

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: 93493214009827

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 F	or the	e 2015 ca	lendar year, or tax year beginni	ng 10-01-2015 , and ending 09-30-2	016			
B Ch	eck if	applicable	C Name of organization AMERICAN INSTITUTE FOR CANCER	RESEARCH		D Emplo	yer id	dentification number
_		change	% KELLY B BROWNING			52-12	2380	26
	lame cl nitial re	-	Doing business as					
	nitiai re inal	eturn				E Teleph	one ni	ımber
return	/term		Number and street (or P O box if r 1759 R STREET NW	nail is not delivered to street address) Room/	suite			
		d return on pending	City or town state or province cou	ntry, and ZIP or foreign postal code		(202)	328	-7744
I AL	рисаск	on pending	WASHINGTON, DC 200092552	nary, and Zir or foreign postar code		G Gross	receipt	ts \$ 16,816,499
			F Name and address of princi	pal officer	H(a) I	s this a group	retu	rn for
			KELLY B BROWNING 1759 R STREET NW			ubordinates?		☐ Yes 🗸
			WASHINGTON, DC 200092	552		No Are all subord	ınate	s — —
I Ta	ıx-exe	mpt status	√ 501(c)(3)	(insert no) 4947(a)(1) or 527	` 1	ncluded?		Tes No
J W	ebsit	:e:▶ WV	VW AICR ORG			· ·		t (see instructions)
K For	m of o	organization	n √ Corporation	ation		Group exempt of formation 19		M State of legal domicile DC
				·				
Pa	T	Sum	imary scribe the organization's missio	n or most cianificant activities				
				THE RELATIONSHIP OF NUTRITION	N, PHYSIC	AL ACTIVITY	Y A N	D WEIGHT
æ	1 7	MANAGE	MENT TO CANCER, INTERPRE	TS THE SCIENTIFIC DATA AND FU	NDS RESE	ARCH		
anc	_							
eII.	-							
Governance	2	Check th	nis box 🕨 🥅 if the organization d	iscontinued its operations or dispose	d of more th	nan 25% of its	s net	assets
ઝ *ઇ	3	Number	of voting members of the govern	ing body (Part VI, line 1a)			3	6
Je s			-	of the governing body (Part VI, line 1)			4	6
Activities &				calendar year 2015 (Part V, line 2a)	•		5	59
Aci	6	Total nu	mber of volunteers (estimate if r	ecessary)			6	223,204
	7a	Total un	related business revenue from P	art VIII, column (C), line 12			7a	0
	b N	Net unrel	ated business taxable income fr	om Form 990-T, line 34			7b	
						Prior Year		Current Year
Oı.	8		ibutions and grants (Part VIII, I	, ,		16,472,		13,027,341
Ravenue				ine 2g)	•	1,251,		1,301,770
R ₂ V	10		tment income (Part VIII, colum	•	287,		372,512	
	11		, , , , ,	, lines 5, 6d, 8c, 9c, 10c, and 11e) . (must equal Part VIII, column (A), l	ıne —	498,		535,465
	12	12)	revenue—aud illes o tillough 1.	(must equal Fait VIII, column (A), i		18,509,	.305	15,237,088
	13	Grant	s and sımılar amounts paıd (Par	IX, column (A), lines 1-3)		1,057,	905	526,052
	14		its paid to or for members (Part				0	0
82	15	Saları 5–10		ee benefits (Part IX, column (A), lines	5	4,474,	.352	4,277,706
Expenses	16 a			, column (A), line 11e)		558,	020	562,943
ă	ь	Total fu	undraising expenses (Part IX, column ([0), line 25) ▶ <mark>3,263,951</mark>				
	17	Other	expenses (Part IX, column (A),	lines 11a-11d, 11f-24e)		12,781,	620	10,569,821
	18	Total	expenses Add lines 13-17 (mu	ıst equal Part IX, column (A), lıne 25)		18,871,	897	15,936,522
	19	Rever	nue less expenses Subtract line	18 from line 12	-	-362,	592	-699,434
Net Assets or Fund Balances					Beginn	ing of Current	Year	End of Year
sset Tafai	20	Total	assets (Part X, line 16)		.	14,956,	939	12,312,823
Pd B	21		liabilities (Part X, line 26) .			6,403,	400	4,868,226
ž:	22	Net a	ssets or fund balances Subtract	line 21 from line 20		8,553,	539	7,444,597
	rt II		nature Block					
				amined this return, including accompa nplete Declaration of preparer (other				
			nowledge			,		
		***	** *			2017-07-31		
Sigr	1	Sign	ature of officer			Date		
Her			LY B BROWNING EXECUTIVE VP					
		<u> </u>	e or print name and title				T	
.	_1		Print/Type preparer's name MARGARET A BRADSHAW	Preparer's signature MARGARET A BRADSHAW	Date 2017-07-31	Check I if	PTIN POOS	I 501222
Pai			Firm's name > KPMG LLP	I		self-employed Firm's EIN ►	1	
	par	er _₁	Firm's address ► 1676 INTERNATIONAL	DRIVE		Phone no (703	3) 286	-8000
USE	e Or	บง	McLean, VA 22102					

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

. ✓Yes No

	t IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III "	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 💆	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11 a	Yes	
	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
	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	11 c	Yes	
	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? <i>If "Yes," complete Schedule D, Part IX</i> 2	11 d	Yes	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a	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		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

	990 (2015)			Page 4
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, Paits 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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? <i>If "Yes," complete Schedule L,</i> Part IV	2 8 a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28 c		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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		E	orm ago	(2015)

Part V	Statements	Regarding	Other	IRS Filing	s and T	ax Com	pliance

	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
1~	Enter the number reported in Box 2 of Form 1006 Enter, 0 if not employed a life life life life life life life life	₅₆	Ye	s No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 1 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	56		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	c Yes	5
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered	59		
b	by this return	21	Ye:	5
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	38		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	31	_	
4a .	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	46	Ye:	5
	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)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	56		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	51	,	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		_	+
		50	С	
	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?	6	3	No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gi were not tax deductible?	fts 61	,	
	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?			No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	71	•	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282?	70 7 0	c	No
a	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76	e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 71	f	No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required?	79	9	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	71	1	
	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		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	98	•	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	91	,	
	Section 501(c)(7) organizations. Enter			
а	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			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	a	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions fo additional information the organization must report on Schedule O	or 13	a	
	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			
	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14	a İ	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14	_	

Part VI Governance, Management, and Disclosure

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 6			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		No
_	filed?			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12 b	Yes	
	ın Schedule O how this was done	12 c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CT, FL, GA, HI, IL MA, MI, MN, MS, NH, NJ, NM, NY, RI, SC, TN, UT, VA, WV, WI			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.			
19	▼ Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and record. • KELLY B BROWNING 1759 R STREET NW WASHINGTON, DC 200092552 (202) 328-7744	5		

