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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2013, 2013, and ending 09-30-2014

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN INSTITUTE FOR CANCER RESEARCH		D Employer identification number 52-1238026	
	Doing Business As			
	Number and street (or P O box if mail is not delivered to street address) 1759 R STREET NW Suite	Room/suite	E Telephone number (202) 328-7744	
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 200092552		G Gross receipts \$ 25,629,152	
	F Name and address of principal officer KELLY B BROWNING 1759 R STREET NW WASHINGTON,DC 200092552		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.AICR.ORG				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1981	M State of legal domicile DC	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities AICR champions scientific research on cancer prevention & survival through diet, weight & activity to help people make informed choices that reduce their risk		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
	b	Net unrelated business taxable income from Form 990-T, line 34		
Revenue	8	Contributions and grants (Part VIII, line 1h)		
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶4,015,084		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		
	19	Revenue less expenses Subtract line 18 from line 12		
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	15,320,718	17,603,723
	21	Total liabilities (Part X, line 26)	6,264,708	8,483,098
	22	Net assets or fund balances Subtract line 21 from line 20	9,056,010	9,120,625

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	*****		2015-04-30		
	Signature of officer		Date		
Paid Preparer Use Only	KELLY B BROWNING EXECUTIVE VICE PRESIDENT				
	Type or print name and title				
	Prnt/Type preparer's name Margaret A Bradshaw		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00501222
	Firm's name ▶ KPMG LLP			Firm's EIN ▶	
Firm's address ▶ 1676 International Drive McLean, VA 22102			Phone no (202) 328-7744		
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Part III

Statement of Program Service Accomplishments

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

☐ ☒

1

Briefly describe the organization's mission

The American Institute for Cancer Research champions the latest and most authoritative scientific research from around the world on cancer prevention on survival through diet, weight and physical activity, so that we can help people make informed lifestyle choices to reduce their cancer risk

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 11,580,394 including grants of \$ 451,039) (Revenue \$ 1,075,156)

SEE SCHEDULE O - EDUCATION

4b

(Code) (Expenses \$ 4,311,345 including grants of \$ 3,241,823) (Revenue \$ 202,699)

SEE SCHEDULE O - RESEARCH

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)






4e

Total program service expenses

15,891,739

Form 990 (2013)

Part 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)? 	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? If "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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	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 and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	138	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		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.	61	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			No
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	
b If "Yes," enter the name of the foreign country: <u>UK, HK, NL, FR, BE</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			No
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			No
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
7a 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?			No
7b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			No
7d If "Yes," indicate the number of Forms 8282 filed during the year.			
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			No
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			No
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 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?			
9 Sponsoring organizations maintaining donor advised funds.			
9a Did the organization make any taxable distributions under section 4966?			
9b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter			
10a Initiation fees and capital contributions included on Part VIII, line 12.			
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11 Section 501(c)(12) organizations. Enter			
11a Gross income from members or shareholders.			
11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			
13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
13c Enter the amount of reserves on hand.			
14a Did the organization receive any payments for indoor tanning services during the tax year?			No
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	6	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent	6	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	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 rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," 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
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	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 WASHINGTON, DC 200092552 (202) 328-7744

Part VII

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MELVIN HUTSON CHAIRMAN	2 0 0 0	X		X				0	0	0
(2) JEFFREY BUNN BOARD MEMBER	2 0 0 0	X						0	0	0
(3) G ALLEN DALE BOARD MEMBER	2 0 0 0	X						0	0	0
(4) PETER MCCARTY BOARD MEMBER	2 0 0 0	X						0	0	0
(5) SUSAN PEPPER BOARD MEMBER	2 0 0 0	X						0	0	0
(6) LAWRENCE PRATT BOARD MEMBER	2 0 0 0	X						0	0	0
(7) MARILYN GENTRY PRESIDENT, WCRF INTL	3 0 15 0			X				0	293,398	13,760
(8) KELLY B BROWNING EXECUTIVE VP	40 0 0 0			X				300,177	18,102	17,818
(9) KATHRYN L WARD SENIOR ADVISOR	30 0 0 0				X			180,271	0	4,995
(10) STEPHENIE L LOWE SENIOR VICE PRESIDENT	40 0 0 0					X		149,946	0	20,595
(11) DEIRDRE MCGINLEY GIESER SENIOR VP PROGRAM	40 0 0 0					X		147,938	0	21,640
(12) HEATHER MORGAN VP DEVELOPMENT	40 0 0 0					X		127,144	0	12,318
(13) MICHAEL MCCARN DIRECTOR OF IT	40 0 0 0					X		123,037	0	18,640
(14) PATRICIA M BODENSTEDT CONTROLLER	40 0 0 0					X		106,488	0	7,740

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,135,001	311,500	117,506	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶10

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
INFOCISION MANAGEMENT CORPORATION, 325 SPRINGSIDE DRIVE AKRON OH 44333	TM CONSULTANT	2,629,436
RRDONNELLY, PO BOX 93514 CHICAGO IL 60673	MH CONSULTANT	783,770
THE DATA CENTER, 11200 WAPLES MILL RD FAIRFAX VA 22030	DP CONSULTANT	614,235
SOUTHWEST PUBLISHING, 2600 NW Topeka Blvd TOPEKA KS 66617	MH CONSULTANT	603,151
DIRECT RESPONSE CONSULTING, 6849 OLD DOMINION DRIVE MCLEAN VA 22101	FR CONSULTANT	497,692

