

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493113001036

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2014 cal	endar year, or tax year beginn	ing 10-01-2014 , and ending 09-3	30-2015				
B Ch	eck ıf a	applicable	C Name of organization AMERICAN INSTITUTE FOR CANC	ER RESEARCH			D Emplo	yer ide	ntification number
		hange	% KELLY B BROWNING				52-12	38026	5
∏ Na	me cha	ange	Doing business as						
Init	ial retu	um	Number and street (or D.O. how if	mail is not delivered to street address) F	Doom /suito		E Telepho	ne num	ber
Fin ret	al urn/tei	rmınated	1759 R STREET NW	iliali is not delivered to street address) F	Room/ Suite		(202)	328-7	744
┌ Am	ended	return		ountry, and ZIP or foreign postal code					
┌ App	olicatio	n pending	WASHINGTON, DC 200092552			ļ.	G Gross r	eceipts \$	20,454,006
			F Name and address of p	rıncıpal officer		H(a) Is this	s a group	return	
			KELLY B BROWNING 1759 R STREET NW			subor	dinates?		┌ Yes ┌ No
			WASHINGTON, DC 2000	92552		H(b) Are al	l subordı	nates	┌ Yes ┌ No
—— т Та	x-exer	mpt status	▼ 501(c)(3)	【(insert no)	7	ınclud If "No		a list	(see instructions)
			/W AICR ORG	(msett no) 4347(d)(1) or 32		_			,
						1	o exempt		
	n of o		Corporation Trust Associa	tion Other 🗠		L Year of for	mation 19	81 M	State of legal domicile DC
Ра			.	sion or most significant activities					
Governance				T THE RELATIONSHIP OF NUTF				YAND) WEIGHT
Gover	2	Check th	nis box 析 if the organization	discontinued its operations or disp	posed of r	more than 2!	5% of its	net as	sets
	3	Number	of voting members of the gove	rning body (Part VI, line 1a) .				з	6
ij	4	Number	of independent voting member	s of the governing body (Part VI, I	ıne 1b)			4	6
Activities &				n calendar year 2014 (Part V, line				5	59
			·	necessary)			•	6	294,051
				Part VIII, column (C), line 12 . e from Form 990-T, line 34			•	7a 7b	
	"	- Net unit	latea basiness taxable meome	. Holli 1 of Hi 3 50 1 , Hile 3 4 1 1			Year	75	Current Year
	8	Contri	butions and grants (Part VIII,	line 1h)			20,718,8	385	16,472,392
nile	9	Progra	m service revenue (Part VIII,	line 2g)		1,277,855		355	1,251,041
Rayente	10		·	nn (A), lines 3, 4, and 7d)			278,5		287,221
_	11		·), lines 5, 6d, 8c, 9c, 10c, and 11 1 (must equal Part VIII, column (-		608,4	138	498,651
	12		-		` ''		22,883,7	704	18,509,305
	13	Grants	s and similar amounts paid (Pa	rt IX, column (A), lines 1-3) .			3,692,8	362	1,057,905
	14			t IX, column (A), line 4)				0	0
ss.	15	Saları 5–10)		yee benefits (Part IX, column (A),	lines		4,650,763		4,474,352
8)S	16a	Profes	sional fundraising fees (Part I	X, column (A), line 11e)			851,4	129	558,020
Expenses	b	Total fu	ndraising expenses (Part IX, column	(D), line 25) • 3,717,825					
	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			13,719,4	173	12,781,620
	18			nust equal Part IX, column (A), line			22,914,5	527	18,871,897
	19	Reven	ue less expenses Subtract lin	e 18 from line 12		_	-30,8		-362,592
Net Assets or Fund Balances						Beginning Ye	of Curre ear	nt	End of Year
See Jaka	20	Total	assets (Part X, line 16)				17,603,7	723	14,956,939
P P P P P P P P P P P P P P P P P P P	21	Totall	iabilities (Part X, line 26) .				8,483,0	98	6,403,400
	22			ct line 21 from line 20			9,120,6	525	8,553,539
Unde my ki	nowle	alties of	belief, it is true, correct, and co	xamined this return, including accomplete Declaration of preparer (o					
		<u> </u>					16-04-20		
Sign		Signa	ature of officer			Da	te		
Here	e		Y B BROWNING EXECUTIVE VICE PRE or print name and title	SIDENT					
		P	rınt/Type preparer's name	Preparer's signature	Date	e Chec	k □ ıf	PTIN	
Paid	d	Ν.	IARGARET A BRADSHAW	MARGARET Á BRADSHAW		self-	employed	P00501	1222
	- pare		irm's name 🕨 KPMG LLP			Firm'	s EIN ►		
	On		irm's address 🟲 1676 International D	rive		Phon	e no (703) 286-80	000
		-	McLean, VA 22102						

✓ Yes No

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)? <i>If "Yes,"</i> 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? <i>If "Yes," complete Schedule D, Part I</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^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, 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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f G}$	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		

Par	t 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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		N o
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or 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? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	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		V	 Na
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 152		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
)	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)	2b	Yes	
		22		N.
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		N
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	<u> </u>		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
•	If "Yes," enter the name of the foreign country ►UK, HK, NL, FR, BE See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
:	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		N
a	If "Yes," indicate the number of Forms 8282 filed during the year			
2	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	J.	N
-	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
J	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	79 7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ъ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
3	Initiation fees and capital contributions included on Part VIII, line 12 10a			
)	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	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	13a		
b	Enter the amount of reserves the organization is required to maintain by the states In which the organization is licensed to issue qualified health plans.			
_	m which the organization is necessar to issue qualified health plans			
÷		 	 	
_	Did the organization receive any payments for indoor tanning services during the tax year?	14a	l	l No

Form 990 (2014) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

				Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax	6			
	year	0			
	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 other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by supervision of officers, directors or trustees, or key employees to a management compani		3		Νo
4	Did the organization make any significant changes to its governing documents since the pfiled?	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the organization	zation's assets? .	5		Νo
6	Did the organization have members or stockholders?		6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to more members of the governing body?	7a		No	
b	Are any governance decisions of the organization reserved to (or subject to approval by) or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions u year by the following	ndertaken during the			
а	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who c				NI -
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O $$.		9		Νo
Se	organization's mailing address? If "Yes," provide the names and addresses in Schedule O ection B. Policies (This Section B requests information about policies not requ			ue Cod	
	ection B. Policies (This Section B requests information about policies not requ			ue Cod Yes	
10a	Did the organization have local chapters, branches, or affiliates?	ired by the Internal R			e.)
10a	ection B. Policies (This Section B requests information about policies not requ	ired by the Internal R s of such chapters,	evenu		e.) No
10a b	Did the organization have local chapters, branches, or affiliates?	ired by the Internal R s of such chapters, exempt purposes?	evenu 10a		e.) No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	ired by the Internal R	10a	Yes	e.) No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	ired by the Internal R	10a	Yes	e.) No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	ired by the Internal R s of such chapters, exempt purposes? erning body before filing	10a 10b	Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	ired by the Internal R s of such chapters, exempt purposes? erning body before filing 990 erests that could give	10a 10b 11a	Yes Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	ired by the Internal R s of such chapters, exempt purposes? erning body before filing 990 erests that could give	10a 10b 11a 12a	Yes Yes Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	ired by the Internal R s of such chapters, exempt purposes? erning body before filing 990 erests that could give	10a 10b 11a 12a 12b	Yes Yes Yes Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	s of such chapters, exempt purposes? erning body before filing erests that could give erolicy? If "Yes," describe ind approval by	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	s of such chapters, exempt purposes? erning body before filing erests that could give erolicy? If "Yes," describe and approval by iberation and decision?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	s of such chapters, exempt purposes? erning body before filing erests that could give erolicy? If "Yes," describe and approval by iberation and decision?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	e.) No

