RISK AND SURVIVORSHIP RESEARCH AND MIDICATES THAT ABOLIT ONE-THERO OF SOME OF EVIDENCE SHOWS THAT FOOD, NUTRITION, AND PHYSICA ACTIVITY PLAY IMPORTANT ROLLS IN THE CANCER PROCESS AND IN CANCER SURVIVORSHIP RESEARCH HOW INDICATES THAT ABOLIT ONE-THERO OF SOME OF THE MOST COMMON CANCERS COULD BE REPREVENTED BY APPROPRIATE FOOD, NUTRITION, WEIGHT MANAGEMENT, AND PHYSICAL ACTIVITY THE AMERICAN IN STITUTE FOOD ON JUTIETION, WEIGHT MANAGEMENT, AND PHYSICAL ACTIVITY THE AMERICAN IN STITUTE FOR CANCER RESEARCH CONFERENCE ON SOME THAT TO INDIVIDUAL RESEARCH PROJECTS AT UNIVERSITIES, HOSPITALS AND RESEARCH CENTERS WORLDWIDE AICR IS ONE OF THE LARGEST NON-GOVERNMENT FUNDING SOURCES FOR PEED-REVIEWED RESEARCH PROJECTS ON D ET, INJERTION AND CANCER ACRE ANNUAL RESEARCH CONFERENCE TO FACILITY THE THE EXCHANGE OF IDEAS AND INFORMATION AND TO D ENCOURAGE CONSTRUCTIVE DEBATE ON TIMELY DET AND CANCER RESEARCH TOPICS. THE CONFERENCE OF THE ROYENGE FOR THE PROJECTS ON D ET, INJERTION AND CANCER ACRE ACHIEVED THE NOVEMBER 2011 CONFERENCE INCLUDED SCENTIFIC SESSIONS ON THE ROLE OF VARIOUS TYPES OF EVIDENCE IN MOVING AND THE ROLE OF VARIOUS TYPES OF EVIDENCE IN MOVING AND THE ROLE OF VARIOUS TYPES OF EVIDENCE IN MOVING AND THE PROJECTS. THE WORK THE PROSSIBLE ROLE IN CANCER REVENTION, THE EFFECT OF CALORIE RESERT CHON MEGATIVE FATS AND THEIR POSSIBLE ROLE IN CANCER REVENTION, THE EFFECT OF CALORIE RESERT CHON MEGATIVE FATS AND THEIR POSSIBLE ROLE IN CANCER REVENTION, THE EFFECT OF CALORIE RESERT CHON MEGATIVE AND THE CANCER PROCESS. IN UNITRION AS IT RELATES TO CANCER TREAT THAT AND DISCOURSE AND AND THE CANCER ACRES AND THE POSSIBLE ROLE IN CANCER REVENTION. THE EFFECT OF CALORIE RESEARCH ONE AND THE CONCESS AND THE CONCESS AND THE CONCESS AND THE CONCESS AND

Identifier Return Reference	Explanation
RESEARCH PART III LINE 4B	HT MANAGEMENT AND CANCER PREVENTION PANEL II FOCUSES ON PROPOSALS IN THE AREA OF DIET, NU TRITION, PHY SICAL ACTIVITY, WEIGHT MANAGEMENT AND CANCER TREATMENT AND SURVIVORSHIP THE P ANELS REVIEW APPLICATIONS FOR THEIR SCIENTIFIC MERIT, THE QUALIFICATIONS, EXPERIENCE AND P RODUCTIVITY OF THE INVESTIGATORS, THE FACILITIES AVAILABLE, AND THE PROMISE FOR ELUCIDATING THE ROLES OF FOOD, NUTRITION, PHY SICAL ACTIVITY AND WEIGHT MANAGEMENT IN CANCER PREVENTION, TREATMENT, AND SURVIVORSHIP THE REVIEW PROCESS IS STRICTLY CONTROLLED, INCLUDING PROC EDURES TO AVOID POTENTIAL CONFLICTS OF INTEREST THE AICR GRANT REVIEW PANELS MEET ONCE AN NUALLY TO REVIEW RESEARCH GRANT APPLICATIONS MEMBERS OF THE PANELS ARE SELECTED FOR THEIR RESEARCH EXPERTISE AND THEIR ABILITY TO BRING A WIDE SCOPE OF SCIENTIFIC EXPERIENCE TO THE REVIEW PROCESS IN ADDITION TO THE REGULAR MEMBERS OF THE PANELS, ADDITIONAL RESEARCHERS MAY BE ADDED FOR PARTICULAR REVIEW SESSIONS IF A SPECIAL AREA OF EXPERTISE IS REQUIRED