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 ►11

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	20,718,885			
	g	Noncash contributions included in lines 1a-1f \$	49,431			
	h	Total. Add lines 1a-1f	20,718,885			
Program Service Revenue	2a	SERVICE FEES	Business Code 900099	1,015,104	1,015,104	
	b	BOOK SALES	900099	1,038	1,038	
	c	BROCHURE SALES	900099	59,014	59,014	
	d	EXPERT REPORT SALES	900099	124	124	
	e	RESEARCH CONFERENCE	900099	202,575	202,575	
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	1,277,855			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	120,513			120,513
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	1,216			1,216
	6a	Gross rents	(i) Real (ii) Personal			
	b	Less rental expenses				
	c	Rental income or (loss)	0 0			
	d	Net rental income or (loss)	0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 2,903,461			
	b	Less cost or other basis and sales expenses	2,745,448			
	c	Gain or (loss)	158,013			
	d	Net gain or (loss)	158,013			158,013
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from fundraising events	0			
	9a	Gross income from gaming activities See Part IV, line 19	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less returns and allowances	a			
	b	Less cost of goods sold	b			
	c	Net income or (loss) from sales of inventory	0		0	
		Miscellaneous Revenue	Business Code			
	11a	MAIL LIST RENTAL	900099	492,303		492,303
	b	DISCOUNT EARNED	900099	16,610		16,610
	c	SUBLEASE REVENUE	900099	110,518		110,518
	d	All other revenue		-12,209		-12,209
	e	Total. Add lines 11a-11d	607,222			
	12	Total revenue. See Instructions	22,883,704	1,277,855	0	886,964

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 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.	3,041,823	3,041,823		
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.	651,039	651,039		
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	510,070	329,934	105,332	74,804
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.	3,146,287	1,633,260	1,049,010	464,017
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	176,389	96,097	54,480	25,812
9	Other employee benefits.	558,563	295,370	179,384	83,809
10	Payroll taxes.	259,454	139,860	82,587	37,007
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	60,232	22,959	28,565	8,708
c	Accounting.	108,163	9,851	95,524	2,788
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	851,429			851,429
f	Investment management fees.	47,824	22,956	11,956	12,912
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,166,603	2,048,663	117,940	
12	Advertising and promotion.	168,626	139,555	20,584	8,487
13	Office expenses.	294,136	168,438	77,874	47,824
14	Information technology.	91,242	59,030	18,711	13,501
15	Royalties.	0			
16	Occupancy.	733,645	388,832	234,766	110,047
17	Travel.	263,891	234,232	16,142	13,517
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	62,348	59,260	945	2,143
20	Interest.	73,799		73,799	
21	Payments to affiliates.	135,200	114,174	7,297	13,729
22	Depreciation, depletion, and amortization.	64,596	34,236	20,671	9,689
23	Insurance.	30,335	16,078	9,707	4,550
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	MAILHOUSE FEES	1,357,138	919,185	70,898	367,055
b	LIST COSTS	325,268	219,746	32,249	73,273
c	POSTAGE & DELIVERY	4,517,737	3,102,978	274,576	1,140,183
d	PRINTING & PUBLICATION	2,708,850	1,835,776	333,719	539,355
e	All other expenses	509,840	308,407	90,988	110,445
25	Total functional expenses. Add lines 1 through 24e.	22,914,527	15,891,739	3,007,704	4,015,084
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	9,779,737	6,470,604	463,597	2,845,536

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			102,939	1	80,259
	2	Savings and temporary cash investments			4,391,271	2	6,074,525
	3	Pledges and grants receivable, net			1,609,984	3	1,193,381
	4	Accounts receivable, net			581,152	4	386,434
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			0	6	0
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			615,714	9	557,639
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	415,226			
	b	Less accumulated depreciation	10b	244,174	155,992	10c	171,052
	11	Investments—publicly traded securities			1,577,515	11	1,971,525
	12	Investments—other securities See Part IV, line 11			0	12	0
	13	Investments—program-related See Part IV, line 11			5,458,730	13	5,677,633
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			827,421	15	1,491,275
	16	Total assets. Add lines 1 through 15 (must equal line 34)			15,320,718	16	17,603,723
Liabilities	17	Accounts payable and accrued expenses			1,103,443	17	1,391,105
	18	Grants payable			2,684,139	18	4,340,358
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D			0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	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 D			2,477,126	25	2,751,635
	26	Total liabilities. Add lines 17 through 25			6,264,708	26	8,483,098
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets			4,509,726	27	4,924,890
28		Temporarily restricted net assets			3,709,948	28	3,358,494
29		Permanently restricted net assets			836,336	29	837,241
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds				30	
31		Paid-in or capital surplus, or land, building or equipment fund				31	
32		Retained earnings, endowment, accumulated income, or other funds				32	
33		Total net assets or fund balances			9,056,010	33	9,120,625
34		Total liabilities and net assets/fund balances			15,320,718	34	17,603,723

