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DLN: 93493134047513

Form **990**

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)

2011

OMB No 1545-0047

	Revenue (,	► The organization may have to use	a copy of this return to satisfy	state reporting	requirem	ents	Open to Public Inspection
A Fo	r the 2	2011 ca	lendar year, or tax year beginning 10-0	1-2011 and ending 09-30-20	12			·
	eck ıf ap		C Name of organization AMERICAN INSTITUTE FOR CANCER RESEAR			D Emplo	yer id	dentification number
┌ Add	dress cha	ange		CII		52-12		
┌ Na	me chan	nge	Doing Business As			E Teleph	one i	number
┌ Init	tıal returi	n	Number and street (or P O box if mail is not	delivered to street address) Room/	suite			-7744
Г Теі	rmınated	1	1759 R STREET NW			G Gross re	eceıpt	s \$ 26,436,544
┌ Am	ended re	eturn	City or town, state or country, and ZIP + 4	_				
Г Арі	plication	pending	WASHINGTON, DC 200092552					
			F Name and address of principal o	fficer	H(a) Is thi	s a droun	retu	rn for
			KELLY B BROWNING		affilia		1000	⊤Yes ▽ No
			1759 R STREET NW WASHINGTON, DC 200092552		H(b) Are all	l affiliatos	inalı	ided? Yes No
			·					it (see instructions)
I Ta	x-exem _l	pt status	▼ 501(c)(3)) \[4947(a)(1) or \[527		p exempt		
J W	ebsite	: ► ww	WAICRORG					
K For	m of ora	anization	Corporation Trust Association Oth	er ▶ -	L Year of for	mation 19	81	M State of legal domicile DC
	rt I		mary		I rear or to	mation 15	01	Trotate or legal dornicile. De
			escribe the organization's mission or mo	ost significant activities				
	A	ICR ED	UCATES THE PUBLIC ABOUT THE R	ELATIONSHIP OF NUTRITIC	,		1A Y	ND WEIGHT
<u>ల</u>	<u> </u>	1ANAGE	EMENT TO CANCER, INTERPRETS TH	IE SCIENTIFIC DATA AND F	UNDS RESEAR	СН		
Governance	_							
홋	-							
ŝ	1		is box 🔭 if the organization discontin			5% of its		1
න් ග	1		of voting members of the governing bod				3	6
ĕ	1		of independent voting members of the g mber of individuals employed in calenda			-	<u>4</u> 5	70
Activities &			nber of individuals employed in calenda nber of volunteers (estimate if necessa			F	6	452,238
đ			related business revenue from Part VII	• •		ŀ		132,230
			lated business taxable income from For			F	7b	
				·	Prio	r Year		Current Year
	8	Contril	butions and grants (Part VIII, line 1h)			21,205,301		22,368,002
ā	9	Progra	m service revenue (Part VIII, line 2g)		1,574,2	240	1,430,694	
Revenue	10	Invest	ment income (Part VIII, column (A), lii	nes 3, 4, and 7d)		211,7	171,716	
	11		revenue (Part VIII, column (A), lines 5			640,8	336	519,398
	12		evenue—add lines 8 through 11 (must		ne	23,632,1	156	24,489,810
	13		and similar amounts paid (Part IX, col			521,5		1,689,877
	14		ts paid to or for members (Part IX, colu				0	0
46	15		es, other compensation, employee bene	fits (Part IX, column (A), lines		5,253,3		
Expenses		5-10)				4,625,226		
<u>₹</u>	16a		sional fundraising fees (Part IX, columr			1,480,6	522	1,303,273
ă	b		ndraising expenses (Part IX, column (D), line 25			17.602.7	774	17.406.674
	17 18		expenses (Part IX, column (A), lines 1: expenses Add lines 13–17 (must equa			17,682,7 24,938,2		17,486,674 25,105,050
	19		expenses Add innes 13-17 (must equa ue less expenses Subtract line 18 fron			-1,306,0	_	-615,240
大学	 				Beginning			
Net Assets or Fund Balances					Y	ear		End of Year
200 100 100 100 100 100 100 100 100 100	20		issets (Part X, line 16)			16,703,9		15,101,710
end Grad	21		labilities (Part X, line 26)			8,363,4		6,584,447
	22		sets or fund balances Subtract line 21	trom line 20		8,340,5	20	8,517,263
	rt III		ature Block erjury, I declare that I have examined this	return including accompanying	schedulee and at	tatements	and	to the best of my
know	ledge a		f, it is true, correct, and complete. Declara					
know	ledge.							
		<u> </u>			20	13-05-09		
Sigr	,	Signa	ture of officer		Da			
Her			B Browning CHIEF EXECUTIVE OFFICER					
			or print name and title					
		Preparer		Date	Check If			payer identification number
Paid		sıgnature	· ,		self- employed 🕨 🦵	(see instr	uctioi	15)
•	arer's		mme (or yours KPMG LLP	<u>_</u>	·	EIN Þ		
Use (Only		nployed), and ZIP + 4 1676 International Drive					

McLean, VA 22102

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

Phone no 🕨 (703) 286-8000

16,315,561

Total program service expenses►\$

art IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f 2}$	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? 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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	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
	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	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, Part 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, Part 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	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? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	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		No
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 questions 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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
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			
	<i>IV</i>	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
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		No
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	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 $2 \cdot \cdot \cdot \cdot$	35b	Yes	
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		Νo
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			NI -
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
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	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		.୮	
			Yes	No
la	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 194			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	-	-	
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		105	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
_	year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
l 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 or securities account)?	4a	Yes	
h	·		162	
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			
	See manactions for iming requirements for Form 1D F 30-22 1, Report of Foreign Bank and Financial Accounts			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
-	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
•	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
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		No
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	71		140
y	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		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. 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		
		0		
_	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 49662	90		
	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			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
U	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			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
u	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
h				
O	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
	13c	, l		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2011) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for Part VI 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 Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax 1a Enter the number of voting members included in line 1a, above, who are 1b 6 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any Νo 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? . Νo Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Nο filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Νo 6 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes Each committee with authority to act on behalf of the governing body? Yes 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a 10a Did the organization have local chapters, branches, or affiliates? . Nο **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes the form? **b** Describe in Schedule O the process, if any, used by the organization to review the Form 990 . **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Yes b Were officers, directors or trustees, and key employees required to disclose annually interests that could give Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes Did the organization have a written whistleblower policy? 13 Yes 13 **14** Did the organization have a written document retention and destruction policy? 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Yes 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 16a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the States with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CT, FL, GA, HI, IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WV , WI 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 made these available. Check all that apply

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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) A verage hours per week (describe hours	director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		11300)	organizations
(1) MELVIN HUTSON CHAIRMAN, SEE SCH O PG 74	2 0	х		Х				1,200	0	0
(2) LAWRENCE PRATT BOARD MEMBER, SEE SCH O PG 74	2 0	Х						1,200	0	0
(3) SUSAN PEPPER BOARD MEMBER, SEE SCH O PG 74	2 0	Х						1,200	0	0
(4) PETER MCCARTY BOARD MEMBER, SEE SCH O PG 74	2 0	х						1,200	0	0
(5) JEFFREY BUNN BOARD MEMBER, SEE SCH O PG 74	2 0	х						1,200	0	0
(6) G ALLEN DALE BOARD MEMBER, SEE SCH O PG 74	2 0	х						1,200	0	0
(7) JOE SWARTZ BOARD MEMBER, SEE SCH O PG 74	2 0	х						1,200	0	0
(8) MARILYN GENTRY PRESIDENT, SEE SCH J PG 45	40 0			Х				324,607	278,945	6,687
(9) KELLY B BROWNING EXECUTIVE VP, SEE SCH J PG 45	40 0			Х				358,806	18,572	26,254
(10) KATHRYN L WARD SENIOR VICE PRESIDENT	40 0				Х			200,486	0	10,542
(11) DEIRDRE MCGINLEY GIESER SENIOR VICE PRESIDENT	40 0					х		143,130	0	27,911
(12) STEPHENIE L LOWE SENIOR VICE PRESIDENT	40 0					Х		139,320	0	26,761
(13) PATRICIA M BODENSTEDT CONTROLLER	40 0					х		105,883	0	9,142
(14) GLEN WELDON DIRECTOR OF COMMUNICATIONS	40 0					Х		104,438	0	8,392
(15) JOHN MCILVEEN DIRECTOR OF HR AND OPERATIONS	40 0					х		103,017	0	12,517