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) Average hours per week (list any hours	person is both an officer and a director/trustee)					ess er	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) MELVIN HUTSON	2 0	V							0	0
CHAIRMAN	0 0	X						0	0	0
(2) JEFFREY BUNN	2 0									_
BOARD MEMBER	0 0	×						0	0	0
(3) G ALLEN DALE	2 0	х						0	0	0
BOARD MEMBER	0 0			_						
(4) PETER MCCARTY BOARD MEMBER	0 0	×						0	0	0
(5) SUSAN PEPPER	2 0									
BOARD MEMBER, SECY/TREAS	0 0	X		X				0	0	0
(6) LAWRENCE PRATT	2 0									
BOARD MEMBER	0 0	×						0	0	0
(7) MARILYN GENTRY	3 0									
PRESIDENT, WCRF INTL	15 0			×				0	283,131	20,543
(8) KELLY B BROWNING	40 0			\ ,				202 405	17.514	10.500
EXECUTIVE VP	0 0			×				382,486	17,644	18,690
(9) KATHRYN L WARD	30 0				.,					
SENIOR ADVISOR	0 0				X			163,042	0	2,439
(10) DEIRDRE MCGINLEY-GIESER	40 0								_	
SENIOR VP PROGRAM	0 0					X		152,385	0	21,743
(11) STEPHENIE L LOWE SENIOR VP FINANCE	40 0					х		153,109	0	18,531
(12) MICHAEL MCCARN	40 0									
DIRECTOR OF IT	0 0					Х		130,639	0	19,840
(13) PATRICIA M BODENSTEDT	40 0									
CONTROLLER	0 0					Х		120,001	0	8,360
(14) GLEN WELDON	40 0									
DIRECTOR OF Communications	0 0					Х		110,315	0	6,968
		L								

art VII	Section A. Officers	, Directors	, Trustees,	Key	Employe	s, and Hi	ghest Com	pensated Emp	ployees	(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	Estir amount compe fron	r) nated of other nsation n the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,2033 11300,		relat organiza	
1b Sub-Total						 				<u> </u>	
c Total from continuation sld Total (add lines 1b and 1c	•	ection A	. .	٠.	٠.	. >		1,211,977	300,775		117,114
	otal number of individuals (including but not limited to those listed above) who received more than 1.00,000 of reportable compensation from the organization > 9										
										Yes	No
Did the organization list ar on line 1a? If "Yes," comple									sated employee	3	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		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
INFOCISION MANAGEMENT CORPORATION, 325 SPRINGSIDE DRIVE AKRON, OH 44333	TM CONSULTANT	1,903,790
THE DATA CENTER, 11200 WAPLES MILL RD FAIRFAX, VA 22030	DP CONSULTANT	570,195
SOUTHWEST PUBLISHING, 2600 NW TOPEKA BLVD TOPEKA, KS 66617	MAILHOUSE CONSULTANT	463,271
DIRECT RESPONSE CONSULTING, 6849 OLD DOMINION DR MCLEAN, VA 22101	FR CONSULTANT	453,524
FISHER GROUP, 1250 NORTH CENTER POINT RD HIAWATHA, IA 52233	MAILHOUSE CONSULTANT	389,713
2 Total number of independent contractors (including but not limited to the	ose listed above) who received more than	

Part V	/1111	Statement o	of Revenue					
		Check If Sched	ule O contains a respon	se or note to any lir		· · · · · ·		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s &	1a	Federated cam	paigns 1a					
ant	b	Membership du	ues 1b					
G.	c	Fundraising ev	ents 1c					
iffs ar /	d	Related organiz	zations 1d					
s, G	e	Government grant	rs (contributions) 1e					
ion Si	f	All other contribution	ons, gifts, grants, and 1f	13,027,341				
ibut Othe	g		ot included above ions included in lines	101,889				
Contributions, Gifts, Grants and Other Similar Amounts	h	1a-1f \$ Total. Add lines	s 1a-1f		13,027,341			
				Business Code				+
Program Service Revenue	2a	SERVICE FEES		900099	1,263,168	1,263,168		
Š.	Ь	BROCHURE SALES		900099	38,602	38,602		
<u>د</u> -	C							
ž.	d							
Ē	e							
ogra	f	All other progra	am service revenue					
ΔŤ	g	Total. Add lines	s 2a-2f	🕨	1,301,770			
	3		come (including dividence		122,818			122,818
	4		ar amounts) stment of tax-exempt bond p		0			
	5			· · · · · .	1,436			1,436
	6.3	Gross rents	(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	C	Rental income or (loss)	0	0				
	d		me or (loss)		0			
		_	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	1,805,105	24,000				
	Ь	Less cost or other basis and	1 570 411					
		sales expenses	1,579,411					
	C	Gain or (loss)	225,694	24,000	249,694			249,694
	d 8a	Gross income f	from fundraising	· · · · >	243,034			249,034
Other Revenue		events (not inc	s reported on line 1c)					
hei	h	Lace direct	a					
ŏ	b c		:penses b [(loss) from fundraising e	events b	0			
		Gross income f	from gaming activities ne 19					
	ь	Less direct ex	penses b					
	c	Net income or	loss) from gamıng actıv	rities	0			
	10a	Gross sales of returns and allo		>				
	b c		oods sold b (loss) from sales of inve	ntory ▶	0			
		Miscellaneou		Business Code				
	11a	MAIL LIST RE	——————————————————————————————————————	900099	327,786			327,786
	b	DISCOUNTER		900099	10,416			10,416
	C	SUBLEASE RE		900099	178,808			178,808 17,019
	d e		ue [s 11a-11d	•	17,019			17,019
				-	534,029			
	12	Total revenue.	See Instructions		15 237 088	1 301 770		907 977

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)

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	60,000	60,000		
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	466,052	466,052		
4	Benefits paid to or for members	0	,		
5	Compensation of current officers, directors, trustees, and key employees	513,861	326,023	112,024	75,814
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	323/323		,,,,,,
7	Other salaries and wages	2,979,001	1,553,865	1,000,634	424,502
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	, ,		· · ·
9	Other employee benefits	531,038	281,115	170,259	79,664
10	Payroll taxes				· · · ·
	· · · · · · · · · · · · · · ·	253,806	137,055	81,218	35,533
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	73,811	26,948	38,250	8,613
С	Accounting	124,919	10,933	110,892	3,094
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	562,943			562,943
f	Investment management fees	42,413	22,479	8,787	11,147
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,195,900	1,107,182	88,718	
12	Advertising and promotion	52,895	37,424	8,406	7,065
13	Office expenses	202,022	100,169	60,674	41,179
14	Information technology	305,446	215,871	42,271	47,304
15	Royalties	0			
16	Occupancy	743,915	394,275	238,053	111,587
17	Travel	68,631	51,086	11,283	6,262
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	46,092	44,832	527	733
20	Interest	59,170		59,170	
21	Payments to affiliates	78,332	78,332		
22	Depreciation, depletion, and amortization	53,660	28,440	17,171	8,049
23	Insurance	33,191	18,187	10,215	4,789
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	1,044,554	681,226	58,881	304,447
b	LIST COSTS	238,830	166,309	14,224	58,297
c	POSTAGE & DELIVERY	3,152,374	2,133,594	208,700	810,080
d	PRINTING & PUBLICATION	1,665,521	1,223,256	96,221	346,044
e	All other expenses	1,388,145	768,644	302,696	316,805
25	Total functional expenses. Add lines 1 through 24e	15,936,522	9,933,297	2,739,274	3,263,951
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)				
		6,710,948	4,206,412	368,480	2,136,056 orm 990 (2015)