- 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 , MD , MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, OR, PA, RI,SC,TN,UT,VA,WV,WI
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ►KELLY B BROWNING 1759 R STREET NW

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

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

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

- ♦ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h ar or/tr	check to the compensated compensated	ess er	(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
(1) MELVIN HUTSON	2 0									
CHAIRMAN	0 0	Х		Х				0	0	0
(2) JEFFREY BUNN	2 0	х						0	0	0
BOARD MEMBER	0 0	^						Ŭ		
(3) G ALLEN DALE	2 0	×						0	0	0
BOARD MEMBER	0 0	^							U	U
(4) PETER MCCARTY	2 0	.,								
BOARD MEMBER	0 0	X						0	0	0
(5) SUSAN PEPPER	2 0									
BOARD MEMBER	0 0	X						0	0	0
(6) LAWRENCE PRATT	2 0	,,								
BOARD MEMBER	0 0	X						0	0	0
(7) MARILYN GENTRY	3 0									
PRESIDENT, WCRF INTL	15 0			Х				0	303,417	18,243
(8) KELLY B BROWNING	40 0									
EXECUTIVE VP	0 0			Х				336,912	19,085	31,440
(9) KATHRYN L WARD	30 0									
SENIOR ADVISOR	0 0				X			161,807	0	10,189
(10) STEPHENIE L LOWE	40 0									
SENIOR VP FINANCE	0 0					Х		149,763	0	23,781
(11) DEIRDRE MCGINLEY-GIESER	40 0									
SENIOR VP PROGRAM	0 0					Х		148,292	0	28,796
(12) HEATHER MORGAN	40 0									
VP DEVELOPMENT	0 0					Х		127,704	0	22,167
(13) MICHAEL MCCARN	40 0									
DIRECTOR OF IT	0 0					X		128,672	0	26,278
(14) PATRICIA M BODENSTEDT	40 0									
CONTROLLER	0 0					X		111,732	0	15,181

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				unless officer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
c	Total from continuation sheets to Part VII, Section A	•			
d	Total (add lines 1b and 1c)	•	1,164,882	322,502	176,075
		` .			

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►9

			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? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5	, 55	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)	(B)	(C)
Name and business address	Description of services	Compensation
INFOCISION MANAGEMENT CORPORATION,	TM CONSULTANT	2,108,881
325 SPRINGSIDE DRIVE		
AKRON, OH 44333		<u> </u>
SOUTHWEST PUBLISHING,	MAILHOUSE CONSULTANT	772,238
2600 NW TOPEKA BLVD		
TOPEKA, KS 66617		<u> </u>
THE DATA CENTER,	DP CONSULTANT	568,260
11200 WAPLES MILL RD		
FAIRFAX, VA 22030		
DIRECT RESPONSE CONSULTING,	FR CONSULTANT	500,613
6849 OLD DOMINION DR		
MCLEAN, VA 22101		<u> </u>
FISHER GROUP,	MAILHOUSE CONSULTANT	385,011
1250 NORTH CENTER POINT RD		
HIAWATHA, IA 52233		
2 Total number of independent contractors (including but not limited to those listed above) who received more than	

Part V	/++1	Statement of Check of Schedu	of Revenue ule O contains a respoi	nse or note to any lir	ne 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
တည	1a	Federated cam	paigns 1a					
ant	ь	Membership du	ies 1b					
ية ج	С	Fundraising eve	ents 1c					
iffs,	d	Related organiz	zations 1d					
9.≅	e	Government grant	s (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f ot included above	16,472,392				
년 동	g	Noncash contributi	ons included in lines	80,471	İ			
Cont	h	Total. Add lines	s 1a-1f		16,472,392			
<u>e</u>				Business Code				
Program Serwce Revenue	2a	SERVICE FEES		900099	1,058,616	1,058,616		
<u> </u>	b	BOOK SALES		900099	698	698		
MCA	С	BROCHURE SALES		900099	50,992	50,992		
Ř	d	EXPERT REPORT S		900099	80	80		
Ē	e f	All other progra	am service revenue	900099	140,655	140,655		
آ و	'	All other progra	anii service revenue					
<u></u>	g		s 2a – 2f		1,251,041			
	3		ome (including dividen ar amounts)		154,448			154,44
	4	Income from inves	stment of tax-exempt bond	proceeds . 🕨	0			
	5	Royalties	() Deed		719			71
	6a	Gross rents	(ı) Real	(II) Personal				
	b	Less rental						
	c	expenses Rental income	0	0				
	d	or (loss) Net rental inco	me or (loss)	<u> </u>	0			
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other	2,077,474					
	ь	than inventory Less cost or other basis and	1,944,701					
	С	sales expenses Gaın or (loss)	132,773					
	d	Net gain or (los	ss)		132,773		(132,77
ıne	8a	Gross income f events (not inc \$						
Other Revenue			reported on line 1c) ne 18					
her	ь	Less direct ex	penses b					
ŏ	c	Net income or	(loss) from fundraising	events 🛌	0			
	9a		rom gaming activities ne 19 a					
	ь	less directex	penses b					
			(loss) from gamıng actı	vities	0			
	10a	Gross sales of returns and allo	owances .					
	Ь	less costofa	a oods sold b					
			(loss) from sales of inv	entory 🛌	0			
		Miscellaneou		Business Code				
	11a	MAIL LIST REI	NTAL	900099	358,062			358,06
	Ь	DISCOUNT EA	ARNED	900099	11,273			11,27
	C	SUBLEASE RE		900099	114,655			114,65
	d		ue		13,942			13,94
	e		s 11a-11d	•	497,932			
	12	Total revenue.	See Instructions .		18,509,305	1,251,041	(785,87

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)