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

(A) Name and Title	(B) A verage hours per week (describe	A verage Position (do not check hours more than one box, unless person is both an officer and a (describe director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estimated amount of other compensation from the organization and related	
	hours for related organizations in Schedule O)	Individual trustiee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former			MISC)		relat organiza	
											\dashv		
											+		
											+		
-													
		tion A			•		<u> </u>						
d Total (add lines 1b and 1c							<u> </u>		1,488,087	297,5	517		128,206
2 Total number of individua \$100,000 of reportable c					ted	above) who	receive	d more th	an			
3 Did the organization list a	· ·				ey e	mploy	ee, c	or highest	compens	ated employee		Yes	No
on line 1a? If "Yes," compose For any individual listed of organization and related composed to the second	on line 1a, is the sum o	f report	able c	om							3		No
individual5 Did any person listed on l		· ·	• oensa	• tıon	• fror	nany	• unrel	lated org	anızatıon	or individual for	4	Yes	
services rendered to the										•	5		No
Section B. Independen	t Contractors												
Complete this table for you \$100,000 of compensation or within the organization	on from the organizatio												
	(A) Name and business ad	dress							Desc	(B) ription of services		Compe	
INFOCISION MANAGEMENT CORPORAT 325 SPRINGSIDE DRIVE AKRON, OH 44333	TON								TM CONSUL	TANT		4	,811,684
WEBCRAFT DBA VERTIS COMMUNICAT PO BOX 403217 ATLANTA, GA 30301	TIONS								MAILHOUSE	CONSULTANT		1	.,550,339
SOUTHWEST PUBLISHING 2600 NW TOPEKA BLVD TOPEKA, KS 66617 MAILHOUSE CONSULTANT										717,541			
DIRECT RESPONSE CONSULTING 6849 OLD DOMINON DRIVE MCLEAN, VA 22101 FR CONSULTANT								593,073					
THE DATA CENTER 11200 WAPLES MILL RD FAIRFAX, VA 22030									DP CONSUL	TANT			521,300
FAIRFAX, VA 22030 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►10									who recei	ved more than			

Part V		Statement of Revenue					
	T .			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
##	1a	Federated campaigns 1a					
医声	ь	Membership dues 1b					
ಕ್	l c	Fundraising events 1c					
% हें							
<u>=_</u>	d	Related organizations 1d					
∞ુ≣	e	Government grants (contributions) 1e					
_ই জু	f	All other contributions, gifts, grants, and 1f	22,368,002		į		
ぎる	_	similar amounts not included above					
置る	g	Noncash contributions included in lines 1a-1f \$					
Contributions, gifts, grants and other similar amounts	١.	Total. Add lines 1a-1f	_	22,368,002			
ပဏ	h	Total. Add lines 1a-11	• • •	22,300,002			
œ.			Business Code				
릁	2a	SERVICE FEES	900099	1,168,848	1,168,848	0	0
% 99	ь	BOOK SALES	900099	3,271	3,271	0	0
ъ Ш	l c	BROCHURE SALES	900099	90,557	90,557		0
ž				, ,	, , ,	0	0
Š	d	EXPERT REPORT SALES	900099	3,075	3,075	0	0
Ē	e	RESEARCH CONFERENCE	900099	164,943	164,943	0	0
Program Serwce Revenue	f	All other program service revenue					
နို	_	Total Addings 35 35	<u> </u>	4 400 551			
	g	Total. Add lines 2a-2f		1,430,694			
	3	Investment income (including dividends	· . F	145 264			145.264
		and other similar amounts)		145,364	0	0	145,364
	4	Income from investment of tax-exempt bond pro	oceeds 🟲	0			
	5	Royalties	•	419	0	0	419
		(ı) Real	(II) Personal				
	6a	Gross rents					
	Ь	Less rental expenses					
	l c	Rental income					
	١.	or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount 1,893,302 from sales of	79,784				
		assets other than inventory					
	Ь	Less cost or 1,872,734	74,000				
		other basis and sales expenses					
	l c	Gain or (loss) 20,568	5,784				
	d	Net gain or (loss)		26,352	О	0	26,352
	8a	Gross income from fundraising	ŀ				
Φ		events (not including					
듄		\$					
Š		of contributions reported on line 1c) See Part IV, line 18					
œ		a					
<u> </u>	ь	Less direct expenses b					
Other Revenue	c	Net income or (loss) from fundraising ev	/ents b -	n			
-	9a	i		9			
	"	Gross income from gaming activities See Part IV, line 19					
		a					
	ь	Less direct expenses b					
	c	Net income or (loss) from gaming activi	ties	o			
	10a	Gross sales of inventory, less	· •				
		returns and allowances .					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of inven	ntory 🟲	0	0	0	
		Miscellaneous Revenue	Business Code				
	11a	MAIL LIST RENTAL	900099	503,648			503,648
	Ь	DISCOUNT EARNED	900099	15,795			15,795
		OTHER INCOME	900099	-464			-464
				.51			
	d	All other revenue					
	e	Total. Add lines 11a-11d	▶	518,979			
	12	Total revenue. See Instructions	. ▶				
		TOTAL ICVENIES DECINSTRUCTIONS	•	24,489,810	1,430,694	0	691,114

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,314,988	1,314,988		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	374,889	374,889		
4	Benefits paid to or for members	0	0,000		
5	Compensation of current officers, directors, trustees, and key employees	604,960	387,416	130,127	87,417
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	3,180,865	1,751,464	1,097,237	332,164
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	86,568	46,713	31,238	8,617
9	Other employee benefits	485,686	276,232	156,180	53,274
10	Payroll taxes	267,147	152,274	85,487	29,386
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	84,908	43,659	27,743	13,506
c	Accounting	96,121	8,971	85,419	1,731
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	1,303,273			1,303,273
f	Investment management fees	24,664	7,488	4,695	12,481
g	Other	2,772,634	2,615,499	157,135	0
12	Advertising and promotion	300,508	260,789	35,102	4,617
13	Office expenses	399,573	246,566	106,519	46,488
14	Information technology	213,028	150,047	30,586	32,395
15	Royalties	0			_
16	Occupancy	951,952	542,612	304,625	104,715
17	Travel	256,723	234,509	8,546	13,668
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	58,172	53,949	1,568	2,655
20	Interest	91,116		91,116	
21	Payments to affiliates	80,834	80,834		
22	Depreciation, depletion, and amortization	64,854	36,967	20,753	7,134
23	Insurance	29,382	16,748	9,402	3,232
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	POSTAGE & DELIVERY	5,422,727	3,389,785	293,653	1,739,289
b	PRINTING & PUBLICATION	2,623,836	1,878,494	133,526	611,816
С	MAILHOUSE FEES	1,924,649	1,233,127	86,525	604,997
d	LIST COSTS	821,208	517,620	34,167	269,421
e					
f	All other expenses	1,269,785	693,921	286,674	289,190
25	Total functional expenses. Add lines 1 through 24f	25,105,050	16,315,561	3,218,023	5,571,466
26	Joint costs. Check here ►	13,469,049	8,266,026	561,952	4,641,071