ldentifier	Return Reference	Explanation
RESEARCH	PART III LINE 4B (CONTINUED)	RECOMMENDATIONS OF THE GRANT REVIEW PANELS ARE FORWARDED TO THE AICR BOARD OF DIRECTORS, WHICH MAKES THE FINAL DECISIONS ON GRANT AWARDS THE GRANT REVIEW PANELISTS DURING FY2011 WERE GRANT REVIEW PANEL IRANJANA BIRD, PHD - CHAIR UNIVERSITY OF WINDSOR RAJESH AGARWAL, PHD UNIVERSITY OF COLORADO AT DENVER LEONARD H AUGENLICHT, PHD ALBERT EINSTEIN COLLEGE OF MEDICINE AND CANCER CENTER ELISA BANDERA, MD, PHD THE CANCER INSTITUTE OF NEW JERSEY JOSHUA BOMSER, PHD OHIO STATE UNIVERSITY LESLEY BUTLER, PHD COLORADO STATE UNIVERSITY ROBERT CHAPKIN, PHD TEXAS A&M UNIVERSITY LESLEY BUTLER, PHD COLORADO STATE UNIVERSITY ROBERT CHAPKIN, PHD TEXAS A&M UNIVERSITY CINDY D DAVIS, PHD NATIONAL CANCER INSTITUTE, NIH ZIGANG DONG, MD, PHD UNIVERSITY OF MINNESOTA ALISON DUNCAN, PHD, RD UNIVERSITY OF GUELPH RICHARD ECKERT, PHD UNIVERSITY OF MARYLAND JED FAHEY, PHD JOHNS HOPKINS UNIVERSITY BARBARA C PENCE, PHD TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER DONATO F ROMAGNOLO, PHD THE UNIVERSITY OF ARIZONA STEPHANIE SMITH-WARNER, PHD HARVARD UNIVERSITY MICHAEL A TRUSH, PHD JOHNS HOPKINS UNIVERSITY JANOS ZEMPLENI, PHD UNIVERSITY OF NEBRASKA AT LINCOLN GRANT REVIEW PANEL II RICHARD M NILES, PHD - CHAIR MARSHALL UNIVERSITY ROSALYN M ADAM, PHD CHILDREN'S HOSPITAL BOSTON DANIEL D BIKLE, MD, PHD UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CELIA BYRNE, PHD UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES W ELAINE HARDMAN, PHD MARSHALL UNIVERSITY DANE HARRIS, PHD UNIVERSITY OF TEXAS AT AUSTIN KIMBERLY KLINE, PHD UNIVERSITY OF TEXAS AT AUSTIN CAROLYN M KLINGE, PHD UNIVERSITY OF TEXAS AT AUSTIN KIMBERLY KLINE, PHD UNIVERSITY OF TEXAS AT AUSTIN CAROLYN M KLINGE, PHD UNIVERSITY OF TEXAS AT AUSTIN KIMBERLY KLINE, PHD UNIVERSITY OF TEXAS AT AUSTIN CAROLYN M KLINGE, PHD UNIVERSITY OF TEXAS AT AUSTIN CAROLYN M KLINGE, PHD UNIVERSITY OF TEXAS AT AUSTIN CAROLYN M KLINGE, PHD UNIVERSITY OF TEXAS AT AUSTIN CAROLYN M KLINGE, PHD UNIVERSITY OF TEXAS AT AUSTIN CAROLYN M RULESH, PHD UNIVERSITY OF TEXAS AT AUSTIN DURING FISCAL YEAR 2011 THE AMERICAN INSTITUTE FOR