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response or note to any line in this	Part IX			
	ot include amounts reported on lines 6b, b, 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 domestic organizations and domestic governments See Part IV, line 21	654,288	654,288		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0	,		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	403,617	403,617		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	514,069	331,501	107,105	75,463
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	3,209,443	1,638,426	1,092,401	478,616
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			· · ·
9	Other employee benefits	482,860	255,230	155,176	72,454
10	Payroll taxes	267,980	142,029	85,754	40,197
11	Fees for services (non-employees)				<u> </u>
а	Management	0			
ь	Legal	73,798	30,824	30,993	11,981
С	Accounting	106,853	10,253	93,698	2,902
d	Lobbying	0		,	
e	Professional fundraising services See Part IV, line 17	558,020			558,020
f	Investment management fees	45,647	29,671	9,129	6,847
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,568,403		94,976	9,011
12	Advertising and promotion	118,864	90,887	17,349	10,628
13	Office expenses	270,468	156,118	69,259	45,091
14	Information technology	168,278	135,170	19,682	13,426
15	Royalties	0	,	,	•
16	Occupancy	753,984	399,611	241,275	113,098
17	Travel	300,790	265,794	22,059	12,937
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	200,751	22,009	12,501
19	Conferences, conventions, and meetings	38,159	33,980	1,354	2,825
20	Interest	67,934		67,934	
21	Payments to affiliates	84,091	84,091	,	
22	Depreciation, depletion, and amortization	72,883	38,628	23,323	10,932
23	Insurance	30,834	16,963	9,420	4,451
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	,	,	,	,
а	MAILHOUSE FEES	1,289,056	845,116	75,852	368,088
b	LIST COSTS	317,668	213,929	19,956	83,783
c	POSTAGE & DELIVERY	4,027,150	2,677,795	266,252	1,083,103
d	PRINTING & PUBLICATION	2,003,611	1,466,378	128,469	408,764
e	All other expenses	1,443,149	825,876	303,054	314,219
25	Total functional expenses. Add lines 1 through 24e	18,871,897	12,219,602	2,934,470	3,717,825
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 ► ✓ if following SOP 98-2 (ASC 958-720)				
		8,194,039	5,217,370	451,026	2,525,643

Part X Balance Sheet

Par	't X	Check if Schedule O contains a response or note to any line in the	hıs Par	t X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			80,259	1	54,627
	2	Savings and temporary cash investments		•	6,074,525	2	3,555,628
	3	Pledges and grants receivable, net			1,193,381	3	2,388,836
	4	Accounts receivable, net			386,434	4	527,297
	5	Loans and other receivables from current and former officers, di employees, and highest compensated employees Complete Pa Schedule L	rt II of		0	5	0
ts	6	Loans and other receivables from other disqualified persons (as section 4958(f)(1)), persons described in section 4958(c)(3)(Employers and sponsoring organizations of section 501(c)(9) vectors beneficiary organizations (see instructions) Complete Part II or	0		0		
Assets	_	Notes and leans resemble not			0		0
₹	7 8	Notes and loans receivable, net			0		0
	9	Inventories for sale or use			557,639		549,797
	10a	Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	445,846	,	9	340,101
	Ь	Less accumulated depreciation	10b	317,056	171,052	100	128,790
	11	Investments—publicly traded securities			1,971,525		1.578.601
	12	Investments—other securities See Part IV, line 11			0	12	0
	13	Investments—program-related See Part IV, line 11			5,677,633		5,447,213
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			1,491,275		726,150
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			17,603,723		14,956,939
	17	Accounts payable and accrued expenses			1,391,105		995,050
	18	Grants payable			4,340,358		2,837,205
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability Complete Part IV of Sche			0		0
Liabilities	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualif	rs, tru				
뎦		persons Complete Part II of Schedule L	o	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 relat and other liabilities not included on lines 17-24) Complete Par					
		D			2,751,635		2,571,145
	26	Total liabilities. Add lines 17 through 25			8,483,098	26	6,403,400
S G S		Organizations that follow SFAS 117 (ASC 958), check here ► 5 lines 27 through 29, and lines 33 and 34.	₹ and o	complete			
<u>8</u>	27	Unrestricted net assets	•		4,924,890	27	3,388,958
8	28	Temporarily restricted net assets		•	3,358,494	28	4,348,286
Ξ	29	Permanently restricted net assets		•	837,241	29	816,295
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere ► [and and			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
Š	33	Total net assets or fund balances			9,120,625	33	8,553,539
~	34	Total liabilities and net assets/fund balances			17,603,723	34	14,956,939
							Form 000 (2014)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		18,	509,305
2	Total expenses (must equal Part IX, column (A), line 25)	2		18,8	371,897
3	Revenue less expenses Subtract line 2 from line 1	3			362,592
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			120,625
5	Net unrealized gains (losses) on investments	5			284,948
6	Donated services and use of facilities	6			
7	Investment expenses	7			16,584
8	Prior period adjustments	8			-
9	Other changes in net assets or fund balances (explain in Schedule O)	9			63,870
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		8,5	553,539
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	ne 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
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?	ie	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493113001036

OMB No 1545-0047

SCHEDULE A Public

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. 2014

Open to Public Inspection

Name of the organization **Employer identification number** AMERICAN INSTITUTE FOR CANCER RESEARCH 52-1238026 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i)Name of supported (ii) EIN (iv) Is the organization (vi) A mount of (iii) Type of (v) A mount of listed in your governing other support (see organization organization monetary support (described on lines document? (see instructions) instructions) 1-9 above or IRC section (see instructions)) Yes No

instructions

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 (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do 21,205,301 22,368,002 19,870,413 20,718,885 16,472,392 100,634,993 not include any "unusual grants ") Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit 0 to the organization without charge 21,205,301 22,368,002 19,870,413 20,718,885 16,472,392 100,634,993 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 0 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 100,634,993 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total beginning in) 🟲 21,205,301 22,368,002 20,718,885 Amounts from line 4 19,870,413 16,472,392 100,634,993 Gross income from interest, dividends, payments received on securities loans, rents, royalties 803,265 649,431 599,738 614,032 513,229 3,179,695 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 20,214 15,795 45,871 114,919 139,870 336,669 capital assets (Explain in Part VI) 11 Total support Add lines 7 104,151,357 through 10 12 Gross receipts from related activities, etc (see instructions) 6,964,524 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 96 624 % Public support percentage for 2013 Schedule A, Part II, line 14 15 96 590 % 16a 33 1/3% support test-2014. 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 -2013. 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 - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. 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%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom			
2 A mounts paid to perform activity that directly furthexcess of income from activity	ported organizations, in		
3 Administrative expenses paid to accomplish exemp	anızatıons		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 31 and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493113001036

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

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.