Part X **Balance Sheet** (A) (B) Beginning of year End of year 92.581 107,230 1 3.486.928 2 2.532.826 2 3 896,502 1,892,488 425.458 390.080 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 0 5 0 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 6 0 7 0 0 0 8 9 941.694 9 842,230 Prepaid expenses and deferred charges 10a 455.803 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 253,259 b Less accumulated depreciation 267,589 10c 202,544 2,491,323 11 2,156,250 11 0 12 12 Investments—other securities See Part IV, line 11 13 5,338,203 13 5,905,763 Investments—program-related See Part IV, line 11 . . 14 14 2,763,690 15 1,072,299 15 16,703,968 16 15,101,710 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 1,453,935 17 1,679,959 17 Accounts payable and accrued expenses . 18 3,619,636 18 2.176.528 19 0 19 0 20 0 20 0 0 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 0 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0 24 Unsecured notes and loans payable to unrelated third parties 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 3,289,877 25 2,727,960 D 26 8,363,448 26 6,584,447 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 4,870,357 27 3,832,749 Unrestricted net assets 2,694,549 28 3,874,720 28 Temporarily restricted net assets Fund 29 775,614 29 809,794 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 8.340.520 33 8.517.263 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 16.703.968 15.101.710

Pal	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		24,4	189,81
2	Total expenses (must equal Part IX, column (A), line 25)	2			.05,05
3	Revenue less expenses Subtract line 2 from line 1	3		-6	515,24
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8,3	340,52
5	Other changes in net assets or fund balances (explain in Schedule O)	5		7	791,98
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		8,5	517,26
Par	TXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
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 the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		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 Separate basis Consolidated basis Both consolidated and separated basis	sued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
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	quired	3b		

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection **Employer identification number**

AMERICAN INSTITUTE FOR CANCER RESEARCH 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 section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II 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) Provide the following information about the supported organization(s) h

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you no organizat col (i) of suppor	ion in your	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?
		(see instructions))	Yes	No	Yes	No	Yes	No	
Total									

Support Schedule for Organizations Described in IRC 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.)

- C	under Part III. II tr	<u>ie organization</u>	ialis to quality u	nder the tests	iistea below, pi	ease comp	iete	Part III.)
	ection A. Public Support endar year (or fiscal year beginning	1 () 222	42.000	() 2222	(1) 2242		$\overline{}$	
-	in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	-	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	30,553,96	31,300,129	30,811,266	21,205,301	22,368	3,002	136,238,659
2	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		0 0	0	0		0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge		0 0	0	0		0	0
4	Total. Add lines 1 through 3	30,553,96	31,300,129	30,811,266	21,205,301	22,368	3,002	136,238,659
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public Support. Subtract line 5							136,238,659
	from line 4							130,230,039
	ection B. Total Support	1	<u> </u>		Т			
Care	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011		(f) Total
7	A mounts from line 4	30,553,961	31,300,129	30,811,266	21,205,301	22,368	,002	136,238,659
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	1,545,188	984,333	898,115	803,265	649),431	4,880,332
9	similar sources Net income from unrelated business activities, whether or not the business is regularly	0	0	0	0		0	0
10	carried on Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	55,423	21,729	16,496	20,214	15	5,795	129,657
11	Total support (Add lines 7 through 10)							141,248,648
12	Gross receipts from related activi	•	·			12		8,596,157
13	First Five Years If the Form 990 is check this box and stop here	s for the organizat	tion's first, second	, thırd, fourth, or f	ifth tax year as a	501(c)(3) o	rganı	zation, ►
	ection C. Computation of Pu							
14	Public Support Percentage for 201	-		11 column (f))		14		96 453 %
15	Public Support Percentage for 201	10 Schedule A, P	art II, line 14			15		96 120 %
	33 1/3% support test—2011. If the and stop here. The organization quant	ualıfıes as a publı	cly supported orga	nızatıon		•		▶ ▼
b	33 1/3% support test—2010. If the box and stop here. The organization				oa, and line 15 is	33 1/3% or i	nore,	check this
17a	10%-facts-and-circumstances tes is 10% or more, and if the organiz in Part IV how the organization me	t—2011. If the ore	ganızatıon dıd not o 'facts and cırcumst	check a box on lir cances" test, che	ck this box and st	op here. Ex	plaın	·
b	organization 10%-facts-and-circumstances tes 15 is 10% or more, and if the orga	t —2010. If the or	ganızatıon dıd not o	check a box on lir	ne 13, 16a, 16b, d	or 17a and I	ne	▶ ┌
18	Explain in Part IV how the organiz supported organization Private Foundation If the organization	ation meets the "	facts and circumst	ances" test The	organization qua	lifies as a pu	ublicly	▶┌
	ınstructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (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 persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 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 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 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 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

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

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493134047513

OMB No 1545-0047

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

AMERICAN INSTITUTE FOR CANCER RESEARCH			loyer identii ica	cion numbe	•
Dowl T. Ouronizations Maintaining December	duined Funda on Other Circles		1238026	Committee	La .£ ±1-
Part I Organizations Maintaining Donor Acordanization answered "Yes" to Form 99		runas	or Accounts	. Complet	te if th
organization answered Tes to Form 55	(a) Donor advised funds	Τ (b) Funds and o	ther accou	nts
Total number at end of year		<u> </u>	,		
Aggregate contributions to (during year)					
Aggregate grants from (during year)					
Aggregate value at end of year					
,		1 .			
Did the organization inform all donors and donor advifunds are the organization's property, subject to the		onor advi	sed	☐ Yes	┌ No
Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				┌ Yes	┌ No
art II Conservation Easements. Complete	ıf the organization answered "Yes"	to Forn	n 990, Part IV	', line 7.	
Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	on or pleasure) Preservation of a	a certifie	d historic struc	•	a
easement on the last day of the tax year					
			Held at the	End of the	Year
Total number of conservation easements		2a			
Total acreage restricted by conservation easements		2b			
Number of conservation easements on a certified his	storic structure included in (a)	2c			
Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
Number of conservation easements modified, transfe the taxable year -	erred, released, extinguished, or termina	ted by th	e organization	during	
Number of states where property subject to conserva	ation easement is located ►				
Does the organization have a written policy regarding enforcement of the conservation easements it holds		ndling of	violations, and	┌ Yes	┌ No
Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation ease	ments d	uring the year 🕨	F	
Amount of expenses incurred in monitoring, inspecti					
Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of so	ection		┌ Yes	┌ No
In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financi				
Organizations Maintaining Collection Complete if the organization answered		, or Otl	her Similar <i>i</i>	Assets.	
If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or resea	rch in fu			€,
If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research			•	
(i) Revenues included in Form 990, Part VIII, line 1			► \$		
(ii) Assets included in Form 990, Part X			<u></u> -		
If the organization received or held works of art, histofollowing amounts required to be reported under SFA		for finan			
Revenues included in Form 990, Part VIII, line 1			▶ \$		