ldentifier	Return Reference	Explanation
GOVERNANCE		LINE 11 B - THE 990 FORM IS PREPARED AND REVIEWED IN DETAIL BY THE AICR ACCOUNTING DEPARTMENT THE 990 FORM IS THEN REVIEWED BY AICR EXECUTIVE MANAGEMENT, KPMG AND THE LAW FIRM STEPTOE & JOHNSON KPMG AND STEPTOE & JOHNSON KPMG AND THE LAW 1990 FORM ONCE THE 990 FORM AND ACCOMPANY ING SCHEDULES ARE IN FINAL DRAFT FORM, THE 990 FORM AND ACCOMPANY ING SCHEDULES ARE IN FINAL DRAFT FORM, THE RETURN AND SCHEDULES ARE EMAILED TO THE AICR BOARD OF DIRECTORS AND ASKED TO REVIEW ALL DOCUMENTS PRIOR TO THE FILING LINE 12C - THE INSTITUTE'S BOARD OF DIRECTORS HAS A CONFLICT OF INTEREST POLICY IN EFFECT A COPY OF THE POLICY IS PROVIDED TO EACH DIRECTOR, OFFICER AND STAFF MEMBER OF AICR WHO IS PRESENTLY SERVING IN A CAPACITY WHERE A CONFLICT OF INTEREST COULD ARISE THE POLICY IS REVIEWED ANNUALLY IF THE BOARD DETERMINES THAT CHANGES DO NOT MEED TO BE MADE, THE POLICY IS REFECT UPON TAKING OFFICE OR UPON THE START OF EMPLOYMENT IN THE EVENT OF A CONFLICT OF INTEREST RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD, THE EPRSON SHALL CALL IT TO THE ATTENTION OF THE BOARD AND SUCH PERSON SHALL NOT VOTE ON THE MATTER THE PERSON HAVING A CONFLICT OF INTEREST SHALL FROW IDE THE BOARD WITH ANY AND ALL RELEVANT INFORMATION, AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATION OR DECISION REGARDING THE MATTER, AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION THE MINUTES OF THE MEETING OF THE BOARD WITH ANY AND ALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED PERSON WAS NOT PRESENT DURING THE FINAL DISCUSSION OF SUCH MATTER OR VOTE AND DID NOT VOTE ON SUCH MATTER OR FOR EAD DID NOT VOTE ON SUCH MATTER OR FOR EAD DID NOT VOTE ON SUCH MATTER OR FOR EAD DID NOT VOTE ON SUCH MATTER OR FOR EAD DID NOT VOTE ON SUCH MATTER OR FOR EAD DID NOT VOTE ON SUCH MATTER OR FOR EAD DID NOT VOTE ON SUCH MATTER OR FOR EAD DID DOT OF THE BOARD OF DIRECTORS, IS RESPONSIBLE FOR SETTING THE COMPENSATION OF THE PRINCIPATE THE ART BUDGETS, THE YEARDY WE DESON WAS NOT PRESENT

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 5	RECONCILIATION OF NET ASSETS	UNREALIZED LOSS ON INVESTMENTS (191,093) PENSION RELATED CHANGES OTHER THAN NET 111,432 PERIODIC BENEFIT COSTS CHANGE IN VALUE OF SPLIT-INTEREST (11,944) AGREEMENT LIABILITY TOTAL (91,605)

DLN: 93493090002432

2010

Open to Public Inspection

## SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization
AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number