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,883,704
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,914,527
3	Revenue less expenses Subtract line 2 from line 1	3	-30,823
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,056,010
5	Net unrealized gains (losses) on investments	5	195,306
6	Donated services and use of facilities	6	
7	Investment expenses	7	15,925
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-115,793
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,120,625

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input checked="" type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	<input type="checkbox"/>	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 a <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	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)
f	<input type="checkbox"/>	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
g	<input type="checkbox"/>	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) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	30,811,266	21,205,301	22,368,002	19,870,413	20,718,885	114,973,867
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0					0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0					0
4 Total. Add lines 1 through 3	30,811,266	21,205,301	22,368,002	19,870,413	20,718,885	114,973,867
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)						275,785
6 Public support. Subtract line 5 from line 4						114,698,082

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	30,811,266	21,205,301	22,368,002	19,870,413	20,718,885	114,973,867
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	898,115	803,265	649,431	599,738	614,032	3,564,581
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0				0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	16,496	20,214	15,795	45,871	114,919	213,295
11 Total support (Add lines 7 through 10)						118,751,743
12 Gross receipts from related activities, etc. (see instructions)					12	7,209,615
13 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		
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	96.586 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	96.867 %
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶	
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶	

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number

52-1238026

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

Part III

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

- 3
- Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a

☐

Public exhibition

d

☐

Loan or exchange programs

b

☐

Scholarly research

e

☐

Other

c

☐

Preservation for future generations
- 4
- Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5
- During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
- ☐ Yes

☐ No

Part IV

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

- 1a
- Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
- ☐ Yes

☐ No
- b
- If "Yes," explain the arrangement in Part XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a
- Did the organization include an amount on Form 990, Part X, line 21?
- ☐ Yes

☐ No
- b
- If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	1,380,036	1,326,269	1,838,340	2,018,703	1,655,054
b Contributions	11,979	16,164	15,712	16,610	393,875
c Net investment earnings, gains, and losses	107,487	160,204	333,470	-16,764	163,325
d Grants or scholarships	120,157	122,601	861,253	180,209	193,551
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,379,345	1,380,036	1,326,269	1,838,340	2,018,703

- 2
- Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment

1 260 %

b

Permanent endowment

32 920 %

c

Temporarily restricted endowment

65 820 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a
- Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b
- 4
- Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	5,900			5,900
b Buildings				
c Leasehold improvements		78,296	37,744	40,552
d Equipment		331,030	206,430	124,600
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				171,052

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	22,939,291
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	195,306
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-139,719
e	Add lines 2a through 2d	2e	55,587
3	Subtract line 2e from line 1	3	22,883,704
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	22,883,704

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	22,874,676
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	22,874,676
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,925
b	Other (Describe in Part XIII)	4b	23,926
c	Add lines 4a and 4b	4c	39,851
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	22,914,527

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART XI, LINE 2D	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT LIABILITY 95,411 PENSION RELATED CHANGES OTHER THAN NET PERIODIC BENEFIT COSTS (235,130) ----- ----- TOTAL (139,719)
PART V, LINE 4	The intended uses of the organization's endowment funds Endowment funds are established to further the mission of the American Institute for Cancer Research. The person establishing the fund designated the purpose of their fund, (i e, cancer 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 Septemeber 30, 2014 and 2013 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 XII, Line 4b	Refund of prior year grants \$23,926

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number
52-1238026

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Europe (Including Iceland and Greenland)	0	1	Grantmaking		651,039
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	1			651,039
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	1			651,039

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		Europe (Including Iceland and Greenland)	PROJECT	200,000	WIRE			
(2)		Europe (Including Iceland and Greenland)	education grant	451,039	wire			
(3)								
(4)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 2

3 Enter total number of other organizations or entities ▶

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.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

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)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐

Yes

☒

No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

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

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number
52-1238026

Part I

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

1

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

a

☒

Mail solicitations

b

☐

Internet and email solicitations

c

☒

Phone solicitations

d

☐

In-person solicitations

e

☐

Solicitation of non-government grants

f

☐

Solicitation of government grants

g

☐

Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes

☐ No

b

If "Yes," list the 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 INFOCISION MANAGEMENT CORP	PHONE		No	3,923,594	1,723,321	2,200,273
2 DIRECT RESPONSE CONSULTING	MAIL		No	7,511,481	506,557	7,004,924
3 STRATEGIC FUNDRAISING INC	PHONE		No	333,547	325,592	7,955
4						
5						
6						
7						
8						
9						
10						
Total ▶				11,768,622	2,555,470	9,213,152

3

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

AL, AK, 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, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, UT, VT, VA, WA, WV, WI, WY

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts			
	2	Less Contributions . . .			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs . . .			
	7	Food and beverages .			
	8	Entertainment			
	9	Other direct expenses .			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

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



13 Indicate the percentage of gaming activity operated in		
a The organization's facility	13a	%
b An outside facility	13b	%