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>:, His</u>	<u>tori</u>	<u>cal Tr</u>	easu	res, or O	<u>ther</u>	<u> Similar Asse</u>	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing t	hat are	e a significa	nt us	e of its collection		
а	Public exhibition		d	Γ	Loan	rexch	nange progr	ams			
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's c Part XIV	ollections and expla	ıın hov	v the	y furthe	r the o	rganızatıon	's ex	empt purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than									Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar						answered	1 "Y€	es" to Form 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	ediary	for c	ontribut	ions o	rotherass	ets n	ot	Yes	√ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	able		Г	1	Amou	nt	
С	Beginning balance							1c			
d	Additions during the year						H	1d			
e	Distributions during the year						-	1e			
f	Ending balance						<u> </u>	1f			
	Did the organization include an amount on F	orm 000 Bart V I	. 212				L	<u> </u>	Г,	Vac	
2a	-	•	e 21 ′						Į.	res	j No
	If "Yes," explain the arrangement in Part XIV				-d "Va	.!! . Г		Do w	T)/ line 10		
Pal	t V Endowment Funds. Complete	(a)Current Year		Prior Y			o Years Back			\ Four \	ears Back
1a	Beginning of year balance	1,838,340	(5)		018,703	(0)111	1,655,054	_	1,725,829)i oui	rears back
 b	Contributions	15,712			16,610		393,875	5	25,348		
c	Investment earnings or losses	333,470			-16,764		163,325	5	-16,004		
d	Grants or scholarships	861,253			180,209		193,551		80,119		
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance	1,326,269		1,	838,340		2,018,703	3	1,655,054		
2	Provide the estimated percentage of the year	r end balance held a	as						•		
а	Board designated or quasi-endowment	0 910 %									
b	Permanent endowment 🕨 33 320 %										
С	Term endowment ► 65 770 %										
3a	Are there endowment funds not in the posse	ssion of the organiz	atıon '	that a	are held	and a	dmınıstered	l for t	:he		
	organization by									Yes	No
	(i) unrelated organizations								3a(i)		No
	(ii) related organizations								3a(ii)		No
	If "Yes" to 3a(II), are the related organization	•						•	3b		<u> </u>
4	Describe in Part XIV the intended uses of the										
Par	t VI Land, Buildings, and Equipmo	ent. See Form 99	00, Pa	irt X,	, line 1	0.	1				
	Description of property) Cost or sis (inves		(b)Cost or o basis (other		(c) Accumulated depreciation	(d) B	ook value
1 a	and					5,900		0			5,900
b i	Buildings										
c l	_easehold improvements						71	,150	18,253		52,897
d i	Equipment						378	,753	235,006		143,747
е (Other	<u> </u>							0		
Tota	l. Add lines 1a-1e <i>(Column (d) should equal F</i> e	orm 990, Part X, colui	mn (B)	, line	10(c).)			•	►		202,544
	· · · · · · · · · · · · · · · · · · ·	·							Schedule D (F	orm 9	90) 2011

Part VII Investments—Other Securities. See F (a) Description of security or category (including name of security)	(b) Book value	(c) Metho	d of valuation -year market value
(1)Financial derivatives		Cost of elia-of	-year market value
(2)Closely-held equity interests			
Other			
Total (Column (h) should agual Form 000, Bart V col (B) line 12.)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. See	Form 990 Part X line 1	 3	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
		Cost or end-of	f-year market value
(1) CHARITABLE GIFT ANNUITIES	1,780,345		F
(2) CHARITABLE REMAINDER UNITRUSTS (3) CANCER RESEARCH FUND	2,025,958 2,099,460		F
(3) CANCER RESEARCH FOND	2,039,400		<u> </u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line	5,905,763		
(a) Description			(b) Book value
(1) DUE FROM AFFILIATES			704,407
(2) BENEFICIAL INT PERPETUAL TRUST			367,892
Table (Calvara (b) about a sual Sama 000, Bart V, and (B) land 10	- .		1 072 200
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X,			1,072,299
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
DUE TO AFFILIATES	23,190		
LIABILITY CHARITABLE GIFT ANNUITIES	962,378		
LIABILITY CHARITABLE REMAINDER UNITRUSTS	1,059,373		
ACCRUED BENEFIT COST	683,019		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	2,727,960		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	24,489,810
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	25,105,050
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-615,240
4	Net unrealized gains (losses) on investments	4	633,547
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	158,436
9	Total adjustments (net) Add lines 4 - 8	9	791,983
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	176,743
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	
1	Total revenue, gains, and other support per audited financial statements	1	25,281,793
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 2a through 2d	2e	791,983
3	Subtract line 2e from line 1	3	24,489,810
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	24,489,810
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	25,105,050
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	25,105,050
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4 c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	25,105,050
Pai	rt 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 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

Identifier	Return Reference	Explanation
PART V, LINE 4		THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS ARE TO FURTHER THE MISSION OF THE AMERICAN INSTITUTE FOR CANCER RESEARCH THE PERSON ESTABLISHING THE FUND DESIGNATED THE PURPOSE OF THEIR FUND, (I E, CAN RESEARCH, EDUCATION OR GENERAL OPERATING)
SCHEDULE D, PART X	FIN 48	THE INSTITUTE IS RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ON INCOME OTHER THAN UNRELATED BUSINESS INCOME NO PROVISION FOR INCOME TAXES IS REQUIRED AS OF SEPTEMBER 30, 2012 AND 2011 SINCE THE INSTITUTE HAD NO UNRELATED BUSINESS INCOME THE INSTITUTE HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A PUBLICLY SUPPORTED ORGANIZATION AND IS THEREFORE NOT A PRIVATE FOUNDATION MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITION AND HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS
PART XI, LINE 8		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT LIABILITY 66,794 PENSION RELATED CHANGES OTHER THAN NET PERIODIC BENEFIT COSTS 91,642TOTAL 158,436
PART XII, LINE 2D		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT LIABILITY 66,794 PENSION RELATED CHANGES OTHER THAN NET PERIODIC BENEFIT COSTS 91,642TOTAL 158,436

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OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

to Part I

c Totals (add lines 3a and 3b)

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public

Internal	Revenue Service					Inspection
	e of the organization RICAN INSTITUTE FOR CANCI	ER RESEARCH			Employer ident	ification number
					52-1238026	
Pa	rt I General Information "Yes" to Form 990, Page 1990,			ne United States. Co	omplete if the organiz	ation answered
1	For grantmakers. Does the assistance, the grantees' eli	gibility for the	grants or assis	stance, and the selecti	on criteria used to awa	ard _
2	the grants or assistance? . For grantmakers. Describe in P United States					,,
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)		
	(a) Region	(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 ,	(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 Greenland)	0	1	Grantmaking		374,889
2-	Sub-total	0	1			374,889
	Total from continuation sheets		1			3/4,003

374,889

-	rganızatıon	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	IEDUCATION	374,889	WIRE			appraisal, other)
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2 [Enter total nur	mber of recipient the IRS or f	ent organizations listed for which the grantee o	above that are rec	ognized as charitie	s by the foreign co	untry, recognized a	s •	1

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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						1	dula E (Earry 000) 2011

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	<u> </u>	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	No
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)	Г	Yes	্	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	┍	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	~	No

Schedule F (Form 990) 2011

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

ldentifier	Return Reference	Explanation
SCHEDULE F, PART I, LINE 3, COLUMN (F)		GRANTMAKING EXPENDITURES ARE RECORDED ON THE ACCRUAL BASIS

Schedule F (Form 990) 2010

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DLN: 93493134047513

OMB No 1545-0047

2011

Open to Public Inspection

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury or i

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-EZ. See separate instructions.