AMERICAN INSTITUTE FOR CANCER RESEARCH					52-1238026			
Part I Identification of Disregarded Entities (Com	plete if the c	organization	n answered "Yes"	' on Form 990, Pa	rt IV, line 33.)			
( <b>a)</b> Name, address, and EIN of disregarded entity		(b) Primary activity Legal domicile or foreign cou		<b>(d)</b> e Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during	nizations (( g the tax yea	Complete if ir.)	f the organization	answered "Yes"	on Form 990, Par	t IV, line 34 becaus	e it had	one
(a) Name, address, and EIN of related organization	( <b>b</b> Primary	<b>)</b> activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g) Section 512(b)(13 controlled organization	
(1) WORLD CANCER RESEARCH FUND UK							Yes	No
22 BEDFORD SQUARE LONDON WC1B 3HH UK	AFFLD CHARI	ТҮ	UK			AICR		
(2) WORLD CANCER RESEARCH FUND HONG KONG								
145 HENNESSY ROAD ROOM 601 WANCHAI HK	AFFLD CHARI	тү	нк			AICR		
(3) WORLD CANCER RESEARCH FUND FRANCE								
ALL DE LARCHE 9-11 COURBEVOIE FR	AFFLD CHARI	ΤΥ	FR			UK		
(4) WORLD CANCER RESEARCH FUND INTERNATIONAL								
22 BEDFORD SQUARE LONDON WC1B 3HH UK	AFFILIATE		BE			AICR		

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	Part IV,	line 34
	because it had one or more related organizations treated as a partnership during the tax year.)		

				-								
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j</b> Genei mana parti	ral or iging	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	1
												<del> </del>
_												
_												
												<b></b>
Part IV Identif	ication of Relat	ed Ora:	 anizations Tava	l ble as a Cornora	tion or Trust (C)	omplete if the ord	  anizat	l tion ar	nswered "Yes" on	<u> </u> Form	99N	Part IV

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

	3	•	_	• •		
<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership
LIST RENTAL	UK	UK	C CORP			0 %
UNITRUST		NA	TRUST		274,870	100 000 %
UNITRUST		NA	TRUST		368,734	100 000 %
UNITRUST		NA	TRUST		130,830	100 000 %
UNITRUST		NA	TRUST		53,713	100 000 %
UNITRUST		NA	TRUST		57,331	100 000 %
PERPETUAL TRUST		NA	TRUST		338,842	100 000 %
	Primary activity  LIST RENTAL  UNITRUST  UNITRUST  UNITRUST  UNITRUST  PERPETUAL	Primary activity  Legal domicile (state or foreign country)  LIST RENTAL  UNITRUST  UNITRUST  UNITRUST  UNITRUST  UNITRUST  PERPETUAL	Primary activity  Legal domicile (state or foreign country)  LIST RENTAL  UK  UK  UNITRUST  NA  UNITRUST  NA  UNITRUST  NA  UNITRUST  NA  NA  PERPETUAL  Direct controlling entity  Direct controlling entity  Direct controlling entity  Direct controlling entity  NA  NA  NA  NA  NA  NA  NA  NA  NA  N	Primary activity  Legal domicile (state or foreign country)  LIST RENTAL  UK  UK  UK  C CORP  UNITRUST  NA  TRUST  UNITRUST  NA  TRUST  UNITRUST  NA  TRUST  UNITRUST  NA  TRUST  NA  TRUST	Primary activity  Legal domicile (state or foreign country)  LIST RENTAL  UK  UK  C CORP  UNITRUST  NA  TRUST  UNITRUST  NA  TRUST  UNITRUST  NA  TRUST  UNITRUST  NA  TRUST  NA  TRUST  UNITRUST  NA  TRUST  NA  TRUST  PERPETUAL  NA  TRUST  NA  TRUST  NA  TRUST  NA  TRUST  NA  TRUST  NA  TRUST  NA  TRUST	Primary activity  Legal domicile (state or foreign country)  LIST RENTAL.  UK  UK  C CORP  Share of total income end-of-year assets  LIST RENTAL.  UK  C CORP  UNITRUST  NA  TRUST  SARY OF TRUST  Share of total income end-of-year assets  Share of end-of-year assets  Share of total income end-of-year assets  TRUST  TRUST  Share of total income end-of-year assets  TRUST  Share of total income end-of-year assets  Share of total income end-of-year assets  TRUST  Share of total income end-of-year assets  Share of total income end-of-year assets  Share of total income end-of-year assets  TRUST  Share of total income end-of-year assets  Share of total income end-of-year assets  TRUST  Share of total i