Open to Public **Inspection**

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** AMERICAN INSTITUTE FOR CANCER RESEARCH 52-1238026 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 Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Γ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located **\(\mathbb{F}_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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 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) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	<u>, His</u>	storical '	<u> Treasu</u>	res, or O	<u>ther</u>	<u>Similar As</u>	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, cl	heck any o	f the follo	owing that a	re a s	ignificant use	of its	
а	Public exhibition		d	┌ Loa	n or excl	hange progr	ams			
b	Scholarly research		е	┌ Oth	er					
c	Preservation for future generations									
4	Provide a description of the organization's control XIII	ollections and expla	ın hov	w they furt	her the o	rganızatıon	's exe	mpt purpose i	n	
5	During the year, did the organization solicit									
Dov	assets to be sold to raise funds rather than to the transfer to be sold to raise funds rather than to the transfer to be sold to raise funds rather than to the transfer to be sold to raise funds rather than to the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to b								Yes	☐ No
Pal	Escrow and Custodial Arrang Part IV, line 9, or reported an ar					i aliswelet	л те	S to Fulli S	790,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other ass	ets no		┌ Yes	✓ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follo	wing table		_				
								An	nount	
C	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21,	for escrov	orcusto	odial accour	nt liab	ılıty?	│ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the	expl	anation ha	s been p	rovided in P	art X	III		Γ
Pa	rt V Endowment Funds. Complete									
		(a)Current year 1,379,345	(b)	Prior year 1,380,03	_	vo years back 1,326,269	(d) Th	ree years back	(e)Four	years back
1a	Beginning of year balance	1,379,343		1,380,03		1,326,269		1,838,340 15,712		2,018,703
b	Contributions	17,022		11,97	9	16,164		15,712		16,610
С	Net investment earnings, gains, and losses	-14,069		107,48	37	160,204		333,470		-16,764
d	Grants or scholarships	112,196		120,15	57	122,601		861,253		180,209
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	1,270,102		1,379,34	ŀ5	1,380,036		1,326,269		1,838,340
2	Provide the estimated percentage of the cur	rent vear end balanc	e (lır	ne 1 a colu	 mn (a)) l	neld as				
– a	Board designated or quasi-endowment	1 290 %		10 19,0014	(4), .	1014 45				
b	Permanent endowment > 36 480 %									
	r ennanent endowment p	230 %								
С	The percentages in lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse		ation	that are h	eld and a	dministered	l for th	he		
	organization by								Yes	s No
	(i) unrelated organizations						•	3a(No
	(ii) related organizations							3a(No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the second of the second of the second or the second of the second or the second of the second or the seco	· ·					•	3t	<u> </u>	
	t VI Land, Buildings, and Equipme	=			on answ	vered 'Yes	' to F	orm 990. Pa	rt IV.	line
	11a. See Form 990, Part X, line									
	Description of property				or other estment)	(b)Cost or o basis (other		(c) Accumulated depreciation	(d)	Book value
1a	Land				5,900					5,900
Ь	Buildings									
c	Leasehold improvements					78	,296	49,5	19	28,777
d I	Equipment					361	,650	267,5	37	94,113
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	equal Form 990, Part >	<, colι	ımn (B), lir	e 10(c).)			🕨		128,790
								Schedule D	(Form	990) 2014

Part VII Investments—Other Securities. Com	plete if the organization a	inswered 'Yes' to For	m 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b) Book value	(c) Method of va	
(including name of security)	1	Cost or end-of-year	market value
(1) Financial derivatives			
(2)Closely-held equity interests Other			
Total (Column (h) must equal Form 990 Part Y col (R) line 12)	•		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. Co		answered 'Yes' to Fo	orm 990. Part IV line 11c
See Form 990, Part X, line 13.		diswered res to re	Tim 550, rait 14, mie 11e
(a) Description of investment	(b) Book value	(c) Method of va	
/1) CHARITARIE CIET ANNUITIEC	2 102 (50	Cost or end-of-year	market value
(1) CHARITABLE GIFT ANNUITIES (2) CHARITABLE REMAINDER UNITRUSTS	2,193,659	F	
(2) CHARITABLE REMAINDER UNITRUSTS (3) CANCER RESEARCH FUND	1,949,588 1,303,966	F	
(3) CANCER RESEARCH FUND	1,303,966	Г	
	5,447,213		
Part IX Other Assets. Complete if the organization (a) Descrip		Part IV, line 11d See	(b) Book value
(a) Besent	501011		(D) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15			344
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.	nization answered 'Yes' to	rorm 990, Part IV,	ine 11e or 11t. See
1 (a) Description of liability	(b) Book value		
Federal income taxes	0		
DUE TO AFFILIATES	109,698		
LIABILITY CHARITABLE GIFT ANNUITIES	806,517		
LIABILITY CHARITABLE REMAINDER	919,043		
ACCRUED BENEFIT COST	735,887		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2,571,145		

SCHEDULE D, PART XII, LINE 4B

Part		evenue per Audited Financial Stat ered 'Yes' to Form 990, Part IV, line 1		its with Revenue	per R	teturn Complete if
1		r support per audited financial statements			1	18,285,324
2	Amounts included on line 1 but	t not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) o	on investments	2a	-284,948		
b	Donated services and use of fa	icilities	2b			
С	Recoveries of prior year grants		2c		1	
d	Other (Describe in Part XIII)		2d	60,967		
e	Add lines 2a through 2d .				2e	-223,981
3	Subtract line 2e from line 1 .				3	18,509,305
4	Amounts included on Form 990	O, Part VIII, line 12, but not on line 1				
а	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b		1	
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	18,509,305
Part		openses per Audited Financial Sta Swered 'Yes' to Form 990, Part IV, line		nts With Expense:	s per	Return. Complete
1		audited financial statements			1	18,852,410
2	Amounts included on line 1 but	not on Form 990, Part IX, line 25				
а	Donated services and use of fa	cilities	2a			
b	Prior year adjustments		2b		1	
C	Other losses		2c		1	
d	Other (Describe in Part XIII)		2d		1	
e	Add lines 2a through 2d				2e	
3	Subtract line $\mathbf{2e}$ from line 1 .				3	18,852,410
4	Amounts included on Form 990), Part IX, line 25, but not on line 1:				
а	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b	4a	16,584		
b	Other (Describe in Part XIII)		4b	2,903		
c	Add lines 4a and 4b				4c	19,487
5	Total expenses Add lines 3 an	d 4c. (This must equal Form 990, Part I, lin	e 18)		5	18,871,897
Part	XIII Supplemental Info	ormation				•
Part \		Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and				de any additional
	Return Reference	Explanation				
SCHE	DULE D, PART V, LINE 4	THE INTENDED USES OF THE ORGANIZ ARE ESTABLISHED TO FURTHER THE M RESEARCH THE PERSON ESTABLISHIN FUND, (I E, CANCER RESEARCH, EDUCA	SSIOI G THE	N OF THE AMERICAN FUND DESIGNATED ⁻	INSTI THE P	TUTE FOR CANCER
	DULE D, PART X, LINE 2	FIN 48 MANAGEMENT ANNUALLY REVI THERE ARE NO UNCERTAIN TAX POSIT FINANCIAL STATEMENTS	IONS	THAT REQUIRE RECO	GNIT	ION IN THE
SCHE	DULE D, PART XI, LINE 2D	CHANGE IN VALUE OF SPLIT INTEREST CHANGES OTHER THAN NET PERIODIC	BENE	FIT COSTS 107,565 -		

REFUND OF PRIOR YEAR GRANTS \$2,903

Jenedale 2 (1 31111 33 3) 23 13	r age 3		
Part XIII Supplemental Information	on (continued)		
Return Reference	Explanation		
l			
-			

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS

AMERICAN INSTITUTE FOR CANCER RESEARCH

As Filed Data -

DLN: 93493113001036

Employer identification number

SCHEDULE F (Form 990)

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.

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

				52-1238026	
Part I General Informatio "Yes" to Form 990, Pa			ne United States. Co	omplete if the organiza	ation answered
For grantmakers. Does the of and other assistance, the grants or a used to award the grants or a second control of the grants.	antees' eligibili	ty for the gran	its or assistance, and	the selection criteria	✓ Yes
2 For grantmakers. Describe in assistance outside the United		ganızatıon's pı	rocedures for monitorii	ng the use of its grant	s and other
3 Activites per Region (The follow	ving Part I, line 3	table can be du	uplicated if additional spa	ice 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		403,617
(2)					
(3)					
(4)					
(5)					
3a Sub-total b Total from continuation sheets to Part I	0	1			403,617
c Totals (add lines 3a and 3b)	0	1			403,617
For Paperwork Reduction Act Notice, see	the Instructions	for Form 990.	Cat	No 50082W Schedu	le F (Form 990) 2014

P				nizations or Entitions eived more than \$5,0		•	9		' to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		Europe (Including Iceland and Greenland)	EDUCATION	403,617	WIRE			
(2)								
(3)								
(4)								
2				sted above that are ree or counsel has pro				s	1
3	Enter total nur	nber of other	organizations or er	ntities					

Schedule F (Form 990) 2014

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	Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
(1)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
(17)									
(18)									
	1			l .					