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	1		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	54,627	1	35,208
	2	Savings and temporary cash investments	3,555,628	2	3,491,416
	3	Pledges and grants receivable, net	2,388,836	3	933,689
	4	Accounts receivable, net	527,297	4	321,455
	5	Loans and other receivables from current and former officers, directors, trustees key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
ts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Par II of Schedule L		5	
Assets			0	6	0
As	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	549,797	9	691,037
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 420,46	3		
	b	Less accumulated depreciation 10b 335,71	7 128,790	10 c	84,746
	11	Investments—publicly traded securities	1,578,601	11	832,011
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	5,447,213	13	5,181,291
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	726,150	15	741,970
	16	Total assets. Add lines 1 through 15 (must equal line 34)	14,956,939	16	12,312,823
	17	Accounts payable and accrued expenses	995,050	17	870,972
	18	Grants payable	2,837,205	18	879,904
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
۷۵.	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
abilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
. d		persons Complete Part II of Schedule L	0	22	0
Ξ	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	2,571,145	25	3,117,350
	26	Total liabilities.Add lines 17 through 25	6,403,400	26	4,868,226
		Organizations that follow SFAS 117 (ASC 958), check here ► and complete			1,000,220
Fund Balances		lines 27 through 29, and lines 33 and 34.			
<u>la l</u>	27	Unrestricted net assets	3,388,958	27	3,670,329
Ba	28	Temporarily restricted net assets	4,348,286	28	2,946,159
P.	29	Permanently restricted net assets	816,295	29	828,109
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
Ş	30	Capital stock or trust principal, or current funds		30	
;se	31	Paid-in or capital surplus, or land, building or equipment fund		31	
A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or	33	Total net assets or fund balances	8,553,539	33	7,444,597
_	34	Total liabilities and net assets/fund balances	14,956,939	34	12,312,823
	-	Total habilities and net assets/fund balances	14,000,000	34	Form 990 (2015)

Form	1990 (2015)			F	age 12
Pai	TEXT Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				🔽
1	Total revenue (must equal Part VIII, column (A), line 12)	1		15,2	237,088
2	Total expenses (must equal Part IX, column (A), line 25)	2		15,9	36,522
3	Revenue less expenses Subtract line 2 from line 1	3		- 6	599,434
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8,5	553,539
5	Net unrealized gains (losses) on investments	5			68,343
6	Donated services and use of facilities	6			
7	Investment expenses	7			28,150
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		- 5	506,001
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		7,4	144,597
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		 ,		
				Yes	No
1	Accounting method used to prepare the Form 990				
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 on			
	Separate basis Consolidated basis Both consolidated and separate basis				

column (B))		7,4	144,597
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response or note to any line in this Part XII			
		Yes	No
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 reviewed or a separate basis, consolidated basis, or both	1		
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 separate basis, consolidated basis, or both			
▼ Separate basis			
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
	F	orm 99	(2015)

Additional Data

Software ID: Software Version:

EIN: 52-1238026

Name: AMERICAN INSTITUTE FOR CANCER RESEARCH

Form 990, Part III, Line 4a

4a (Code

SEE SCHEDULE O - EDUCATION

-) (Expenses \$
- 9.071.229

- including grants of \$
- 476,052) (Revenue \$

1,301,770)

Form 990, Part III, Line 4b

(Code) (Expenses \$ 862,068 including grants of \$ 50,000) (Revenue \$ 0)

SEE SCHEDULE O - RESEARCH

Form 990, Part III, Line 4c (Code (Expenses \$ including grants of \$ (Revenue \$

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

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.

OMB No 1545-0047

DLN: 93493214009827

Employer identification number

52-1238026

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN INSTITUTE FOR CANCER RESEARCH

SCHEDULE A

(Form 990 or

990EZ)

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

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

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

Open to Public **Inspection**

Tota										
T-4-	1									
					Yes	No				
Nan	ne of s	(i) supported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organ Iisted in your docume	nization governing	(v) A mount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
g		Provide the following i	nformation abo	out the supported orga	nization(s)					
f	Ente	r the number of support	-				· · · · · · · · · <u> </u>			
е	Г	Check this box if the of integrated, or Type III					ıs a ıype I, Iype II, T	ype III functionally		
		not functionally integral (see instructions) You	u must comple	te Part IV, Sections A	and D, and Par	t V .		,		
d	Г	Type III non-function	aÌly integrated	i. A supporting organi	zatıon operated	in connection	with its supported org	, ,		
c		Type III functionally is supported organization	ntegrated. A s	supporting organizatio				grated with, its		
b	Γ	organization You mus Type II. A supporting management of the su must complete Part IV	organization s pporting orgar	upervised or controlle lization vested in the s	d in connection					
a	Γ	one or more publicly s the box in lines 11a th Type I. A supporting o supported organization	rough 11d tha rganization op n(s) the power	t describes the type of erated, supervised, or to regularly appoint o	of supporting or controlled by i r elect a majori	ganization and ts supported o	complete lines 11e, 1 organization(s), typical	.1f, and 11g ly by giving the		
11	<u> </u>	An organization organi	zed and opera	ted exclusively for the	e benefit of, to p	erform the fun	ctions of, or to carry o	, ,		
10	· -	receipts from activitie	es related to it t income and i e 30,1975 S	s exempt functions—s unrelated business tax ee section 509(a)(2).	ubject to certa kable income (le (Complete Part	in exceptions, ess section 51 III)	and (2) no more than 1 1 tax) from businesse	331/3% of its support		
8 9		A n organization that r				•	ubutions, membership	fees, and gross		
7	✓	An organization that n described in section 1	70(b)(1)(A)(v	i). (Complete Part II)	-	ental unit or from the g	ieneral public		
6		A federal, state, or loc	al government	or governmental unit		. , .	,, ,, ,			
5	Г		ated for the benefit of a college or university owned or operated by a governmental unit described in section							
4		A medical research or hospital's name, city,		rated in conjunction v	with a hospital d	lescribed in se	ction 170(b)(1)(A)(iii). Enter the		
3	i-	A hospital or a cooper		3						
2		A school described in	section 170(b)(1)(A)(ii). (Attach So	:hedule E (Form	n 990 or 990-l	EZ))			