Part V	Transactions With Related Organizations	(Complete if the organization answered "	Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)
		( · · ·   - · · · · · · · · · · · · ·	

Part \	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
No	te. Complete line 1 if any entity is listed in Parts II, III or IV	Т	Yes	No
LDurin	ng the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	T		
a Re	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	.a		No
<b>b</b> G	ift, grant, or capital contribution to other organization(s)	.b	Yes	
<b>c</b> Gı	ft, grant, or capital contribution from other organization(s)	.c		No
<b>d</b> Lo	pans or loan guarantees to or for other organization(s)	.d		No
<b>e</b> Lo	pans or loan guarantees by other organization(s)	е		No
<b>f</b> Sa	ale of assets to other organization(s)	f		No
g Pu	urchase of assets from other organization(s)	.g		No
h E>	change of assets	.h		No
i Lea	ase of facilities, equipment, or other assets to other organization(s)	Li		No
<b>j</b> Le	ase of facilities, equipment, or other assets from other organization(s)	l.j	$\dashv$	No
<b>k</b> Pe	erformance of services or membership or fundraising solicitations for other organization(s)	.k	Yes	
I Pe	rformance of services or membership or fundraising solicitations by other organization(s)	.I		No
m Sh	naring of facilities, equipment, mailing lists, or other assets	.m		No
n Sh	naring of paid employees	.n	Yes	
<b>o</b> Re	eimbursement paid to other organization for expenses	.0	Yes	
p Re	eimbursement paid by other organization for expenses	.p	Yes	
<b>q</b> 01	ther transfer of cash or property to other organization(s)	q.	-	No
-	<u> </u>	lr		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	<b>(d)</b> Method of determining amount involved
(1) WORLD CANCER RESEARCH FUND UK	Р	100,479	
(2) WORLD CANCER RESEARCH FUND INTERNATIONAL	В	143,555	
(3) WORLD CANCER RESEARCH FUND INTERNATIONAL	0	73,895	
(4) WORLD CANCER RESEARCH FUND INTERNATIONAL	к	1,273,032	
(5) WORLD CANCER RESEARCH FUND INTERNATIONAL	Р	966,577	
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	<b>(e)</b> Share of end-of-year assets		ortionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No	
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## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Ident if ier	Return Reference	Explanation

Schedule R (Form 990) 2010

Software ID: Software Version:

**EIN:** 52-1238026

Name: AMERICAN INSTITUTE FOR CANCER RESEARCH

## Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

				<u>-</u>			
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
WCRF (TRADING) LIMITED BROADGATE TO WER PRIMROSE ST LONDON EC2A 2RS UK	LIST RENTAL	UK	UK	C CORP			0 %
CHARITABLE REMAINDER TRUST 1 1759 R STREET NW WASHINGTON, DC20009 01-6129248	UNITRUST		NA	TRUST		274,870	100 000 %
CHARITABLE REMAINDER TRUST 2 1759 R STREET NW WASHINGTON, DC20009 52-6818284	UNITRUST		NA	TRUST		368,734	100 000 %
NET INCOME CHARITABLE REMAINDER TRUST 3 1759 R STREET NW WASHINGTON, DC20009 54-6240657	UNITRUST		NA	TRUST		130,830	100 000 %
CHARITABLE REMAINDER TRUST 4 1759 R STREET NW WASHINGTON, DC20009 52-6625894	UNITRUST		N A	TRUST		53,713	100 000 %
CHARITABLE REMAINDER TRUST 5 1759 R STREET NW WASHINGTON, DC20009 52-6625894	UNITRUST		NA	TRUST		57,331	100 000 %
PERPETUAL TRUST 6 1759 R STREET NW WASHINGTON, DC20009 25-6480501	PERPETUAL TRUST		N A	TRUST		338,842	100 000 %