Part IV Foreign Forms

1	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)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, 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; do not file with Form 990)	Г	Yes	<u>\</u>	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	<u>\</u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	▼	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	<u> </u>	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page 5

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
Return Reference AICR PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE U S	Explanation SCHEDULE F, PART I, LINE 2 PROGRESS REPORT AT THE END OF THE FIRST YEAR OF ANY TWO-YEAR G RANT, THE PRINCIPAL INVESTIGATOR MUST SUBMIT A PROGRESS REPORT, INCLUDING ABSTRACTS AND PU BLICATIONS OF RESEARCH SUPPORTED IN WHOLE OR IN PART BY AICR AT THE DISCRETION OF AICR, F UNDS FOR THE SECOND YEAR OF THE GRANT MAY BE WITHHELD BASED ON THE PROGRESS REPORT OR IF P ROGRESS REPORTS ARE NOT SUBMITTED FINAL SCIENTIFIC REPORT WITHIN THREE MONTHS OF THE COM PLETION OF THE GRANT PERIOD, AICR REQUIRES A FINAL COMPREHENSIVE REPORT TO OUTLINE THE PRO JECT'S ACCOMPLISHMENTS FAILURE TO SUBMIT A FINAL REPORT WILL RESULT IN AUTOMATIC DISQUALI FICATION 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 EXISTIN G GRANT MAY ONLY BE CARRIED FORWARD AS A NO-COST EXTENSION TO THE GRANT TERM WITH THE WITH THE RECOMMENDATIONS ARE PRESENTED TO THE BOARD OF DIRECTO RS FOR APPROVAL, ALL APPLICANTS ARE CHECKED AND CLEARED AGAINST THE FOLLOWING TERRORIST WA TCH LISTS SPECIALLY DESIGNATED NATIONALS (SDN), STATE DEPARTMENT TERRORIST EXCLUSIONS LIS T, UNITED NATIONS CONSOLIDATED LIST WITH RESPECT TO AL-QAIDA, THE TALIBAN, AND OSAMA BIN L ADEN, AND THE EUROPEAN UNION TERRORIST LIST SCHEDULE F, PART I, LINE 3, COLUMN (F) GRANTM
	AKING EXPENDITURES ARE RECORDED ON THE ACCRUAL BASIS

DLN: 93493113001036

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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

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

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public Inspection

Name of the organization

Employer identification number

М	ERICAN INSTITUTE FOR C	ANCER RESEARCH					52-1238026	
Pa	rt I Fundraising Acti filers are not requi			janızatıo	n answered "Yes" to	Form 9	990, Part IV, l	ine 17. Form 990-E2
1	Indicate whether the organ	nization raised funds	through a	ny of the f	following activities Che	ck all th	at apply	
а	Mail solicitations			е	Solicitation of non-	-governr	nent grants	
b	Internet and email sol	ıcıtatıons		f	Solicitation of gove			
c	Phone solicitations			g	Special fundraising	g events		
d	☐ In-person solicitations	5						
2a	or key employees listed in	Form 990, Part VII) or entity	ın connec	tion with professional fu	undraisir	ng services?	✓ Yes C N
b	If "Yes," list the ten higher to be compensated at leas			fundraise	rs) pursuant to agreeme	ents unde	er which the fun	draiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No				
1	INFOCISION MANAGEMENT CORP	PHONE		No	3,230,501		1,082,591	2,147,910
2	DIRECT RESPONSE CONSULTING	DIRECT MAIL		No	6,426,723		457,860	5,968,863
3	STRATEGIC FUNDRAISING INC	PHONE		No	78,713		61,713	17,000
4								
5								
6								
7								
8								
9								
10								
ot.	al			.▶	9,735,937		1,602,164	8,133,773

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

Pa	rt I	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribu	tion answered "Yes" to tions and gross income	Form 990, Part IV, li e on Form 990-EZ, lir	ne 18, or reported les 1 and 6b. List				
		3 1 3	(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))				
			(event type)	(event type)	(total number)	(3)				
Revenue	1	Gross receipts								
φΛΦ	2	Less Contributions								
<u>~</u>	3	Gross income (line 1 minus line 2)								
	4	Cash prizes								
ဟ	5	Noncash prizes								
suse	6	Rent/facility costs								
Expenses	7	Food and beverages .								
Direct	8	Entertainment								
ᇫ	9	Other direct expenses .								
	10	Direct expense summary Add line	es 4 through 9 in colum	n (d)		()				
	11	Net income summary Subtract lir								
Par	t II			"Yes" to Form 990, Pa	irt IV, line 19, or rep	orted more than				
		\$15,000 on Form 990-EZ, lin	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add				
Revenue			(a) billigo	bingo/progressive bingo		col (a) through col				
<u>~</u>	1	Gross revenue								
နှင့် မေ	2	Cash prizes								
Expenses	3	Non-cash prizes								
	4	Rent/facility costs								
Direct	5	Other direct expenses								
	6	Volunteer labor	✓ Yes	Г Yes% Г No	│ Yes					
	7	Direct expense summary Add lines	s 2 through 5 ın column	(d)	•					
	8	Net gaming income summary Subt	ract line 7 from line 1, c	column (d)						
9	E n	ter the state(s) in which the organiza	tion conducts gaming a	ctivities						
а		the organization licensed to conduct		•		Г _{Yes} Г _{No}				
b	If"		," explain							
10a b		ere any of the organization's gaming l	icenses revoked, suspe	ended or terminated during						

Sche	edule G (Form 990 or 990-EZ) 2014		Page 3
11	Does the organization conduct gamin	g activities with nonm	embers?
12	Is the organization a grantor, benefic	ary or trustee of a tru	st or a member of a partnership or other entity
	formed to administer charitable gamin	ıg [,]	· · · · · · · · · · · · · · · · · · ·
13	Indicate the percentage of gaming ac	tivities conducted in	
а	The organization's facility		
b	An outside facility		<u>13b</u>
14	Enter the name and address of the pe	rson who prepares the	organization's gaming/special events books and records
	Name 🟲		
	Address ►		
15a			m whom the organization receives gaming
b	If "Yes," enter the amount of gaming amount of gaming revenue retained by	•	he organization 🟲 \$ and the
c	If "Yes," enter name and address of t	he third party	
	Name 🟲		
	Address 🟲		
16	Gaming manager information	·	
	Name ▶		
	Gaming manager compensation 🟲 💲		
	Description of services provided >		
	Director/officer	Employee	Independent contractor
17	Mandatory distributions	=	
а	Is the organization required under sta	ite law to make charit	able distributions from the gaming proceeds to
	retain the state gaming license? $$.		
b	Enter the amount of distributions requ	ııred under state law c	listributed to other exempt organizations or spent
	ın the organization's own exempt acti		·
Par			planations required by Part I, line 2b, columns (iii) and (v), and 7b, as applicable. Also provide any additional information (see
	Return Reference		Explanation
FUNI	DRAISERS	FEES FOR PROFESS	I I PAYMENTS TO INFOCISION MANAGEMENT CORPORATION INCLUDE SIONAL FUNDRAISING SERVICES PLUS FUNDRAISING EXPENSES - LIST ATA PROCESSING, PRINTING AND MAILHOUSE FEES INVOICES CLEARLY DRAISING FEES FROM FUNDRAISING EXPENSES ADDITIONAL COSTS, SUCH

COLUMN (V) AMOUNTS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

Schedule I (Form 990)

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

2014

OMB No 1545-0047

DLN: 93493113001036

Department of the Treasury Internal Revenue Service

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.