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2015 Page 2 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 (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 22,368,002 19,870,413 20,718,885 13,027,341 16,472,392 92,457,033 membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the 0 organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 22,368,002 19.870.413 20,718,885 16,472,392 13,027,341 92,457,033 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 Public support. Subtract line 5 92,457,033 from line 4 Section B. Total Support Calendar year (f)Total (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (or fiscal year beginning in) 22,368,002 19,870,413 20,718,885 16,472,392 13,027,341 92,457,033 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, 649,431 599,738 614,032 513,229 452,040 2,828,470 royalties and income from similar sources Net income from unrelated business activities, whether or 0 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 15,795 45,871 114,919 139,870 27,435 343,890 capital assets (Explain in Part VI) 11 Total support. Add lines 7 95,629,393 through 10 **12** Gross receipts from related activities, etc. (see instructions.) 12 6.692.054 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, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 96 683 % Public support percentage for 2014 Schedule A, Part II, line 14 15 15 96 624 % 16a 33 1/3% support test - 2015. 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-2014. 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 - 2015. 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 ▶□ b 10%-facts-and-circumstances test - 2014. 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

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part

	II. If the organization	1 fails to qualify	y under the tes	ts listed below	<u>, piease compie</u>	ete Part .	11.)	
_Se	ction A. Public Support	T	1	1	1			_
/ a = 6	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)20	15	(f) ⊤otal
(OF 1	iscal year beginning in) ► Gifts, grants, contributions, and							
-	membership fees received (Do							
	not include any "unusual grants ")							
2	Gross receipts from admissions,							
	merchandise sold or services							
	performed, or facilities furnished							
	in any activity that is related to							
	the organization's tax-exempt purpose							
3	Gross receipts from activities							
-	that are not an unrelated trade or							
	business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either							
5	paid to or expended on its behalf The value of services or facilities							
5	furnished by a governmental unit							
	to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2,							
	and 3 received from disqualified							
	persons							
b	Amounts included on lines 2 and 3 received from other than							
	disqualified persons that exceed							
	the greater of \$5,000 or 1% of							
	the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
_	from line 6)							
	ction B. Total Support							
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)20	15	(f) Total
9	iscal year beginning in) ► A mounts from line 6							
10a	Gross income from interest,							
10a	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
b	Unrelated business taxable							
	income (less section 511 taxes)							
	from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated							
	business activities not included							
	ın lıne 10b, whether or not the							
	business is regularly carried on							
12	Other income Do not include							
	gain or loss from the sale of capital assets (Explain in Part							
	VI)							
13	Total support. (Add lines 9, 10c,							
	11, and 12)	ion the commit	l nia fir-t - '	threat formal	64h +a		017.30	
14	First five years.If the Form 990 is f	or the organization	on's first, second	, tnira, fourth, or	ππ tax year as a	section	01(c)(.	· · · · · · · · · · · · · · · · · · ·
	check this box and stop here	lia Cummant D						<u>▶</u>
	ction C. Computation of Pub			4.2 1 (0)				
15	Public support percentage for 2015			13, column (f))		15		
16	Public support percentage from 20:	14 Schedule A, P	art III, line 15			16		
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge				
17	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colur	mn (f))	17		
18	Investment income percentage from	n 2014 Schedule	A, Part III, line 1	١7		18		
	33 1/3% support tests—2015. If the				t line 15 is more t		3% and	line 17 is not
1 7 a	more than 33 1/3%, check this box	•		•			•	↑ IIIIe 17 is not
h	33 1/3% support tests—2014. If the							•
	18 is not more than 33 1/3%, check	-						
20	Private foundation. If the organization		-	· ·		•	_	▶ □

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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

_	I, complete Sections A and D, and complete Part V)			
56	ection A. All Supporting Organizations	1	Voc	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	Yes	No
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		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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?	3 c		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	1	ı	
	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		
D	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)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
5a	organization was used exclusively for section 170(c)(2)(B) purposes 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? If "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 .	9 c		
	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		
.1	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		
h	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

Par	rt IV Supporting Organizations (continued)			
Se	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 restrictions, if any, applied to such powers during the tax year			
2	Did the organization operate for the benefit of any supported organization other than the supported organization 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) to operated, supervised or controlled the supporting organization			
Se	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 of 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 per that controlled or managed the supported organization(s)			
Se	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 prictax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies the organization's governing documents in effect on the date of notification, to the extent not previously provided.	of		
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 all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard			
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 b	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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			
Ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 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			
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or truster each of the supported organizations? <i>Provide details in Part VI</i>	es of 3a		
ь	• Did the organization exercise a substantial degree of direction over the policies, programs and activities of ear 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

. С	heck here if the organization satisfied the Integral Part Test as a qualifying t	rust on N	ov 20,1970 See inst	ructions. All other
Т	ype III non-functionally integrated supporting organizations must complete :	Sections	A through E	Г
				(B) C
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	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		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	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)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Coultry C. Dist III, table Annual	T		
	Section C - Distributable Amount			Current Year
	A djusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	heck here if the current year is the organization's first as a non-functionally- structions)	ıntegrate	d Type III supporting o	organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Section D - Distributions			Current Year					
1 Amounts paid to supported organizations to accom	plish exempt purposes							
2 Amounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	ported organizations, in						
3 Administrative expenses paid to accomplish exemp								
4 Amounts paid to acquire exempt-use assets								
5 Qualified set-aside amounts (prior IRS approval rec	auıred)							
6 Other distributions (describe in Part VI) See instru	. ,							
·	30013							
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 2015 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-2015	(iii) Distributable Amount for 2015					
Distributable amount for 2015 from Section C, line 6								
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)								
3 Excess distributions carryover, if any, to 2015								
a								
b								
d From 2013								
e From 2014								
f Total of lines 3a through e								
g Applied to underdistributions of prior years								
h Applied to 2015 distributable amount								
i Carryover from 2010 not applied (see instructions)								
j Remainder Subtract lines 3g, 3h, and 3i from 3f								
4 Distributions for 2015 from Section D, line 7								
\$								
a Applied to underdistributions of prior years								
b Applied to 2015 distributable amount								
c Remainder Subtract lines 4a and 4b from 4								
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)								
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)								
7 Excess distributions carryover to 2016. Add lines 31 and 4c								
8 Breakdown of line 7								
a								
c Excess from 2013								
d From 2014								
e From 2015								

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

SCHEDULE D

(Form 990)