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

Name 

Address 

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

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

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

Name 

Address 

16 Gaming manager information

Name 


Gaming manager compensation  \$

Description of services provided 

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation
FUNDRAISERS	PART IV 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 Part I, Line 3 This list includes states that require registration for solicitation and other states that require authorization to transact business It does not include states that do not require registration

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number
52-1238026

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

19

3

Enter total number of other organizations listed in the line 1 table

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.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
AICR PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U S	SCHEDULE I, 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 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

Additional Data

Software ID:
Software Version:
EIN: 52-1238026
Name: AMERICAN INSTITUTE FOR CANCER RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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	56-6001393	501(c)(3)	200,000				FELLOWSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARVARD UNIVERSITY SCHOOL OF PUBLIC HEALTH 677 HUNTINGTON AVE BOSTON, MA 02115	04-2103580	501(C)(3)	164,756				RESEARCH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE BRONX, NY 10461	13-1624225	501(c)(3)	165,000				RESEARCH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS ANGELES BIOMEDICAL RESEARCH INSTITUTE 1124 W CARSON ST TORRANCE, CA 90746	95-2138184	501(C)(3)	79,888				RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY 1960 KENNY RD COLUMBUS, OH 43210	31-6025986	501(c)(3)	165,000				RESEARCH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 MARYLAND PO BOX 4142 BALTIMORE,MD 21203	52-6002033	501(C)(3)	164,399				RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VANDERBILT UNIVERSITY MEDICAL CENTER PO BOX 121236 DALLAS, TX 75312	62-0476822	501(C)(3)	246,808				RESEARCH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 ALABAMA AT BIRMINGHAM 701 20TH ST South ADM BLDG BIRMINGHAM,AL 35294	63-6005396	501(C)(3)	149,793				RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGETOWN UNIVERSITY 2121 WISCONSIN AVE NW WASHINGTON, DC 20007	53-0196603	501(C)(3)	165,000				RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY 47 COLLEGE ST NEW HAVEN, CT 06508	06-0646973	501(C)(3)	165,000				RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	224,560				RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 TEXAS ANDERSON CANCER CENTER PO BOX 4390 HOUSTON, TX 772104390	74-6001118	501(C)(3)	149,917				RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARVARD UNIVERSITY SCHOOL OF PUBLIC HEALTH 655 HUNTINGTON AVE BOSTON, MA 02115	04-2103580	501(C)(3)	163,939				RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBERT EINSTEIN COLLEGE OF MED OF YESHIVA UNIV 1300 MOSRIS PARK AVE BRONX, NY 10461	13-1624225	501(C)(3)	164,851				MATCHING RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 ALABAMA AT BIRMINGHAM 701 20TH ST SOUTH ADM BLDG BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	10,000				DISCRETIONARY GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH CAROLINA RESEARCH FOUNDATION 901 SUMTER ST 5TH FLOOR COLUMBIA, SC 29208	57-0967350	501(C)(3)	165,000				RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO STATE UNIVERSITY 601 S HOWES FORT COLLINS, CO 80523	84-6000545	501(C)(3)	165,000				RESEARCH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 ALABAMA AT BIRMINGHAM 701 20TH ST SOUTH ADM BLDG BIRMINGHAM,AL 35294	63-6005396	501(C)(3)	165,000				RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAVARD UNIVERSITY SCHOOL OF PUBLIC HEALTH 655 HUNTINGTON AVE BOSTON,MA 02115	04-2103580	501(C)(3)	164,912				RESEARCH GRANT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number
52-1238026