Open to Public **Inspection**

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

Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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. **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Name and address of (f) Method of (a) Description of (h) Purpose of grant

organization or government	(b) LIN	if applicable	grant	cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
(1) DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BOSTON,MA 022155450	04-2263040	501(C)(3)	165,000				MATCHING RESEARCH GRANT
(2) UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA,CA 92023	95-6006144	501(C)(3)	464,308				MATCHING RESEARCH GRANT
(3) CAREERS THROUGH CULINARY 505 EIGHTH AVE STE 1400 NEW YORK, NY 10018	13-3662917	501(C)(3)	10,000				DISCRETIONARY GRANT
(4) UAB NUTRITION SCIENCES 1705 UNIVERSITY BLVD BIRMINGHAM, AL 352941212	63-6005396	501(C)(3)	14,980				DISCRETIONARY GRANT

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	4
3	Enter total number of other organizations listed in the line 1 table	

Part III Grants and Other Assistance to Domestic Individuals. 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) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental II	iformation. 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 US 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, TO GETHER 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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493113001036

OMB No 1545-0047

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

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

52-1238026

Pa	rt I Questions Regarding Compensation)	•			
					Yes	No
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	\sqcap	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement or provision of all of the expenses de			1b		
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec			2		
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all th used by a related organization to establish compensa	at apply	y Do not check any boxes for methods			
	Compensation committee	\sqcap	Written employment contract			
	☐ Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	Γ	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Por a related organization	art VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	paymen	ıt?	4a		Νo
b	Participate in, or receive payment from, a supplemen	ıtal non	qualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-ba	ised co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizat	ions m	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of					
а	The organization?			5a		No
	Any related organization?			5b		No
_	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					_
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d			7		No
8	Were any amounts reported in Form 990, Part VII, p					
	subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section $534958-6(c)$?	rebutt	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(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 o	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 MARILYN GENTRY, PRESIDENT, WCRF INTL	(i) (ii)	0	0	0 303,417	0	0 18,243	0 321,660	0
2 KELLY B BROWNING, EXECUTIVE VP	(i) (ii)	332,800	0	4,112 19,085	12,750	18,690 0	368,352 19,085	0
3 KATHRYN L WARD, SENIOR ADVISOR	(i) (ii)	161,807	0	0	7,500	2,689	171,996	0
4 STEPHENIE L LOWE, SENIOR VP FINANCE	(i) (ii)	149,763	0	0	7,725	16,056 0	173,544 0	0
5 DEIRDRE MCGINLEY- GIESER, SENIOR VP PROGRAM	(i) (ii)	148,292 0	0	0	7,528	21,268	177,088	0
6 MICHAEL MCCARN, DIRECTOR OF IT	(i) (ii)	128,672 0	0	0	6,438	19,840 0	154,950 0	0

Schedule J (Form 990) 2014

Part IIII 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	SCHEDULE J, 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 2014 KELLY B BROWNING (CHIEF EXCUTIVE OFFICER) \$4,112 SINCE 2012, MS GENTRY NO LONGER PARTICIPATED IN THIS PLAN
SCHEDULE J, PART II, SECTION (B)(III), LINE (II)	OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES FOR MARILYN GENTRY (PRESIDENT, WCRF INTERNATIONAL) 303,417 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 AFFLILIATES AICR DOES NOT PAY MS GENTRY AS AN EMPLOYEE OF AICR KELLY B BROWNING (CHIEF EXECUTIVE OFFICER) 19,085 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 J (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493113001036

OMB No 1545-0047

SCHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection **Employer identification number**

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH

52-1238026

Pa	rt 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	(d Method of d noncash contrib	etermi		ts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property		_	00.474				
	Securities—Publicly traded .	X	7	80,471	FMV			
	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							
	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
	O ther ▶()							
	O ther ►()							
	Other ► ()				<u> </u>			
29	Number of Forms 8283 received for which the organization comple				29		Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I. lines	1 through 28, that		163	
	it must hold for at least three ye							
	for exempt purposes for the enti			•		30a		No
b	If "Yes," describe the arrangeme							IN O
31	Does the organization have a gif	t acceptano	ce policy that requires the	review of any non-standard	contributions?	31	Yes	
	Does the organization hire or us							
u	contributions?	•				32a		Νo
Ь	If "Yes," describe in Part II					32a		INU
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	. a.i. ainiouni	55.4 (6) 151 4 6) 96 61	F. FPS. Cy 131 William Column (_, .o oockod,			

Page 2

Schedule M (Form 990) (2014)

Part II 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

Schedule M (Form 990) (2014)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493113001036

OMB No 1545-0047

2014

Open to Public Inspection

CHEDIII E O

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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

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

Return Reference	Explanation	
	Part III, Line 4a - Education	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 testle 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, which built on the conclusions of our 1997 Expert Report 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 issue d.10 Recommendations for Cancer Prevention. 1 Be as lean as possible without becoming und erweight 2 Be physically active for at least 30 minutes every day. 3 Avoid sugary drinks. Limit consumption of energy-dense foods (particularly processed froats 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 la mb, 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 morths and

Return Reference	Explanation	
	Part III, Line 4a - Education	n questions) "Stopping Cancer (Information on preventing specific cancers)" Cancer Survivor Series (Evidence-based advice for patients, survivors and caregivers)" Healthy Eating Anytime (Tips to prevent obesity, a major cancer cause)" Simple Steps for Physical Activ ity (Practical advice for moving more)" Also Materiales en Espanol (Brochures for Spanis his peakers) Individuals order single free copies or down inload them from the AICR website, hie alth professionals and medical centers (hospitals, cancer clinics etc.) make bulk purchase es at significant discounts. AICR also distributes brochures at conferences, events and he alth fairs. In FY15, AICR distributed over 103,000 brochures. Health Aids AICR produces he alth aids - including recipe cards, charts, tearsheets, magnets and more - to turn lowering cancer risk into a "hands-on" experience. Individuals order single free copies, health professionals and medical centers (hospitals, cancer clinics etc.) make bulk purchases at significant discounts. AICR also distributes health aids at conferences, events and health fairs. In FY15, AICR distributed almost 20,000 health aids. Science Now Newsletter For sup porters and health professionals looking for deeper understanding of AICR's cancer research, the quarterly Science Now newsletter examines the study of diet, physical activity and weight in cancer prevention, treatment and survivorship. In FY15, aicr sevention of Microsophic and the violation of Science Now were distributed to supporters. AICR on the Web AICR's website (www aicr org) offers continually updated information on AICR research, healthy, cancer-protective recipe s and fitness tips, and a host of interactive tools and resources on the science of lowering cancer risk in FY15, AICR's website received over 1 million unique visitors, total piage views for FY15 exceeded 3.5 million. The new, streamlined, more interactive ministe CANcer REVENTion, (prevent50 com) launched at the beginning of FY15 as part of a new public awareness campaign (See CAN PREVE