AMERICAN INSTITUTE FOR CANCER RESEARCH
52-1

Employer identification number

52-1238026

Part I	Fundraising Activ	ities. Complete	if the organization	answered "Yes" to	Form 990, Part I\	/, line 17.
--------	-------------------	-----------------	---------------------	-------------------	-------------------	-------------

- Indicate whether the organization raised funds through any of the following activities Check all that apply
- ☐ Internet and e-mail solicitations
 ☐ Phone solicitations
- **d** ☐ In-person solicitations

- e Solicitation of non-government grants
 - ${f f}$ ${f igcap}$ Solicitation of government grants
 - J Special fundraising events
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
- **b** 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	fundrais custo cont	Did ser have ody or rol of outions?	(iv) 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	
		Yes	No				
INFOCISION MANAGEMENT CORP	PHONE		No	6,809,336	4,244,061	2,565,275	
DIRECT RESPONSE CONSULTING	DIRECT MAIL		No	8,986,016	537,260	8,448,756	
Total			•	15,795,352	4,781,321	11,014,031	

3 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

Part I	Fundraising Events. Commore than \$15,000 on Form				
		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	(4)
1 2	Gross receipts				
2	Less Charitable				
3	contributions Gross income (line 1				
	minus line 2)				
4	Cash prizes				
5	Non-cash prizes				
6	Rent/facility costs				
. 7	Food and beverages				
8	Entertainment				
9	Other direct expenses .				
10	Direct expense summary Add lir	nes 4 through 9 in colum	an (d)	.	(
111	•	_	• •		,
art I	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		i tes lo foilii 990, Pa	rt IV, iiile 19, or repo	orted more than
		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	Gross revenue				
2	Cash prizes				
3	Non-cash prizes				
1 4					
4	Rent/racinty costs				
5	Other direct expenses				
6	Volunteer labor	┌ Yes		┌ Yes	
		Г №	ΓNο	Γ No	_
7	Direct expense summary Add line	s 2 through 5 in columr	n (d)		(
8	Net gaming income summary Com	ndine lines 1 and 7 in co	olumn (a)	<u> </u>	
	nter the state(s) in which the organiz				
Is	the organization licensed to operate	e gamıng actıvıtıes ın ea	ch of these states?		· Fyes Fno
b If	"No," Explain				
 a W	ere any of the organization's gaming				
	"Yes," Explain				- , res , NO

Sche	edule G (Form 990 or 990-EZ)	2011		Page
11	Does the organization operat	e gaming activities with nonmember	s?	Tyes TNo
12	Is the organization a grantor	, beneficiary or trustee of a trust or a	member of a partnership or other entity	
	formed to administer charital	ole gamıng?		┌ _{Yes} ┌ _{No}
13	Indicate the percentage of ga	aming activity operated in		
а	The organization's facility .		13a	
b	An outside facility		13b	
14	Provide the name and addres records	s of the person who prepares the org	ganization's gaming/special events books and	
	Name 🟲			
	Address ►			
15a	Does the organization have a	contract with a third party from who	m the organization receives gaming	
	revenue?			
b	If "Yes," enter the amount of	gaming revenue received by the org	anızatıon 🟲 \$ and the	
	amount of gaming revenue re	tained by the third party 🟲 \$		
С	If "Yes," enter name and add	ress		
	Name 🟲			
	Address ▶			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensat	on ► \$		
	Description of services provi	ded 🟲		
17	Director/officer Mandatory distributions	F Employee	Independent contractor	
а	Is the organization required (under state law to make charitable di	stributions from the gaming proceeds to	
	retain the state gaming licen	se?		∇ Yes
Ь		ions required under state law distribing mpt activities during the tax year	uted to other exempt organizations or spent	
Pai			n for responses to quuestion on Schedule G (s	ee
	Identifier	ReturnReference	Explanation	
FUN	NDRAISERS	PART IV	PAYMENTS TO INFOCISION MANAGEMENT CORPORATION INCLUDE FEES FOR PROFES FUNDRAISING SERVICES PLUS FUNDRAISI LIST DEVELOPMENT, DATA PROCESSING, FMAILHOUSE FEES INVOICES CLEARLY DIS FUNDRAISING FEES FROM FUNDRAISING EADDITIONAL COSTS SUCH AS CAGING BADDITIONAL COSTS SUCH BADDITIONAL COSTS S	NG EXPENSES - PRINTING AND TINGUISH XPENSES

I dentifier	ReturnReference	Explanation
FUNDRAISERS	PARTIV	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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Part I General Information on Grants and Assistance

the selection criteria used to award the grants or assistance?

DLN: 93493134047513

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

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

OMB No 1545-0047

2011

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization
AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number

52-1238026

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
1) BRIGHAM AND WOMEN'S HOSPITAL INC LO1 HUNTINGTON AVE SUITE 300 BOSTON,MA 02199	04-2312909	501(C)(3)	162,371				RESEARCH GRANT
(2) WAKE FOREST JNIVERSITY HEALTH SCIENCESMEDICAL CENTER BLVD WINSTONSALEM, NC	22-3849199	501(C)(3)	165,000				RESEARCH GRANT
3) STANFORD UNIVERSITY 340 PANAMA ST STANFORD,CA 94305	94-1156365	501(C)(3)	164,233				RESEARCH GRANT
4) MASSACHUSETTS GENERAL HOSPITAL101 HUNTINGTON AVE SUITE B00 BOSTON, MA 02199	04-2697983	501(C)(3)	165,000				RESEARCH GRANT
5) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL104 AIRPORT DR SUITE 2200 CAMPUS BOX 1350 CHAPEL HILL, NC	56-6001393	501(C)(3)	165,000				RESEARCH GRANT
6) BETH ISRAEL DEACONESS MEDICAL CENTER330 BROOKLINE AVE BR109 BOSTON, MA 02215	04-2103881	501(c)(3)	108,000				MATCHING RESEARCH GRANT
7) HEALTH RESEARCH INC ROSWELL PARK CANCER INSTITUTEELM AND CARLTON STREETS BUFFALO,NY 14263	14-1402155	501(C)(3)	165,000				RESEARCH GRANT
8) PENNSYLVANIA STATE JNIVERSITY COLLEGE OF MEDICINE500 UNIVERSITY DR MAIL CODE H HERSHEY,PA 17033	24-6000376	501(C)(3)	246,700				RESEARCH GRANT

Schedule I	(Form 990) 2011
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)Type of grant or assistance	(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.

Identifier	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

Software ID: Software Version:

EIN: 52-1238026

Name: AMERICAN INSTITUTE FOR CANCER RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHAM AND WOMEN'S HOSPITAL INC101 HUNTINGTON AVE SUITE 300 BOSTON,MA 02199	04- 2312909	501(C)(3)	162,371				RESEARCH GRANT
WAKE FOREST UNIVERSITY HEALTH SCIENCESMEDICAL CENTER BLVD WINSTONSALEM, NC 27157	22- 3849199	501(C)(3)	165,000				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STANFORD UNIVERSITY340 PANAMA ST STANFORD,CA 94305	94- 1156365	501(C)(3)	164,233				RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE SUITE 300 BOSTON,MA 02199	04- 2697983	501(C)(3)	165,000				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DR SUITE 2200 CAMPUS BOX 1350 CHAPEL HILL, NC 275991350	56- 6001393	501(C)(3)	165,000				RESEARCH GRANT
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE BR109 BOSTON, MA 02215	04- 2103881	501(c)(3)	108,000				MATCHING RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH RESEARCH INC ROSWELL PARK CANCER INSTITUTE ELM AND CARLTON STREETS BUFFALO,NY 14263	14- 1402155	501(C)(3)	165,000				RESEARCH GRANT
PENNSYLVANIA STATE UNIVERSITY COLLEGE OF MEDICINE500 UNIVERSITY DR MAIL CODE H HERSHEY,PA 17033	24- 6000376	501(C)(3)	246,700				RESEARCH GRANT

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DLN: 93493134047513

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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