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>	4a	No
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4b	Yes
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4c	No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		
<div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>	5a	No
<div><div>a</div><div>The organization?</div></div>	5b	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		
<div><div>6</div><div>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</div></div>	6a	No
<div><div>a</div><div>The organization?</div></div>	6b	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		
<div><div>7</div><div>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</div></div>	7	No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)MARILYN GENTRY PRESIDENT, WCRF INTL	(i)	0	0	0	0	0	0	0
	(ii)	0	0	293,398	0	13,760	307,158	0
(2)KELLY B BROWNING EXECUTIVE VP	(i)	300,177	0	0	0	17,818	317,995	0
	(ii)	0	0	18,102	0	0	18,102	0
(3)KATHRYN L WARD SENIOR ADVISOR	(i)	180,271	0	0	0	4,995	185,266	0
	(ii)	0	0	0	0	0	0	0
(4)STEPHENIE L LOWE SENIOR VICE PRESIDENT	(i)	149,946	0	0	0	20,595	170,541	0
	(ii)	0	0	0	0	0	0	0
(5)DEIRDRE MCGINLEY GIESER SENIOR VP PROGRAM	(i)	147,938	0	0	0	21,640	169,578	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SUPPLEMENTAL RETIREMENT PLAN	PART I, LINE 4(B) EFFECTIVE JANUARY 1, 2001, AICR'S BOARD OF DIRECTORS ADOPTED A SUPPLEMENTAL RETIREMENT BENEFIT ARRANGEMENT FOR THE INSTITUTE'S PRESIDENT AND CHIEF EXECUTIVE OFFICER IN RECOGNITION OF THEIR LONG TERM SERVICE AND CONTINUING COMMITMENT TO THE CHARITABLE ACTIVITIES OF AICR. THE SUPPLEMENTAL RETIREMENT BENEFIT IS EQUAL TO THE LUMP SUM PRESENT VALUE OF THE SINGLE LIFE ANNUITY IN THE AMOUNT OF 1% OF AVERAGE COMPENSATION FOR EACH YEAR OF SERVICE WITH AICR AND VESTED OVER A FIVE- YEAR PERIOD. BOTH EXECUTIVES ARE FULLY VESTED. SUPPLEMENT RETIREMENT BENEFIT FOR 2013: KELLY B BROWNING (CHIEF EXECUTIVE OFFICER) NONE SINCE 2012, MS GENTRY NO LONGER PARTICIPATED IN THIS PLAN.
PART II, SECTION (B)(III), LINE (II)	OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES FOR: MARILYN GENTRY (PRESIDENT, WCRF INTERNATIONAL) 293,398. MS GENTRY'S COMPENSATION PACKAGE IS PAID BY WCRF INTERNATIONAL. AICR IS REQUIRED TO REPORT ALL COMPENSATION PAID TO MS GENTRY BY ALL OF AICR'S AFFILIATES. AICR DOES NOT PAY MS GENTRY AS AN EMPLOYEE OF AICR. KELLY B BROWNING (CHIEF EXECUTIVE OFFICER) 18,102. MR BROWNING RECEIVES THE ABOVE COMPENSATION FROM WCRF INTERNATIONAL. AICR IS REQUIRED TO REPORT ALL COMPENSATION PAID TO MR BROWNING BY ALL OF AICR'S AFFILIATES. AICR DOES NOT PAY FOR THIS COMPENSATION.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number
52-1238026

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	5	49,431	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 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2013)

Part III

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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2013

Open to Public Inspection

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Name of the organization

AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number

52-1238026

Return Reference	Explanation	
	Part III, Line 4a - Education	<p>EDUCATION PROGRAMS The American Institute for Cancer Research (AICR) champions the latest and most authoritative scientific research on cancer prevention and survival through diet, weight and physical activity so that we can help people make informed lifestyle choices to reduce their risk. We want to live in a world where no one develops a preventable 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 the once-radical notion that everyday choices can dramatically reduce cancer risk into a universally accepted medical fact Research is the basis of all programs at AICR Interpretation Reports and Continuous Updates In 2007 AICR and its international affiliates in the World Cancer Research Fund (WCRF) global network published our Second Expert Report, "Food, Nutrition, Physical Activity and the Prevention of Cancer a Global Perspective " This Report built on the conclusions of our 1997 Expert Report, which helped set a new health policy agenda and inspired a surge in diet-cancer research The Second Expert Report laid out a transparent methodology for evaluating the scientific literature which has since been 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) 4 Eat more of a variety of vegetables, fruits, whole grains and legumes, such as beans 5 Limit consumption of red meats, such as beef, pork and lamb, and avoid processed meats 6 If consumed at all, limit alcoholic drinks to 2 for men and 1 for women a day 7 Limit consumption of salty foods and foods processed with salt (sodium) 8 Don't use supplements to protect against cancer Special Population Recommendations 9 It's best for mothers to breastfeed exclusively for six months and then add other liquids and foods 10 After treatment, cancer survivors should follow the recommendations for cancer prevention And always remember- Do not smoke or chew tobacco AICR and WCRF subsequently published "Policy and Action for Cancer Prevention," an evidence-based report that places our Recommendations in a health policy context This report provides a roadmap for policymakers, laying out the decisive action needed to reduce cancer rates AICR and the American Public Health Association (APHA) published an executive summary of this policy report offering the US context for cancer-prevention policy In preparing the US Dietary Guidelines for Americans (both the 2010 and 2015 versions), the official government advisory committee extensively cited the analyses and conclusions of AICR's reports, as a result, the US Dietary Guidelines are closely in line with AICR Recommendations Ongoing Review of the Evidence The study of lifestyle's role in cancer is growing faster than ever As the US member in a global network of cancer charities, we work in partnership to conduct an ongoing analysis of scientific research into the links between diet, physical activity, weight and cancer This is called the World Cancer Research Fund International Continuous Update Project (CUP) The process of updating the CUP on a rolling basis is well underway, adding systematic literature reviews of new evidence, cancer site by cancer site As of the end of FY 14, we have published CUP Reports covering " Breast Cancer February 2010 " Colorectal Cancer May 2011 " Pancreatic Cancer October 2012 " Endometrial Cancer September 2013 " Ovarian Cancer March 2014 A CUP Report on breast cancer survivorship, as well as subsequent updates on cancers of the prostate, liver, gallbladder, bladder, stomach, kidney, esophagus, lung, throat, mouth, cervix and skin, are scheduled to be published in FY 15 and FY 16 All of these data will be fed into the process that will lead to updated Recommendations for Cancer Prevention, now scheduled for FY 17 Education AICR's Message AICR's education programs are evidence-based This evidence comes from both the research we fund and the conclusions drawn in our scientific reports From their findings we produce educational materials to meet a wide variety of needs, across all stages of the cancer continuum AICR Newsletter In FY 14, AICR distributed over 2.2 million copies of its newsletter to supporters Each quarterly issue is filled with practical tips, recipes, profiles of the cutting-edge research made possible by AICR supporters Each issue is reviewed by an advisory group of clinicians, registered dietitians, recipe developers and cancer researchers Brochures and Fact Sheets Developed to pla</p>