Return Reference	Explanation	
	Part III, Line 4a - Education (Continued)	AICR Multimedia The AICR blog (www aicrblog org), speaks to supporters, cancer patients, s unvivors and caregivers, health professionals, the media and the general public. The AICR blog is a means by which AICR engages in an ongoing discussion about the research, separat ing cancer myths from cancer facts. It is where we share our take on the current news and encourage readers to post comments. In PY15, the AICR blog received over 73,000 unique visitors and nearly 127,000 page views. Facebook and Twitter (@aicrtweets) are important vehicles for AICR to share our message with new and wider audiences. AICR posts frequent update son research, recipes, media statements, features, campagins and programs. At the end of EY15, over 3,300 individuals and organizations followed AICR on Twitter, and they frequently share our content with their social media circles, in an average month, 75,000 to 100,0 00 see our tweets. The AICR Facebook page had nearly 12,000 followers at the close of EY15, a 25% increase over the prior year. In an average month, over 3,300 individuals and organizations followed AICR on Twitter, and they frequently share our content with their social media circles, in an average month, over 3,300 individuals and gages with our Facebook content. CAIN REVENTI AW arenesses Campagin in February 2015, AICR launched a new awareness campagin.—CANcer REVENTIon Together We Can.—to show Americans how they campagins website(preventi50 org) to download a day-by-day planner with activities for lowering risk, and to share the site's interactive content with their social networks. As of September 2015 the PSA aired hearty 31,000 tress on 10 antonial networks (including ESPN, CNN, CNA Airport, Goff, FOX News and Discoverylary of the AICR are discoverylary and advertising to reach the number of Americans this PSA reached.—is over \$4 million. The campagin generated press coverage by the Associated Press. Heamount of money AICR would have otherwise had to spend on advertising to reach the number of Americans this PSA reach

Return Explanation	
Part III, Line 4a - Education (Continued)	and special discounts on bulk purchases. In FY15, AICR's eCommunity helped its over 4,500 active members (dietitians, nurses, health educators, physicians, researchers, wellness pr ofessionals and others) connect with AICR - and with each other - at hospitals, clinics, c ancer centers, universities and Departments of Health. Toll-Free Phone Services Via AICR's toll-free number, 1-800-843-8114, members of the public can order brochures and health aids, request a free CancerResource toolkit for cancer patients, gat davice from a registere d dietitian (via AICR's "Nutrition Hotline") and much more. AICR Town Hall In May 2015, AI CR led a Town Hall meeting by phone, in which callers were invited to ask AICR cancer experts questions about modifying their behavior to reduce cancer risk. Professional Publications AICR reaches out to the medical, scientific and health policy communities with our expert reports, policy report and other medical in FY15, nearly 1,000 individuals at non-profit, private and public health organizations, government agencies and Boards of Health, hosp itals and research centers received our CUP Reports and other professional publications. The New American Pate Cookbook To place AICR's message about lowering cancer risk in a comprehensive and handsomely produced format, AICR's New American Pate Cookbook (published by the University of California Press) is available in bookstores. Over 68,000 copies have been sold, and all royalties support AICR cancer research. THE AICR/C-CAP Recipe Contest AICR partners with C-CAP, a program that teaches culinary skills to underserved youth and hielps them launch careers in hospitality and the culinary arts. Over 2000 students particip ate in an annual recipe contest to create and prepare delicious, healthy offerings according to AICR cancer prevention guidelines and win scholarships totaling \$10,000. By instilling messages about cancer prevention in a new generation of culinary professionals today, AICR is working to make dining out healthier. Healthy Kids To

Return Reference	Explanation
Part III, Line 4a - Education (Continued)	Seminars, Exhibits and Conferences in FY15, AICR staff attended, presented, networked and distributed materials at various conferences and annual meetings, including "American Association for Cancer Research "American Association of Cardiovascular and Pulmonary Rehabilitation" American Association of Nurse Practitioners" American Society of Clinical Oncology "American Society for Nutrition" American Society of Preventive Oncology "Cardio Metabolic Risk Summit" Country and City Health Officials" Federation of American Societies for Experimental Biology "Food and Nutrition Conference and Expo (FNCE)" National Physical Activity Plan Congress" Nutrition Entrepeneurs Dietetic Practice Group "Obesity Society" San Antonio Breast Cancer Symposium" Society of Behavioral Medicine "Today's Dietitian Symposium" War on Cancer Conference Media Programs Press Releases in FY15, AICR distributed 29 press releases, statements, features and advisories distributed to its media contacts on a host of topics ranging from newly published research to practical, hands-on tips for moving more, staying lean and eating smart. As a result, US media outlets carried AICR news items over 6,600 times during FY15. On average, 128,000 Americans per month read about AICR's research in newspapers like the Washington Post, USA Today, the Chicago Tribune, and New York Newsday, on the NBC Evening News, FOX News, CNN and PBS, on websites like the Huffington Post, MedScape, WebMD, HealthDay, and MSN, and in magazines like TIME, US News and World Report, SELF, Prevention and many more. Combined, the total reach of AICR's media program in 2015 exceeded 1.5 billion impressions. AICR Health Features Program Every month, AICR provides ready-to-use content to small (<20,000 circulation) media outlets that feature AICR's cancer-prevention message. Columns include AICR Healthtalk (a question-and-answer column) and two recipe columns (From the AICR Test Kitchen). In FY15, over 500 media outlets were subscribed.

Return Reference	Explanation	
reference	Part III, Line 4b - Research	RESEARCH FROGRAMS 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 a reas of cancer research. A substantial body of evidence shows that food, nutrition, and physical activity play important roles in cancer prevention, treatment, and survivorship. Re search 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 in early half of all cancers would be prevented if, in addition, no one used tobacco products. The American institute for Cancer Research (AICR) propered the funding of research examining diet and cancer in total through FY15, AICR has committed over \$104 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 clancer research topics. The conference was held October 29-31, 2014 at the Capital Hilton Hotel, in Washington, D. C. The conference included scientific sessions on moronutrents in cancer prevention, nutrition care of the cancer patient, physical activity and cancer survivorship, obesity and breast cancer in minority populations, childhood cancer and survivorship, surrogate markers for cancer intervention trials, the Continuous Update Project, and detary patierns and cancer risk The scientific program for the conference was planned by the AICR Conference Program Committee, made up of the following individuals. Cheryl L. Rock PhD, RD (Chair) University of California, San Dego La Jolla, California Bisa V. Banders, MD, PhD Rutgers, the State University of New Jersey New Brunsewick, New Jersey John W Ferdman, Jr., PhD University of Illinois at Urbana-Champaign Urbana