AMERICAN INSTITUTE FOR CANCER RESEARCH 52-1238026 **Questions Regarding Compensation** Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract $\overline{\mathbf{v}}$ Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Yes Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? **5**a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	compensation	Deficito	(5)(1) (5)	Form 990 or Form 990-EZ
(1) MARILYN GENTRY	(I) (II)	189,400 0	0 0	135,207 278,945	0	6,687 0	331,294 278,945	
(2) KELLY B BROWNING	(I) (II)	291,469 0	0 0	67,337 18,572	0	26,254 0	385,060 18,572	
(3) KATHRYN L WARD	(I) (II)	200,486 0	0 0	0	0	10,542 0	211,028 0	0
(4) DEIRDRE MCGINLEY GIESER	(I) (II)	143,130 0	0 0	0	0	27,911 0	171,041 0	0
(5) STEPHENIE L LOWE	(I) (II)	139,320 0	0 0	0 0	0	26,761 0	166,081 0	0
	•							-l- 1 (F 000) 2011

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

Identifier	Return Reference	Explanation
	4(b)	(ALSO REPORTED ON PG 8, PART VII, SECTION A, BOX D) 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'S VESTED OVER A FIVE-YEAR PERIOD SUPPLEMENT RETIREMENT BENEFIT FOR 2011 MARILYN GENTRY (PRESIDENT) \$135,207 KELLY B BROWNING (EXECUTIVE VICE-PRESIDENT) \$67,337
	REPORTED ON PG 8,	OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND HIGHEST PAID EMPLOYEES THE COMPENSATION PROVIDED IS THROUGH THE WORLD CANCER RESEARCH FUND INTERNATIONAL IS NOT REPORTED ON A 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) 2011

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DLN: 93493134047513

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Open to Public Inspection

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

					52-1238026			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of do contribution	- etermı	_	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	9	31,488	FMV			
10	Securities—Closely held stock $\ .$							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other ► ()							
26	O ther ►()							
	O ther ▶()							
28	O ther ► ()							
29	Number of Forms 8283 received				29			0
	for which the organization compl	etea Form a	5265, Part IV, Donee ACKI	iowiedgement			Yes	No
30a	During the year, did the organiza	ition receiv	e hy contribution any prope	erty reported in Part I lines	1-28 that it		163	110
	must hold for at least three year							
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangement					30a		
31	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e thırd partı	es or related organizations	to solicit, process, or sell i	non-cash	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues ı	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number

52-1238026

Identifier	Return Reference	Explanation
EDUCATION		The American Institute for Cancer Research (AICR) funds innovative research on the roles of food, nutrition, physical activity and weight in cancer risk and survivorship. AICR also continuously interprets the global scientific literature and educates the public about the empowering message that emerges from the research. We can all take small, everyday steps that have been shown to help prevent, and survive, cancer. Research. The Work We Fund AICR was the first organization to devote itself to studying the role of diet and other lifestyle factors in lowering cancer risk. The research we have funded has helped transform a once-radical notion into a universally accepted medical fact. Research is the basis of all programs at AICR. For details of our various research PROGRAMS 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 a Global Perspective," which comprehensively assessed the mounting global evidence on nutrition and cancer risk. The reports conclusions were adopted by researchers, health professionals and policy makers, and set a new agenda for cancer research and education in the U.S. and around the world. The field of diet-cancer research continued to grow in 2007 AICR and its international affiliates published the second Expert Report, "Food, Nutrition, Physical Activity and the Prevention of Cancer a Global Perspective." It laid out a transparent methodology for evaluating the scientific literature which is now being adopted by researchers studying diet and cancer around the globe. Based on a review of data drawn from approximately 7,000 studies, the expert panel issued 10 Recommendations for Cancer Prevention. 1 Be as lean as possible without becoming underweight 2 Be physically active for at least 30 minutes every day. 3 Avoid sugary drinks Limit consumption of energy-dense foods (particularly processed foods high in sugar or low in fiber, or high in fat).

Identifier	Return Reference	Explanation
Ongoing Review of the Evidence		Today, this study of lifestyle's role in cancer is growing faster than ever. That's why we established our Continuous Update Project (CUP). To maintain the world's largest database of evidence related to food, nutrition, physical activity and cancer, and to update it on an ongoing basis as relevant new research gets published worldwide. The process of updating the database on a rolling basis is well underway, adding systematic literature 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. In 2012, we published the CUP report on pancreatic cancer. Education. AICR's Message AICR's public education programs are evidence-based. This evidence comes from both the research we fund and the conclusions drawn in our expert reports and their updates. We produce materials to meet a wide variety of needs, across all stages of the cancer continuum. AICR Newsletter in FY12, our quarterly newsletter reached almost 3 million households with its practical tips, recipes, profiles of the cutting-edge research made possible by AICR supporters and features showing how to put AICR's recommendations into everyday practice. Each issue is reviewed by an advisory group of clinicians, registered detitians, recipe developers and cancer researchers. Periodic reader surveys help AICR's editorial staff tailor its content to best suit its audience. In a recent survey, 91 percent of respondents said the AICR Newsletter had helped motivate them to make healthier choices. Brochiures and Fact Sheets Developed to place the latest cancer research findings in a clear, easy-to-understand format, AICR brochures, leaflets and fact sheets reach several different audiences with our empowering message. In FY12, we offered nine brochure series. Healthy Living for Cancer Prevention (AICR's Recommende for Health (Menus for quick cancer-protective meals) Facts on Preventing Cancer (Answers to common questions). Stopping Cancer (Information on pre

Identifier	Return Reference	Explanation
HEALTH AIDS		AICR avails itself of various health aids – including recipe cards, charts, tearsheets, magnets and more – to turn low ering cancer risk into a "hands-on" experience Individuals or der single free copies, health professionals make bulk purchases at significant discounts. AICR also distributes health ands at conferences, events and health fairs in FY12, AICR distributed over 60,000 health aids. Science Now. Newsletter For supporters and health prof essionals looking for deeper understanding of AICRs cancer research, the quarterly Science e Now newsletter examines the study of diet, physical activity and weight in cancer prevent ion, treatment and survivorship. In FY12, nearly 110,000 people received a copy of Science e Now. AICR on the Web AICRs website (www. aicr. org.) offers continually updated information on AICR research, healthy, cancer-profective recipes and fitness tips, and a host of interactive tools and resources on the science of lowering cancer risk. IN FY12, AICRs website received over 15 million unique visitors per month, almost three times the FY111 amouNT. total pageviews for FY12 topped 58 million – more than twice the previous year Free E- publications AICR has developed a library of e-publications are reviewed by cancer researchers, clinicians, dietitians, and AICR staff. eNews is a monthly e- newsletter emphasizing the "takehome" message. How can I start living for lower cancer is ktoday? As of September 2012, nearly 400,000 people were subscribed to eNews. Health-e-Recipe is for those looking for ways to bring the research home with quick, easy and deliciou ous cancer-protective meals. All weekly recipes come from AICRs Test Kitchen and (ONA. AICRs guidelines As of September 2011, Health-e-Recipe had nearly 50,000 subscribers. Those looking to dig deeper into the research can do so by subscribing to Cancer Research Upd ate. This bruvekly digest of breaking news and current research in the fight against cancer research several three fights. From the fight against cancer research several manu

ld	lentifier	Return Reference	Explanation
HE	EALTH OS		patients and clients and special discounts on bulk purchases. In FY12, AICR's eCommunity hielped over 1,500 active members at hospitals, clincics, cancer centers, UNIVERSITIES and Diepartments of Health connect with AICR - and with one another.