Return Reference	Explanation	
Part III, Line 4a - Education		<p>ce the latest cancer research findings in a clear, easy-to-understand format, AICR brochur es, leaflets and fact sheets offer many different audiences our empowering message. In FY14, we offered seven brochure series: Healthy Living for Cancer Prevention (AICR's Recommendations and Guidelines), The New American Plate (A visual approach to meal-making for lower cancer risk), Facts on Preventing Cancer (Answers to common questions), Stopping Cancer (Information on preventing specific cancers), Cancer Survivor Series (Evidence-based advice fo r patients, survivors and caregivers), Healthy Eating Anytime (Tips to prevent obesity, a major cancer cause), Simple Steps for Physical Activity (Practical advice for moving more). Also, Materiales en Espanol (Brochures for Spanish speakers). Individuals order single free copies or dow nload them from the AICR website, health professionals and medical centers (h ospitals, cancer clinics etc) make bulk purchases at significant discounts. AICR also dis tributes brochures at conferences, events and health fairs. In FY14, AICR distributed near ly 138,000 brochures. Health Aids AICR produces health aids - including recipe cards, char ts, tearsheets, magnets and more - to turn lowering cancer risk into a "hands-on" experien ce. Individuals order single free copies, health professionals and medical centers (hsopit als, cancer clinics etc) make bulk purchases at significant discounts. AICR also distribu tes health aids at conferences, events and health fairs. In FY14, AICR distributed over 33 ,000 health aids. Science Now Newsletter For supporters and health professionals looking f or deeper understanding of AICR's cancer research, the quarterly Science Now new sletter ex amines the study of diet, physical activity and weight in cancer prevention, treatment and survivorship. In FY14, nearly 100,000 copies of Science Now were distributed to supporter s. AICR on the Web AICR's website (www.aicr.org) offers continually updated information on AICR research, healthy, cancer-protective recipes and fitness tips, and a host of interac tive tools and resources on the science of lowering cancer risk. IN FY14, AICR's website received over 1.6 million unique visitors, total page views for FY14 exceeded 5 million. Mu ch of FY14 was spent redesigning the AICR website to make its information easier to access, the official re-launch, including a new, streamlined, increasingly interactive mini-site CANcer PREVENTion, launched at the beginning of FY15. A new section on "AICR's Impact" ou tlines results from independently conducted scientific studies that are now putting AICR's Recommendations For Cancer Prevention to the test. These studies consistently demonstrate that following AICR Recommendations protect against cancer, reduce all-cause mortality and - for cancer survivors - improve quality of life. Free E-publications AICR has developed a library of e-publications that deliver the latest information on lowering cancer risk s traight to subscriber's inboxes. Our e-publications are reviewed by cancer researchers, cl inicians, dietitians, and AICR staff. eNews is a monthly e-newsletter emphasizing the "tak e-home" message: How can I start living for lower cancer risk today? As of September 2014, over 589,000 people subscribed to eNews. Health-e-Recipe is for those looking for ways to bring the research home with quick, easy and delicious cancer-protective meals. All weekly recipes come from AICR's Test Kitchen and follow AICR's guidelines. As of September 2014, Health-e-Recipe had over 61,200 subscribers. Those looking to dig deeper into the resear ch can do so by subscribing to Cancer Research Update. At the close of FY14 this biweekly digest of breaking news and current research in the fight against cancer reached over 25,800 readers interested in the science of cancer risk, as well as health professionals looking to stay current. This represents a 38% surge over the previous year. Health at Work is a quarterly e-publication that adapts AI</p>