Return Reference	Explanation	
	Part III, Line 4b - Research	ant Review Panels All research grant applications undergo a peer review process modeled after the grant review process developed by the National Institutes of Health AlCRs grant review process is one of only a few in the nation that meet the standards of the National Cancer Institute. The AlCR Grant Panels review applications for their scientific merit, the qualifications, experience and productivity of the investigators, the facilities available, and the promise for ellucidating the roles of food, nutrition, physical activity and we light management in cancer prevention, treatment, and survivorship. The review process is strictly controlled, including procedures to avoid potential conflicts of interest. Peer re viewers 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 AlCR Board of Directors, which makes the final decisions on grant awards. The scientists who participated on the 2015 AlCR Grant Review Panel are as follows. Robert S. Chapkin, PhD (Chair) Texas A&M University College Station, Texas Johanna W. Lamp e, PhD, RD (Vice-Chair) Fred Hutchinson Cancer Research Center Seattle, WA Scott Bultman, PhD The University of North Carolina at Chapel Hill, NC Lesley M Butler, PhD University of Pittsburgh Cancer Institute Pittsburgh, Ph Cindy D. Davis, PhD Office of Die tary Supplements National Institutes of Health Wendy Demark-Wahnefried, PhD, RD UAB Compre hensive Cancer Center Birmingham, AL Richard L. Eckert, PhD University of Maryland School of Medicine Baltimore, MD Terry Hartman, PhD, MPH, RD Emory University Atlanta, GA AH-NG T ony Kong, PhD Rugers, The State University of New Jersey Pscataway, NJ Kim Robien, PhD, RD, CSO, FAND George Washington University Washington, DC Daniel W. Rosenberg, PhD University of Connecticut Health Center Farmington, CT Kathryn H. Schmitz, PhD, MPH, FACSM Univer sity of Pennsylvania School of Medicine Philadelphia, PA Stephanie Smith-V

Return Reference	Explanation
Part III, Line 4b - Research (Continued)	Education Grants Harvest for Health Study Wendy Demark-Wahnefried, PhD, RD University of Alabama Comprehensive Cancer Center Birmingham, Alabama

Detur	Evalor -4:
Return Reference	Explanation
Part VI GOVERNANCE	Form 990, Part VI, Line 11b 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
GOVERNANCE	FIRM STEPTOE & JOHNSON KPMG AND STEPTOE & JOHNSON BOTH CONDUCT DETAILED REVIEWS OF THE 990 FORM
	ONCE THE 990 FORM AND ACCOMPANY ING SCHEDULES ARE IN FINAL DRAFT FORM, THE AICR BOARD OF DIRECTORS ARE
	ASKED TO REVIEW AND PROVIDE FEEDBACK PRIOR TO THE FILING Form 990, Part VI, 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, AS THE CASE MAY BE), 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,
	AS THE CASE MAY BE), WITH ANY AND ALL RELEVANT INFORMATION, AND SHALL RETIRE FROM THE ROOM IN WHICH THE
	BOARD (OR COMMITTEE OF THE BOARD, AS THE CASE MAY BE) 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, AS THE CASE MAY BE) 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, AS THE CASE MAY BE), EXCLUDING THE INTERESTED PERSON. Form 990, Part VI, 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 THE AICR HAVING
	COMPARABLE RESPONSIBILITY AND DUTIES INCREASES ARE DOCUMENTED AND 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
	THERE HAVE BEEN NO SALARY INCREASES FOR PRINCIPLE OFFICERS OR SENIOR MANAGEMENT SINCE FY2014 Form 990,
	Part VI, Line 19 ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON
	REQUEST

Return Reference	Explanation
•	Other changes in net assets or fund balances PENSION RELATED CHANGES OTHER THAN NET 107,565 PERIODIC BENEFIT COSTS CHANGE IN VALUE OF SPLIT-INTEREST -46,598 AGREEMENT LIABILITY Grant Refunds from Prior Year 2,903 TOTAL 63,870

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493113001036

Open to Public Inspection

OMB No 1545-0047

SCHEDULE R (Form 990)

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

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number
APPERICAN INSTITUTE FOR CANCER RESEARCH	52-1238026
	JZ-1230020

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	Section (13) cor enti	512(b) ntrolled
						Yes	No
(1) WORLD CANCER RESEARCH FUND UK 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	нк			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 3	34
	because it had one or more related organizations treated as a partnership during the tax year.	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h))	(i)	(j)		(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Disprop	rtionate	Code V-UBI	Genera	ılor P	Percentage
related organization	'	domicile	controlling	ıncome(related,	total income	end-of-year	allocat	ions?	amount in box	manag	ing c	ownership
	'	(state or	entity	unrelated,		assets	İ		20 of	partne	er?	
	'	foreign		excluded from		1	İ		Schedule K-1	i		
	'	country)		tax under		1	İ		(Form 1065)	i		
	'			sections 512-		1	İ		ı	i		
•	'			514)		1	L		ı	——		
							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)	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(1 contro entit	n 512 13) olled
							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	

chedul	le R (Form 990) 2014		Рa	ge 3
Part	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
No	ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 Durır	ng the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Re	eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b G	ift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gi	ıft, grant, or capıtal contribution from related organization(s)	1 c		No
d Lo	oans or loan guarantees to or for related organization(s)	1d		No
e Lo	oans or loan guarantees by related organization(s)	1e		No
f Di	ıvıdends from related organization(s)	1f		
g Sa	ale of assets to related organization(s)	1 g		No
h P	urchase of assets from related organization(s)	1h		No
i Ex	change of assets with related organization(s)	1 i		No
j Le	ease of facilities, equipment, or other assets to related organization(s)	1 j		No
k Le	ease of facilities, equipment, or other assets from related organization(s)	1k		No

k	Lease of facılıtıes,	eauipment, o	rotherassets	from related	organization(s)

- I 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)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- 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)

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 thresh	2 If the answer to any of t	he above is "Yes," see the instruct	tions for information on who must con	nplete this line, including covered	relationships and transaction threshold
---	-----------------------------	-------------------------------------	---------------------------------------	-------------------------------------	---

(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	121,488	CASH
(2) WORLD CANCER RESEARCH FUND INTERNATIONAL	L	1,058,616	CASH
(3) WORLD CANCER RESEARCH FUND INTERNATIONAL	В	403,617	CASH
(4) WORLD CANCER RESEARCH FUND INTERNATIONAL	Р	84,091	CASH

Yes

Yes

Yes

Yes

No

No

No

1m

1n

1r

10 Yes

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are all partners	Share of	Share of	Disproprtionate	e Code V-UBI	General or	Percentage
1	1	domicile	ıncome	section	total	end-of-year	allocations?	amount in	managing	ownership
1	1	(state or	(related,	501(c)(3)	ıncome	assets	1	box 20	partner?	' '
1	1	foreign	unrelated,	organizations?		1	1	of Schedule	1	, , , , , , , , , , , , , , , , , , ,
1	1	country)	excluded from	1		1	1	K-1	1	·
1	1	1 "	tax under	1		1	1	(Form 1065)	1	1
1	1	1	sections 512-	1		1	1	' ' '	1	
1	1	1	514)	$\overline{}$	\neg	,		⊣ '		+
	1	1	1 ' '	Yes No		'	Yes N	No	Yes No	7
1	<u> </u>		1	$\overline{}$	+	 				_
1			<u> </u>			'				

Schedule R (Form 990) 2014

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2014

Page **5**