ldentifier	Return Reference	Explanation
Toll-Free Phone Services		Via AICR's toll-free number, 1-800-843-8114, members of the public can order brochures and health aids, request a free CancerResource toolkit for cancer patients, get advice from a registered dietitian (via AICR's "Nutrition Hotline") and much more. In FY12, approximately 150,000 individuals contacted AICR via the toll-free number. Professional Publications AICR reaches out to the medical, scientific and health policy communities with our expert reports, policy report and other media. In FY12, nearly 1,000 individuals at non-profit, private and public health organizations, government agencies and Boards of Health, hospitals and research centers ordered our professional publications. The New American Plate Cookbook To place AICR's message about lowering cancer risk in a comprehensive and handsomely produced format, AICR's New American Plate Cookbook (published by the University of California Press) is available in bookstores. Over 50,000 copies have been sold, and all royalties support AICR cancer research. Seminars, Exhibits and Conferences in FY12, AICR Education staff attended, exhibited, networked and distributed materials at various conferences and annual meetings, including. American Dietetic Association American College of Sports Medicine American Academy of Nurse Practitioners Oncology Nursing Society Regional Survivorship Group Media Programs Press Releases in FY12, AICR distributed 21 press releases, statements, features and advisories distributed to its media contacts on a host of topics ranging from newly published research to practical, hands-on tips for moving more, staying lean and eating smart. As a result, US media outlets carried AICR news items nearly 5,500 times during FY12. Over 80 million Americans read about AICR's message in their newspapers, another 120 million read about AICR in magazines, and web outlets that carried AICR messages reached a combined audience of 1.5 billion. The total number of impressions AICR's message made on the American population through the media in FY12 was 1.6

ldentifier	Return Reference	Explanation
RESEARCH	PART III LINE 4B	RESEARCH PROGRAMS Scientific study of the relationship of diet, physical activity, and weight management to cancer risk and survivorship continues to be one of the most promising areas of cancer research. A growing body of evidence shows that food, nutrition, and physical activity play important roles in the cancer process and in cancer survivorship. Research now indicates that about one-third of some of the most common cancers could be prevented by appropriate food, nutrition, weight management, and physical activity. The American Institute for Cancer Research (AICR) pioneered the funding of research on diet and cancer. In total through FY12 the Institute has committed over \$96 million for hundreds of individual research projects at universities, hospitals and research centers worldwide. AICR is one of the largest non-government funding sources for peer-reviewed research projects on diet, nutrition and cancer. AICR Annual Research Conference Starting in 1990, AICR has hosted an annual research conference to facilitate the exchange of ideas and information and to encourage constructive debate on timely diet and cancer research topics. The conference provides a forum for researchers, scientists, medical and health professionals, and others to present and discuss their work. The November 2011 conference included scientific sessions on the role of various types of evidence in moving forward diet and cancer research, omega-three fats and their possible role in cancer prevention, the effect of calorie restriction on the cancer process, nutrition as it relates to cancer treatment and survivorship, and vitamin D and cancer. AICR also participates in a variety of meetings, seminars, symposiums and conferences throughout the course of the year Marilyn Gentry Fellowships at UNC AICR has created the Marilyn Gentry Fellowship Program in Nutrition and Cancer at the University of North Carolina at Chapel Hill to develop tomorrow's leaders in nutrition research projects. They develop a body of data that will help them compete

ldentifier	Return Reference	Explanation
Research Grant Program		Through its research grant program, the Institute has encouraged innovative research in cancer prevention, treatment, and survivorship. AICR's research grants have brought millions of dollars to this important field, and have helped attract and train new research talent. AICR's research grant programs support the innovative study of nutrition and cancer. Research grants are peer-reviewed and awarded on an open, competitive basis. Investigator Initiated Grants. The core of the Institute's grant programs is the Investigator Initiated Grant Program, which provides up to \$75,000 per year (plus 10% for administrative overhead) for a maximum of three years, for research projects in the areas of cancer prevention, treatment, and survivorship. This program has been instrumental in advancing research into diet, physical activity and weight management as they relate to cancer, and has led to hundreds of articles in peer reviewed scientific publications. Matching Grants The Institute's Matching Grants Program is designed to fund high-quality, peer-reviewed research on diet and nutrition that meets the objectives of AICR and potential matching funders. Matching funds may come from corporations or individuals. Research grant applications within this program receive the same scrupulous peer-review as any other research grant proposal. AICR Grant Review Panels All research grant applications undergo a peer review process modeled after the grant review process developed by the National Institutes of Health AICR's grant review process is one of only a few in the nation that meet the standards of the National Cancer Institute. All research grant applications are assigned for review to one of two AICR Grant Review Panels. Panel I focuses on grant proposals in the area of diet, nutrition, physical activity, weight management and cancer prevention. Panel II focuses on proposals in the area of diet, nutrition, physical activity, weight management and cancer treatment and survivorship. The Panels review applications for their scienti

Identifier	Return Reference	Explanation
GRANT REVIEW PANEL I		RANJANA BIRD, PHID - CHAIR UNIVERSITY OF WINDSOR RAJESH AGARWAL, PHD UNIVERSITY OF COLORADO AT DEWER LEONARD H AUGSNICHT, 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 CIDY O DAVIS, PHD NATIONAL CANCER INSTITUTE, NH 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 OF GUELPH RICHARD ECKERT, PHD UNIVERSITY OF MARYLAND JED FAHEY, PHD JOHNS HOPKINS UNIVERSITY BARBARA C PENCE, PHD TEXAS TECH UNIVERSITY OF MARYLAND JED FAHEY, PHD JOHNS HOPKINS UNIVERSITY OF ARZONA STEPHANIE SMITH-WARNER, PHD HARVARD UNIVERSITY MICHAEL A TRUSH, PHD JOHNS HOPKINS UNIVERSITY JOHNS HOPKINS HOPKINS UNIVERSITY OF ARZONA STEPHANIE SMITH-WARNER, PHD HARVARD UNIVERSITY MICHAEL A TRUSH, PHD JOHNS HOPKINS UNIVERSITY JOHNS HOPKINS HOPK

ldentifier	Return Reference	Explanation
GOVERNANCE	PART VI 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, KFMG AND THE LAW FRM STEPTOE & JOHNSON SON KFMG AND STEPTOE & JOHNSON SON THE AICR BOARD OF DIRECTORS IS ASKED TO REVIEW THE 990 FORM AND PROVIDE FEEDBACK RRIOR TO THE FILING LINE 12C - THE INSTITUTES BOARD OF DIRECTORS HAS A CONFLICT OF INTEREST POLICY IN FEFET 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 COLLD ARISE. THE POLICY IS REVIEWED AINVIALLY. IF THE BOARD DETERMINES THAT CHANGES DO NOT NEED TO BE MADE, THE POLICY IS REVIEWED AINVIALLY. IT THE BOARD DETERMINES THAT CHANGES DO NOT NEED TO BE MADE, THE POLICY IS REVIEWED AINVIALLY. IT THE BOARD DETERMINEST HAT CHANGES DO NOT NEED TO BE MADE, THE POLICY IS REFIELD NEW DIRECTORS, OFFICERS, AND STAFF HEMBERS ARE ADVISED OF THE POLICY IN EFFECT LEON TAKING OFFICE OR LEON THE START OF BIMPLOYMENT, AS THE CASE MAY BE SINCE FISCAL YEAR 2010, DIRECTORS, OFFICERS, EXECUTIVES, AND SENOR LECT. ANANAGEMENT STAFF HAVE BEEN REQUIRED TO SIGN A "DECLARATION OF LACK OF CONFLICT OF INTEREST THE POLICY PROVIDES THAT IN THE EVENT OF A CONFLICT OF INTEREST RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD, THE PERSON SHALL CALL IT TO THE ATTENTION OF THE BOARD (OR COMMITTEE OF THE BOARD, AS THE CASE MAY BE), AND SUCH PERSON SHALL NOT VOTE ON THE MATTER THE PERSON HAVING A CONFLICT OF INTEREST SHALL PROVOE THE BOARD (OR COMMITTEE OF THE BOARD, AS THE CASE MAY BE), AND SUCH PERSON SHALL NOT VOTE ON THE MATTER THE PERSON HAVING A CONFLICT OF INTEREST SHALL PROVOE THE BOARD, AS THE CASE MAY BE), SMEETING CONCERNING SUCH MATTER AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATION OF DIRECTORS OF THE BOARD, AS THE CASE MAY BE), SMEETING CONCERNING SUCH MATTER UNDER CONSIDERATION THE MINITES OF THE MEETING OF THE BOARD (OR COMMITTEE OF THE BOARD, AS THE CASE MAY BE). BUGINES OF THE BOARD (OR COMMITTEE OF THE BOARD, AS THE