Return Reference	Explanation	
	Part III, Line 4b - Research	<p>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 substantial body of evidence shows that food, nutrition, and physical activity play important roles in cancer prevention, treatment, and survivorship. Research shows that about one-third of the cases of some of the most common cancers could be prevented by appropriate food, nutrition, weight management, and physical activity, and nearly half of all cancers would be prevented if, in addition, no one used tobacco products. The American Institute for Cancer Research (AICR) pioneered the funding of research examining diet and cancer. In total through FY 14 AICR has committed over \$103 million for hundreds of individual research projects at universities, hospitals and research centers throughout the United States and the world. AICR Annual Research Conference Starting in 1990, AICR has hosted an annual research conference to encourage and facilitate the exchange of ideas and information and to provide a forum for constructive debate on timely diet and cancer research topics. The conference provides a venue for researchers, scientists, medical and health professionals, and others to present and discuss their work. Planning for the November 2013 conference took place throughout the year. The conference was held November 7-8, 2013 at the Hyatt Regency Bethesda, in Bethesda, Maryland. The conference included scientific sessions on food processing and the cancer process, transgenerational effects of diet, nutrition, exercise and bone health in cancer survivorship, epigenetic regulation - microRNAs and cancer prevention, the food environment and food policy and implications for cancer risk, and obesity and cancer risk. The scientific program for the conference was planned by the AICR Conference Program Committee, made up of the following individuals: John W. Erdman, Jr., PhD (Chair) University of Illinois at Urbana-Champaign; Wendy Demark-Wahnefried, PhD, RD UAB Comprehensive Cancer Center; Richard L. Eckert, PhD University of Maryland and School of Medicine; James C. Fleet, PhD Purdue University; John A. Milner, PhD USDA Beltsville Human Nutrition Center; Susan Higginbotham, PhD, RD AICR, Washington, DC; Cheryl L. Rock, PhD, RD University of California, San Diego, School of Medicine; June Stevens, MS, PhD University of North Carolina at Chapel Hill. AICR also participates in a variety of meetings, seminars, symposiums and conferences throughout the course of the year. Marilyn Gentry Fellowships at UNC The AICR Marilyn Gentry Fellowship Program in Nutrition and Cancer at the University of North Carolina at Chapel Hill was created to develop tomorrow's leaders in nutrition research in relation to cancer. Fellows receive two years of organized mentoring while planning and conducting research. They develop a body of data that will help them compete successfully for grant funding in the future. This program has produced several graduates who have entered the nutrition-cancer field. AICR has also funded a Distinguished Professorship at UNC to chair this program. In addition, the AICR-WCRF Institute for the Advanced Study of Diet, Nutrition and Cancer is housed within the Michael Hooker Research Center on the UNC campus. These facilities include three laboratories dedicated to researching the role of diet and nutrition in the causation, prevention, and treatment of cancer. Research Grant Program Through its research grant program, AICR 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 AICR'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 AICR'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 Nat</p>

Return Reference	Explanation	
	Part III, Line 4b - Research	<p>ional 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 The AICR Grant Panels review applications for their scientific merit, the qualifications, experience and productivity of the investigators, the facilities available, and the promise for elucidating the roles of food, nutrition, physical activity and weight management in cancer prevention, treatment, and survivorship The review process is strictly controlled, including procedures to avoid potential conflicts of interest Peer reviewers are selected for their research expertise and their ability to bring a wide scope of scientific experience to the review process Recommendations of the Grant Review Panels are forwarded to the AICR Board of Directors, which makes the final decisions on grant awards AICR RESEARCH GRANTS FOR FISCAL YEAR 2014 During fiscal year 2014, the AICR committed \$3,041,823 for 20 peer-reviewed cancer research and education projects (15 investigator initiated grants, 2 matching grants, 1 discretionary grant and 2 education grants) along with a Marilyn Gentry Fellowship (\$200,000) Investigator Initiated Grants Mechanism establishing dietary induced relative risk for intestinal tumors Leonard Augenlicht, PhD Albert Einstein College of Medicine of Yeshiva University Bronx, New York Women's Interventional Nutrition Study (WINS) long-term survival analysis Rowan Chlebowski, MD, PhD Los Angeles Biomedical Research Institute at Harbor-UCLA Medical Center Torrance, California Maximizing the impact of tomatoes for prostate cancer prevention The impact of tomato variety and carotenoid profiles Steven Clinton, MD, PhD The Ohio State University Columbus, Ohio Prospective study of diet in youth and adult breast density Joanne Dorgan, PhD University of Maryland, Baltimore Baltimore, Maryland A Prospective Analysis of Obesity and Progression from HGPIN to Prostate Cancer Jay Fowke, PhD Vanderbilt University Medical Center Nashville, Tennessee Targeted disruption of cancer cell metabolism and growth through modification of diet quality Barbara Gower, PhD The University of Alabama at Birmingham Birmingham, Alabama Role of genistein in reversing tamoxifen resistance by acting as HDAC and DNMT inhibitor Leena Hilakivi-Clarke, PhD Georgetown University Washington, DC A mail- and video-based weight loss trial in breast cancer survivors Me Linda Irwin, PhD Yale University New Haven, Connecticut Impact of resistance training and protein supplementation on lean muscle mass among childhood cancer survivors Kirsten Ness, PhD St Jude Children's Research Hospital Memphis, Tennessee Do-it-yourself chemoprevention Can exercise increase circulating omentin levels to inhibit ovarian tumor recurrence and metastasis? Rosemarie Schmandt, PhD University of Texas MD Anderson Cancer Center Houston, Texas Carbohydrate Quantity and Quality and Advanced Prostate Cancer Risk Of Mice and Men Stephanie Smith-Warner, PhD Harvard University School of Public Health Boston, Massachusetts Inflammatory Potential of Diet and Risk of Cancer Mortality in Women Susan Steck, PhD South Carolina Research Foundation Columbia, South Carolina Diet composition and weight loss effect on long term prognosis in breast cancer survivors Henry Thompson, PhD Colorado State University Fort Collins, Colorado Epigenetics of early life exposure to cancer preventive cruciferous vegetables Trygve Tollefsbol, PhD, DO The University of Alabama at Birmingham Birmingham, Alabama Sugar sweetened beverages, fructose and sucrose, genetic susceptibility, molecular subtypes and colorectal cancer survival Kana Wu, MD Harvard University School of Public Health Boston, Massachusetts Matching Grants Gene-environment interactions among circulating vitamin D levels, vitamin D pathway gene polymorphisms, BMI and esophageal adenocarcinoma prognosis David Christiani, MD Harvard University School of Public Health Boston, Massachusetts Walnuts</p>