Treasury

Department of the

Internal Revenue Service

DLN: 93493214009827

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

	me of the organization ERICAN INSTITUTE FOR CANCER RESEARCH			Emple	oyer identification number
AMI	ERICAN INSTITUTE FOR CANCER RESEARCH			52-1	238026
Pa	rt I Organizations Maintaining Donoi	Advised Funds or Other S	imilar Fur		
	Complete if the organization answer				
		(a) Donor advised funds		(b)	unds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor funds are the organization's property, subject to			r advis	ed Yes No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the				· · ·
_	conferring impermissible private benefit?		1 1157 11		Yes No
	rt II Conservation Easements. Comple			Form	1 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th		у)		
	Preservation of land for public use (e g , recreducation)		vation of an l	hıstorı	cally important land area
	Protection of natural habitat	Preserv	vation of a c	ertified	d historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization	held a qualified conservation contr	bution in the	e form	of a conservation
	easement on the last day of the tax year		Г		
_	Total number of conservation easements		-	2-	Held at the End of the Year
a	Total acreage restricted by conservation easeme	inte		2a 2b	
b	Number of conservation easements on a certified		-	2D 2c	
c d	Number of conservation easements included in (• • • • • • • • • • • • • • • • • • • •	on a	20	
u	historic structure listed in the National Register	y acquired after 6/17/00, and not		2d	
3	Number of conservation easements modified, tra	nsferred, released, extinguished, oi	r terminated	by the	e organization during the
	tax year ▶				
4	Number of states where property subject to cons	ervation easement is located >		_	
5	Does the organization have a written policy regar violations, and enforcement of the conservation of		ction, handli	ng of	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, a	and enforcing	g cons	ervation easements during the
	>				
7	A mount of expenses incurred in monitoring, inspense	ecting, handling of violations, and e	enforcing con	nserva	tion easements during the year
8	Does each conservation easement reported on I	and 2/d) above catisfy the requiremen	onts of costs	on 17	0/h)/4)
0	(B)(I) and section $170(h)(4)(B)(II)$?	ie z(u) above satisty the requireme	ents of secti	011 17	Yes No
9	In Part XIII, describe how the organization reporbalance sheet, and include, if applicable, the text	of the footnote to the organization			·
25.0	the organization's accounting for conservation eat till Organizations Maintaining Collec		acures o	r Oth	or Similar Assots
٠.	Complete if the organization answer			. Oth	er Sillilar Assets.
1 a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	AS 116 (ASC 958), not to report assets held for public exhibition, e	ın its revenu education, or	resea	rch in furtherance of public
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	FAS 116 (ASC 958), to report in ite assets held for public exhibition, e	s revenue st	ateme	ent and balance sheet
((i) Revenue included on Form 990, Part VIII, line			s	
	i) Assets included in Form 990, Part X				
2	If the organization received or held works of art, l	nistorical treasures, or other simila			
	following amounts required to be reported under s	·			J, p
а	Revenue included on Form 990, Part VIII, line 1				▶ \$

b Assets included in Form 990, Part X

Part	1111	Organizations Maintaining (continued)	Collections of Art, I	Historica	l Trea	sures,	or Oth	ner Similar A	ssets		
3		the organization's acquisition, accition items (check all that apply)	ession, and other records	, check any	of the f	ollowing	that are	a significant us	e of its		
а		Public exhibition		d \Box	oan or e	exchange	: progra	ms			
b	<u> </u>	Scholarly research		e	Other						
c		Preservation for future generations									
4	Provi Part >	de a description of the organization KIII	's collections and explain	how they fo	urther th	e organız	ation's	exempt purpose	ın		
5		g the year, did the organization soli s to be sold to raise funds rather th						ımılar Ye s	· [No	
Par	t IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.	_	m 990, Pa	art IV,	ine 9, c	r repo	rted an amoun	t on F	orm	990,
1a		e organization an agent, trustee, cu ded on Form 990, Part X?	stodian or other intermedi	ary for con	trıbutıon	s or othe	erasset	s not Tyes	· [No	
b	If"	Yes," explain the arrangement in P	art XIII and complete the	following t	able		ſ	Ame	ount		
c	Ве	ginning balance					1c				
d	A d	ditions during the year					1d				
e	Dis	tributions during the year					1e				
f	End	ding balance					1f				
2a	Did th	ne organization include an amount o	on Form 990, Part X, line 2	1, for escr	ow or cu	stodial a	ccount	liability? Tyes	, [No	
									•		
ь	If"Ye	s," explain the arrangement in Part		•							Ш_
Pai	rt V	Endowment Funds. Comple									
				Prior year		wo years l		Three years back	(e)Fou		rs back
1a	_	nning of year balance	1,270,102	1,379,34	_	1,380		1,326,269		1	,838,340
Ь	Conti	ributions	14,533	17,02	.2	11	,979	16,164			15,712
c	Net II losse	nvestment earnings, gains, and s	100,229	-14,06	9	107	,487	160,204			333,470
d		s or scholarships	108,968	112,19	6	120	,157	122,601			861,253
e		r expenditures for facilities rograms 									
f	A dmı	nistrative expenses									
g	End o	of year balance	1,275,896	1,270,10	2	1,379	,345	1,380,036		1	,326,269
2	Provi	de the estimated percentage of the	current year end balance	(line 1g, co	olumn (a)) held a	5				
а	Board	l designated or quasi-endowment 🕨	1 380 %								
b	Perm	anent endowment ▶ 36 780 %									
c		orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	61 840 % should equal 100%								
3a		nere endowment funds not in the po ization by	ssession of the organizati	on that are	held an	d admini	stered f	or the	Y	es	No
	(i) un	related organizations						3a	(i)		No
		lated organizations						3a	(ii)		No
b		es" on 3a(II), are the related organiz						3	b		
4		ribe in Part XIII the intended uses		wment fund	ls						
Par	t VI	Land, Buildings, and Equip Complete if the organization		990 Pai	-+ T\/ u	ne 11a '	See Fo	rm 990 Part X	line	1 Ո	
		Description of property	answered res to rom	(a) Cost or oth	ner basıs	Cost or o) ther basis	Accumulated			k value
12 1	Land			(ınvestr	5,900	(oth	iei j				5,900
		gs			3,300						J, 500
		old improvements					78,296	61,2	94		17,002
		nent					336,267	<u> </u>			61,844
							· · ·				<u> </u>

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . .

84,746

Part VII Investments—Other Securities. Co See Form 990, Part X, line 12.	omplete if the organiza	ation answered 'Yes	on Form 990, Part IV, line 11b.
(a) Description of security or category	/	(b)Book value	(c)Method of valuation
(including name of security) (1)Financial derivatives			Cost or end-of-year market value
(2)Closely-held equity interests			
(3) O ther			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	•		
Complete if the organization answered	d 'Yes' on Form 990, i	Part IV, line 11c.See	Form 990. Part X. line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation
(1)CHARITABLE GIFT ANNUITIES		1,848,269	Cost or end-of-year market value F
(2)CHARITABLE GITT ANNOTTES (2)CHARITABLE REMAINDER UNITRUSTS		1,983,628	
(3)CANCER RESEARCH FUND		1,349,394	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	5,181,291	
Part IX Other Assets. Complete if the organization	on answered 'Yes' on For		1d See Form 990, Part X, line 15
(a) Desc	cription		(b) Book value
(1) DUE FROM AFFILIATES (2) BENEFICIAL INT PERPETUAL TRUST			383,128 358,842
Total. (Column (b) must equal Form 990, Part X, col (B) line			·
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25.	janization answered '\	res' on Form 990, P	art IV, line 11e or 11f.
1. (a) Description of liability	(b) Book value		
		7	
Federal income taxes	(<u>)</u>	
DUE TO AFFILIATES	100,58	5	
LIABILITY CHARITABLE GIFT ANNUITIES	1,163,710	<u>)</u>	
LIABILITY CHARITABLE REMAINDER	905,624	4	
ACCRUED BENEFIT COST	947,43	1	
		_	
		7	
		4	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	3,117,350		financial statements that reports the

Par	Reconciliation of Revenue per Audited Financial Statements With Rever Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	ue per Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	14,795,257
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a 68,	343	
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
		174	
е	Add lines 2a through 2d	2e	-441,831
3	Subtract line 2e from line 1	3	15,237,088
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		15,237,088
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	nses per I	Return.
1	Total expenses and losses per audited financial statements	. 1	15,904,199
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	15,904,199
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 28	150	
b	Other (Describe in Part XIII)	173	
c	Add lines 4a and 4b	4c	32,323
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	. 5	15,936,522
Dow	t XIII Supplemental Information		
	• • •		
	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b a t V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this p		any additional
	rmation	are to provide	any dualitional
	Return Reference Explanation		
See A	Additional Data Table		
			_

Page 5	chedule D (Form 990) 2015			
	ormation <i>(continued)</i>	Part XIII Supplemental Informa		
	Explanation	Return Reference		
	I.			