ldentifier	Return Reference	Explanation
PART VII COMPENSATION		THE IRS REQUIRES COMPENSATION TO BE REPORTED FOR THE CALENDAR YEAR ENDING WITH OR WITHIN AN ORGANIZATION'S TAX YEAR THE INFORMATION REPORTED IN PART VII REFLECTS COMPENSATION PAID IN CALENDAR YEAR 2011 INDIVIDUAL BOARD MEMBERS WERE PAID AN ALLOWANCE FOR UNREIMBURSED INCIDENTAL EXPENSES INCURRED WHEN ACTING IN HIS/HER CAPACITY AS A MEMBER OF THE BOARD OF DIRECTORS BOARD MEMBERS SERVE WITHOUT COMPENSATION FOR THEIR TIME SPENT HOWEVER THIS ALLOWANCE IS CONSIDERED REPORTABLE COMPENSATION AT THE SEPTEMBER 26, 2012 BOARD MEETING, THE BOARD OF DIRECTORS UNANIMOUSLY RESOLVED TO MODIFY THE EXISTING EXPENSE ALLOWANCE POLICY BOARD MEMBERS WILL NO LONGER RECEIVE THE ANNUAL \$1,200 EXPENSE ALLOWANCE, WHICH HERETOFORE HAD NOT REQUIRED THE SUBMISSION OF RECEIPTS EFFECTIVE IMMEDIATELY, BOARD MEMBERS MUST SUBMIT RECEIPTS FOR ANY AND ALL EXPENSES INCURRED WHEN ACTING IN HIS OR HER CAPACITY AS A MEMBER OF THE BOARD OF DIRECTORS BOARD MEMBERS WILL BE REIMBURSED FOR BOARD-RELATED EXPENSES WHICH ARE REASONABLE AND CUSTOMARY

ldentifier	Return Reference	Explanation
FORM 990, PART IX, LINE 1	GRANT EXPENSES	CURRENT YEAR GRANT EXPENSES INCLUDE A PRIOR YEAR GRANT RECOVERY OF \$26,316 FORM 990, PART IX The costs of providing programs and services are summarized on a functional basis in the financial statements Accordingly, certain costs have been allocated among the programs and supporting services benefited Joint costs of informational materials or activities that included a fundraising appeal have been allocated among fundraising and the appropriate program or management and general functions. For the year ending September 30, 2012, the Institute's expenses totaled \$25,105,050. Of that amount, 10% was spent directly in support of cancer research and 55% of expenses went in support of the Institute's public education programs in cancer prevention. Together, research and public education programs account for 65% of all expenditures. Fundraising costs for the year were 22% of total expenses and 13% of expenses went to administrative costs.

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 5	RECONCILIATION OF NET ASSETS	UNREALIZED GAIN ON INVESTMENT 633,547 PENSION RELATED CHANGES OTHER THAN NET PERIODIC BENEFIT COSTS 91,642 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT LIABILITY 66,794 TOTAL 791,983

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DLN: 93493134047513

SCHEDULE R (Form 990)

Name of the organization

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.

2011

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service

MERICAN INSTITUTE FOR CANCER RESEARCH				52-123802	6		
Part I Identification of Disregarded Entities (Comp	lete if the organization	on answered "Yes"	' on Form 990, Pa	art IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	izations (Complete the tax year.)	ıf the organızatıon	answered "Yes"	on Form 990, Pa	rt IV, line 34 becaus	e it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr organ	olled
1) WORLD CANCER RESEARCH FUND UK						Yes	No
22 BEDFORD SQUARE ONDON WC1B 3HH UK	AFFLD CHARITY	UK			AICR	Yes	
2) WORLD CANCER RESEARCH FUND HONG KONG 45 HENNESSY ROAD ROOM 1302 VANCHAI IK	AFFLD CHARITY	нк			AICR	Yes	
3) WORLD CANCER RESEARCH FUND FRANCE ALLEE DE LARCHE 9-11 COURBEVOIE R	AFFLD CHARITY	FR			UK		No
4) WORLD CANCER RESEARCH FUND INTERNATIONAL 22 BEDFORD SQUARE ONDON WC1B 3HH JK	AFFILIATE	BE			AICR	Yes	
	1	I.	1	1	L		

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.)	

(k) Percentage ownership					
ral or aging	No				
(j) Gener mana partn	Yes				
(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)					
	О				
(h) sproprtionat llocations?	'es No				
Dispi	Yes				
(g) Share of end-of- year assets					
(f) Share of total income					
(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)					
,					
(c) Legal domicile (state or foreign country)					
Primary activity					
(a) Name, address, and EIN of related organization					

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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(†) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) WCRF (TRADING) LIMITED BROADGATE TOWER PRIMROSE ST LONDON EC2A 2RS UK	LIST RENTAL	UK	UK	C CORP			
(2) CHARITABLE REMAINDER TRUST (5) 1759 R STREET NW WASHINGTON, DC 20009	UNITRUST		NA	TRUST			
(3) PERPETUAL TRUST (1) 1759 R STREET NW WASHINGTON, DC 20009	PERPETUAL TRUST		NA	TRUST			

No No

Sche	dule R (Form 990) 2011		Pε	age
Pa	rt V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			П
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		T N
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1 c		
d	Loans or loan guarantees to or for related organization(s)	1d		┌
е	Loans or loan guarantees by related organization(s)	1e		Ī
f	Sale of assets to related organization(s)	1f		Ī
g	Purchase of assets from related organization(s)	1g		1
h	Exchange of assets with related organization(s)	1h		١
i	Lease of facilities, equipment, or other assets to related organization(s)	1i		N
j	Lease of facilities, equipment, or other assets from related organization(s)	1j		
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
I	Performance of services or membership or fundraising solicitations by related organization(s)	11		1
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	ı	1
n	Sharing of paid employees with related organization(s)	1n	Yes	
0	Reimbursement paid to related organization(s) for expenses	10	Yes	
р	Reimbursement paid by related organization(s) for expenses	1р	Yes	

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

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

	<u> </u>	•	
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) WORLD CANCER RESEARCH FUND UK	Р	115,005	CASH
(2) WORLD CANCER RESEARCH FUND INTERNATIONAL	В	374,889	CASH
(3) WORLD CANCER RESEARCH FUND INTERNATIONAL	0	80,834	CASH
(4) WORLD CANCER RESEARCH FUND INTERNATIONAL	к	1,168,848	CASH
(5) WORLD CANCER RESEARCH FUND INTERNATIONAL	Р	2,504,795	CASH
(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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011