Return Reference	Explanation
FORM 990, Part VI Governance	<p>Line 11 b - The 990 form is prepared and reviewed in detail by key staff in the AICR accounting department. The 990 form is then reviewed by AICR executive management, KPMG and the law firm Steptoe & Johnson. KPMG and Steptoe & Johnson both conduct detailed reviews of the 990 form. Once the 990 form and accompanying schedules are in final draft form, the AICR Board of directors are asked to review and provide feedback prior to the filing.</p> <p>Line 12c - The Institute's Board of Directors has a conflict of interest policy in effect. A copy of the policy is provided to each director, officer and staff member of AICR who is presently serving in a capacity where a conflict of interest could arise. The policy is reviewed annually. If the Board determines that changes do not need to be made, the policy is reaffirmed. New directors, officers, and staff members are advised of the policy in effect upon taking office or upon the start of employment, as the case may be. Since fiscal year 2010, Directors, Officers, executives, and senior level management 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), and such person shall not vote on the matter. The person having a conflict of interest shall provide the Board (or committee of the Board), with any and all relevant information, and shall retire from the room in which the Board (or committee of the Board) is meeting concerning such matter, and shall not participate in the final deliberation or decision regarding the matter under consideration. The minutes of the meeting of the Board (or committee of the Board) shall reflect that the conflict of interest was disclosed and that the interested person was not present during the final discussion of such matter or vote and did not vote on such matter. When there is a doubt as to whether a conflict of interest exists, the matter shall be resolved by vote of the Board of Directors (or committee of the Board), excluding the interested person.</p> <p>Line 15b - The Compensation Committee, through a resolution of the AICR Board of Directors, is responsible for setting the compensation of the principle officers. This Committee conducts an annual review of performance at the end of each calendar year against the goals and objectives established in the yearly budgets, the yearly operation plan and the long-term strategic plans. Information utilized in determining compensation adjustments include: 1) Report from the Executive Team for the Calendar Year, 2) Fiscal Year Performance and Effectiveness Assessment Report, 3) HRA-NCA Compensation Survey, 4) American Society of Association Executives Association Compensation and Benefits Report, 5) Guidestar Compensation Report, 5) Non Profit Times Non Profit Salary and Benefits Report. After reviewing compensation studies and other industry information, compensation is determined and awarded. Increases are consistent with compensation paid by organizations similar to AICR having comparable responsibility and duties. A memo is drafted from the Compensation Committee to the Senior Vice President of Finance, Human Resource file and to the executives receiving the review including the instructions and details for the compensation changes.</p> <p>Line 19 - All governing documents and financial statements are available to the public upon request.</p>

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RECONCILIATION OF NET ASSETS PENSION RELATED CHANGES OTHER THAN NET (235,130) PERIODIC BENEFIT COSTS CHANGE IN VALUE OF SPLIT-INTEREST 95,411 AGREEMENT LIABILITY Grant Refunds from Prior Year 23,926 TOTAL (115,793)

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number
52-1238026

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) 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 Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WORLD CANCER RESEARCH FND UNITED KINGDOM 22 BEDFORD SQUARE LONDON WC1B 3HH UK	AFFLD CHARITY	UK			AICR	Yes	
(2) WORLD CANCER RESEARCH FUND HONG KONG 145 HENNESSY ROAD ROOM 1302 WANCHAI HK	AFFLD CHARITY	HK			AICR	Yes	
(3) WORLD CANCER RESEARCH FUND FRANCE ALlee DE LARCHE 9-11 COURBEVOIE FR	AFFLD CHARITY	FR			WCRF Intl	Yes	
(4) WORLD CANCER RESEARCH FUND INTERNATIONAL 22 BEDFORD SQUARE LONDON WC1B 3HH UK	AFFILIATE	BE			AICR	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) WCRF (TRADING) LIMITED BROADGATE TOWER PRIMROSE ST LONDON EC2A 2RS UK	LIST RENTAL	UK	UK	C CORP					No
(2) CHARITABLE REMAINDER TRUST (5) 1759 R STREET NW WASHINGTON, DC 20009	UNITRUST		NA	TRUST				Yes	
(3) PERPETUAL TRUST (1) 1759 R STREET NW WASHINGTON, DC 20009	PERPETUAL TRU		NA	TRUST				Yes	

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

No

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

No

1s

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WORLD CANCER RESEARCH FUND INTERNATIONAL	Q	263,524	CASH
(2) WORLD CANCER RESEARCH FUND INTERNATIONAL	L	1,015,104	CASH
(3) WORLD CANCER RESEARCH FUND INTERNATIONAL	B	451,039	CASH
(4) WORLD CANCER RESEARCH FUND INTERNATIONAL	P	76,512	CASH

Schedule R (Form 990) 2013

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.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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