Additional Data

Software ID: Software Version:

EIN: 52-1238026

Name: AMERICAN INSTITUTE FOR CANCER RESEARCH

Supplemental Information

Return Reference	Explanation
	THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS ENDOWMENT FUNDS ARE ESTABLISHED TO FURTHER THE MISSION OF THE AMERICAN INSTITUTE FOR CANCER RESEARCH THE PERSON ESTABLISHIN G THE FUND DESIGNATED THE PURPOSE OF THEIR FUND, (I E, CANCER RESEARCH, EDUCATION OR GENER AL OPERATING)

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	FIN 48 The Institute is recognized as exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code on income other than unrelated business income. No provision for income taxes is required as of September 30, 2016 and 2015 since the Institute had no unrelated business income. The Institute has been recognized by the Internal Revenue Se

rvice as a publicly supported organization and is therefore not a private foundation. Mana gement annually reviews its tax position and has determined that there is no uncertain tax

positions that require recognition in the financial statements

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XI, LINE	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT LIABILITY (348,898) PENSION RELATED CHANGES O
מכן	THER THAN NET PERIODIC BENEFIT COSTS(161 276)

----- TOTAL (510,174)

- -

Supplemental Information						
Return Reference	Explanation					
SCHEDULE D, PART XII LINE 4B	REFUND OF PRIOR YEAR GRANTS \$4,173					

efile GRAPHIC print - DO I	NOT PROCESS	As Filed Dat	DLN:	: 93493214009827	
SCHEDULE F (Form 990)	statement of A	Activities C	Outside the Unit	ed States	OMB No 1545-0047
,	990,	2015			
Department of the Treasury internal Revenue Service	mation about Schedu		o Form 990. nd its instructions is at wi	ww.irs.gov/form990.	Open to Public Inspection
Name of the organization AMERICAN INSTITUTE FOR CAI	NCER RESEARCH			Employer ident 52-1238026	ification number
			ne United States. orm 990, Part IV, line		
For grantmakers. Does t and other assistance, the used to award the grants	grantees' eligibili				✓ Yes No
2 For grantmakers. Describe assistance outside the Ur3 Activites per Region (The formal of the fo	nited States				ts and other
(a) Region	(b) Number of offices in the region	(c) Number of employees,	T .	(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 a Greenland)	nd 0		Grantmaking		466,052
(2)					
(3)					
(4)					
(5)					
3a Sub-total b Total from continuation shed to Part I	ets 0	1			466,052
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice,		1	C-+	No 50082W Sched	466,052 ule F (Form 990) 2015

	applicable)						appraisal, other)
(1)		Europe (Including Iceland and Greenland)	EDUCATION	466,052	WIRE		
(2)		, and the same of					
(3)							
(4)							
2 Enter total numl			ed above that are r			as	1

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

	duplicated if addit			ed States. Complete	ir the organization a	nswered "Yes" to Form	990, Part IV, line 16.
(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)

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).

Return Reference	Explanation
AICR PROCEDURES FOR MONITORING THE USE OF GRANT	SCHEDULE F, PART I, LINE 2 PROGRESS REPORT AT THE END OF THE FIRST
FUNDS OUTSIDE THE U S	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 WRIT
	TEN PERMISSION OF AICR BEFORE GRANT 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

990 Schedule F, Supplemental Information

Return Reference Explanation

GRANTMAKING EXPENDITURES ARE RECORDED ON THE ACCRUAL BASIS

SCHEDULE F. PART I. LINE 3. COLUMN (F)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493214009827

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

AMERICAN INSTITUTE FOR CANCER RESEARCH

Internal Revenue Service

10

Total

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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

Open to Public Inspection

Employer identification number

						52-1238026					
Pa	Form 990-EZ filer			_	ation answered "Yes" his part.	on Form 990, Part IV	, line 17.				
1	Indicate whether the organization raised funds through any of the following activities Check all that apply										
а	✓ Mail solicitations e Solicitation of non-government grants										
b	Internet and email soli	icitations			f Solicitation of go	vernment grants					
c	✓ Phone solicitations				g	ng events					
d	In-person solicitations	5			•						
2a b	Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization										
	(i) Name and address of individual (iii) Activity (iii) Did fundraiser have custody or control of contributions		ser have ody or rol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization					
1	INFOCISION MANAGEMENT CORP	PHONE	Yes	No No	2,633,091	1,111,826	1,521,265				
2	DIRECT RESPONSE CONSULTING	DIRECT MAIL		No	5,116,051	386,273	4,729,778				
3											
4											
5											
6											
7											

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

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

7,749,142

6,251,043

1,498,099

Pa	Fundraising Events. Complete if the organization	answordd "Vos" on	Form 990 Part IV line	18 or reported ma	ro than #15 000 of
	fundraising event contribution	ns and gross income	e on Form 990-EZ, line	s 1 and 6b. List ever	nts with gross
	receipts greater than \$5,000.	(a)Event #1	(b) Event #2	(c)O ther events	(d)
					Total events (add col (a) through
		(event type)	(event type)	(total number)	col (c))
<u>e</u>					
Reverkie	1 Gross receipts				
ď	2 Less Contributions				
	Gross income (line 1 minus line 2)				
	4 Cash prizes				
	5 Noncash prizes				
တ္သ	6 Rent/facility costs				
Expenses	7 Food and beverages				
찣	8 Entertainment				
Direct	9 Other direct expenses				
ā	10 Direct expense summary Add lines 4	through 9 in column (d)		
	11 Net income summary Subtract line 10	0 from line 3, column (d)		
Par	t III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on	Form 990, Part IV, line	19, or reported mo	re than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
Re	1 Gross revenue				
S	a Cach prizes				
sesu	2 Cash prizes				
EXP.	3 Noncash prizes				
Direct	4 Rent/facility costs				
۵	5 Other direct expenses				
			┌ Yes %	┌ Yes%_	
	6 Volunteerlabor	☐ No	├ No	☐ No	
	7 Direct expense summary Add lines 2	through 5 in column (d)		
	8 Net gaming income summary Subtrac	ct line 7 from line 1, co	olumn (d)		
9	Enter the state(s) in which the organizat	ion conducts gaming a	ictivities		
а	Is the organization licensed to conduct (gamıng activities in ea	ch of these states?		Yes No
b	If "No," explain				
10a	Were any of the organization's gaming lie				Yes No
b	If "Yes," explain				

Schedule G (Form 990 or 990-EZ) 2015							
11	Does the organization conduct gaming activities with nonmembers?						

TYes **T**No

	is the organization a grantor, benefit	iary or trustee or a trust	. or a member of a p	arthership of other er	itity		
	formed to administer charitable gamii	ng?				Yes No	
L3	Indicate the percentage of gaming ac	tivity conducted in					
а	The organization's facility				13a		%
b	An outside facility				13b		%
۱4	An outside facility Inter the name and address of the person who prepares the organization's gaming/special events books and records Name Address Ad						
	Name ▶						
	Address ▶						
.5a							
	revenue?				ľ	Yes No	
b	If "Yes," enter the amount of gaming	revenue received by the	e organization 🕨 🕏 _		_ and the		
	amount of gaming revenue retained b	y the third party $ hildsymbol{ ho}$ \$ $_$		_			
c	If "Yes," enter name and address of t	the third party					
	Name ▶						
	Address ▶						
.6	Gaming manager information						
	Name ▶						
	Gaming manager compensation \triangleright \$						
	Description of services provided						
	•						
	1 Briedes, officer	1 Employee	Į Indo	pendent contractor			
.7	Mandatory distributions						
а	Is the organization required under sta	ate law to make charitat	ole distributions froi	n the gaming proceed	is to		
	retain the state gaming license?				!	_Yes	
b				cempt organizations o	orspent		
							
Ра	Part III, lines 9, 9b, 10b, 1	15b, 15c, 16, and 17t					na
	<u>`</u>	T		Explanation			
UN	DRAISERS	FEES FOR PROFESSIDEVELOPMENT, DATE DISTINGUISH FUND AS CAGING, BANK COPHONE SOLICITATION CLUDED IN SCHECONSULTING SERVEUNDRAISING EXPETO THE VENDOR PR	IONAL FUNDRAIS TA PROCESSING, PRAISING FEES FR HARGES, OTHER ONS ARE PAID DI DULE G, COLUMN ICES ARE FOR PRO INSES ASSOCIATE OVIDING THE SEI	NG SERVICES PLUS PRINTING AND MAI OM FUNDRAISING E DATA PROCESSING RECTLY TO THE VE (V) AMOUNTS PAYI DFESSIONAL FUNDRED UNTER WITH DIRECT MA	S FUNDRAISIN LHOUSE FEES EXPENSES AC AND POSTAC NDOR AND TH MENTS TO DI RAISING SERV	NG EXPENSES S INVOICES (DITIONAL C GE ASSOCIAT HEREFORE NO RECT RESPON /ICES ONLY SING ARE PAI	- LIST CLEARLY OSTS, SUCH ED WITH OT NSE ALL OTHER D DIRECTLY
				S	chedule G (Form	990 or 990-EZ) 2015

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493214009827 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number AMERICAN INSTITUTE FOR CANCER RESEARCH 52-1238026 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (c) IRC section (d) A mount of cash **(b)** EIN (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table

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

(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 assistan

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								
Return Reference	Explanat	ion						
MONITORING THE USE OF GRANT FUNDS IN THE US	INVESTI OR IN PA PROGRE COMPLE ACCOMF	GATOR MUST SUBMIT ART BY AICR AT THE D SS REPORT OR IF PROG TION OF THE GRANT P PLISHMENTS FAILURE	A PROGRESS REPORT, ISCRETION OF AICR, I GRESS REPORTS ARE N ERIOD, AICR REQUIRE TO SUBMIT A FINAL R	INCLUDING ABSTRACTUNDS FOR THE SECON OT SUBMITTED FINALES A FINAL COMPREHEIS FORT WILL RESULT IN	D YEAR OF THE GRANT MAY SCIENTIFIC REPORT WITH: NSIVE REPORT TO OUTLINE AUTOMATIC DISQUALIFICA	ESEARCH SUPPORTED IN WHOLE BE WITHHELD BASED UPON THE IN THREE MONTHS OF THE		

WITHIN THREE MONTHS OF THE TERMINATION OF THE GRANT, TOGETHER WITH THE REFUND OF ANY UNSPENT FUNDS UNSPENT FUNDS FROM AN EXISTING GRANT MAY ONLY BE CARRIED FORWARD AS A NO-COST EXTENSION OF THE GRANT TERM WITH THE WRITTEN PERMISSION OF AICR BEFORE GRANT RECOMMENDATIONS ARE PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL, ALL APPLICANTS ARE CHECKED AND CLEARED AGAINST THE FOLLOWING TERRORIST WATCH LISTS SPECIALLY DESIGNATED NATIONALS (SDN), STATE DEPARTMENT TERRORIST EXCLUSIONS LIST, UNITED NATIONS CONSOLIDATED LIST WITH RESPECT TO AL-QAIDA, THE TALIBAN AND OSAMA BIN LADEN, AND THE EUROPEAN UNION TERRORIST LIST

Additional Data

Software ID: Software Version:

EIN: 52-1238026

Name: AMERICAN INSTITUTE FOR CANCER RESEARCH

(h) Purpose of grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of

organization or government	(-,	ıf applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
INSTITUTE OF MEDICINE 500 FIFTH STREET NW WASHINGTON,DC 20001	53-0196932	501(C)(3)	40,000				DISCRETIONARY GRANT
CAREERS THROUGH CULINARY 505 EIGHTH AVE STE 1400 NEW YORK,NY 10018	13-3662917	501(C)(3)	10,000				DISCRETIONARY GRANT
UAB NUTRITION SCIENCES 1705 UNIVERSITY BLVD BIRMINGHAM,AL 352941212	63-6005396	501(C)(3)	10,000				DISCRETIONARY GRANT

DLN: 93493214009827

Schedule J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

2015

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Information about Schedule J (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Employer identification number Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH 52-1238026 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ✓ Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Nο 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Yes 40 Participate in, or receive payment from, an equity-based compensation arrangement? Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? **5**a Νo Any related organization? 5b Νo If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo Any related organization? 6b Νo If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

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 on 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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (B)(ı)-(D)	(F) Compensation in	
		Base (1) compensation	(II) Bonus & Incentive compensation	(iII) Other reportable compensation	other deferred compensation			column(B) reported as deferred on prior Form 990	
1 MARILYN GENTRY PRESIDENT, WCRF INTL	(i)	0	0	0	0	0	0	0	
	(ii)	0	0	283,131	0	20,543	303,674	0	
2 KELLY B BROWNING EXECUTIVE VP	(i)	339,370	0	43,116	0	18,690	401,176	0	
	(ii)	0	0	17,644	0	0	17,644	0	
3 KATHRYN L WARD SENIOR ADVISOR	(i)	163,042	0	0	0	2,439	165,481	0	
	(ii)	0	0	0	0	0	0	0	
4 DEIRDRE MCGINLEY-GIESER	(i)	152,385	0	0	0	21,743	174,128	0	
SENIOR VP PROGRAM	(ii)	0	0	0	0	0	0	0	
5 STEPHENIE L LOWE SENIOR VP FINANCE	(i)	153,109	0	0	0	18,531	171,640	0	
	(ii)	0	0	0	0	0	0	0	
6 MICHAEL MCCARN DIRECTOR OF IT	(i)	130,639	0	0	0	19,840	150,479	0	
		ا <u>،</u>							

Page 2

SUPPLEMENTAL RETIREMENT SCHEDULE J. PART I. LINE 4(B) EFFECTIVE JANUARY 1, 2001, AICR'S BOARD OF DIRECTORS ADOPTED A SUPPLEMENTAL RETIREMENT PIAN 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 ITO THE LUMP SUM PRESENT VALUE OF THE SINGLE LIFE ANNUITY IN THE AMOUNT OF 1% OF AVERAGE COMPENSATION FOR EACH YEAR

Schedule J (Form 990) 2015

(B)(III), LINE (II)

OF SERVICE WITH AICR AND VESTED OVER A FIVE-YEAR PERIOD BOTH EXECUTIVES ARE FULLY VESTED. SUPPLEMENT RETIREMENT BENEFIT FOR 2015 KELLY B BROWNING (CHIEF EXECUTIVE OFFICER) \$43,116 SINCE 2012, MS GENTRY NO LONGER PARTICIPATED IN THIS PLAN SCHEDULE J, PART II, SECTION OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES FOR MARILYN GENTRY (PRESIDENT, WCRF INTERNATIONAL) \$283,131 MS GENTRY'S COMPENSATION PACKAGE IS PAID BY WCRF INTERNATIONAL NOT AICR AICR IS REQUIRED TO REPORT ALL COMPENSATION PAID TO MS. GENTRY BY ALL OF ALCR'S AFFILIATES ALCR DOES NOT PAY MS. GENTRY AS AN EMPLOYEE OF

Page 3

Schedule J (Form 990) 2015

AICR KELLY B BROWNING (CHIEF EXECUTIVE OFFICER) \$17,644 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

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

DLN: 93493214009827

SCHEDULE M (Form 990)

Department of the

Noncash Contributions

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

► Attach to Form 990.

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

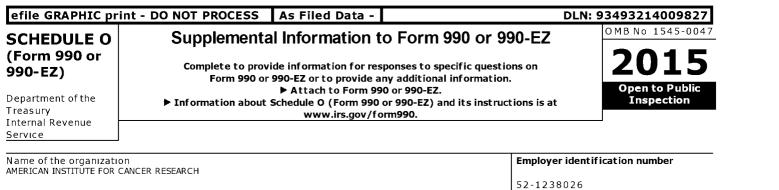
OMB No 1545-0047

Treasury	
Internal Revenue Service	
Name of the organiza	tion

Open to Public Inspection

	e of the organization ICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number						
MEN	ICAN INSTITUTE FOR CANCER RESEARCH	1			52-1238026			
Pa	rt I Types of Property			<u>'</u>				
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	etermı	_	ts
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	X	9	101,889	FMV			
LO	Securities—Closely held stock $$.							
l1	Securities—Partnership, LLC, or trust interests							
L2	Securities—Miscellaneous							
L3	Qualified conservation contribution—Historic structures							
	Qualified conservation contribution—Other							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other►()							
26	O ther ▶ ()							
27	Other ▶ ()							
28	Other ▶ ()							
29	Number of Forms 8283 received for which the organization comple				29			
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1 through 28, that		Yes	No
	it must hold for at least three ye	ars from the	e date of the initial contribu	ition, and which is not requi	red to be used			
	for exempt purposes for the entir	re holding p	period?			30a	Ì	No
b	If "Yes," describe the arrangeme							
31	Does the organization have a gif			eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use contributions?	e third part	es or related organizations	to solicit, process, or sell	noncash			
						32a	ı	No
33	If "Yes," describe in Part II If the organization did not report describe in Part II	an amount	ın column (c) for a type of	property for which column (a) is checked,			
F	Panerwork Peduction Act Notice see	4b - T4	f F 000	Cat No. 512271	Schadula M	 	000)	2015

Schedule M (Form 990) (2015)



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. Education AICRs Message AICRs education programs are evidence-based. This evidence comes from both the research we fund and the conclusions drawn in our scientific reports. From their findings we produce educational materials to meet a wide variety of needs, across all stages of the cancer continuum. AICR New sletter in FY16, AICR distributed almost 2.2 million copies of its new sletter to supporters. Each quarterly issue is filled with practical tips, recipes, profiles of the cutting-edge research made possible by AICR supporters. Each issue is reviewed by an advisory group of clinicians, registered dietitians, recipe de velopers and cancer researchers. Brochures and Fact Sheets Developed to place the latest c ancer research findings in a clear, easy-to-understand format, AICR brochures, leaflets and fact sheets offer many different audiences our empowering message. In FY16, we offered seven brochure series. Healthy Living for Cancer Prevention (AICRs Recommendations and Gu idelines). The New American Plate (A visual approach to meal-making for lower cancer risk.) *Facts on Preventing Cancer (Answers to common questions). Stopping Cancer (Information on preventing specific cancers). *Cancer Survivor Series (Evidence-based advice for patients, survivors and caregivers). Healthy Eating Anytime (Tips to prevent obesity, a major cancer cause). *Simple Steps for Physical Activity (Practical advice for moving more). A lso Materiales en Espanol (Brochures for Spanish speakers) Individuals order single free copies or download them from the AICR website, health professionals and medical centers (hospitals, cancer clinics etc.) make bulk purchases at significant di

Return Reference	Explanation
Part III, Line 4a - Education	aicr org) offers continually updated information on AICR research, healthy, cancer-protect tive recipes and fitness tips, and a host of interactive tools and resources on the science of low ering cancer risk. In FY16, AICRs website received over 1.2 million unique visitors, total page view is for FY16 exceeded 3.5 million. A section on "AICR's Impact" outlines r esuits from independently conducted scientific studies that are now putting AICRs. Recommendations For Cancer Prevention to the test. These studies consistently demonstrate that fol lowing AICR Recommendations protect against cancer, reduce all-cause mortality and for can cer survivors improve quality of life. Free E-publications AICR has developed a library of e-publications that deliver the latest information on lowering cancer risk straight to su bscribers inboxes. Our e-publications are reviewed by cancer researchers, clinicians, diet itians, and AICR staff. eNews is a monthly e-new sletter emphasizing the "take-home" message. How can I start living for lower cancer risk today? As of September 2016, over 252,000 people subscribed to eNews. Health-e-Recipe is for those looking for ways to bring the research home with quick, easy and delicious cancer-protective meals. All weekly recipes come from AICRs. Test Kitchen and follow. AICRs guidelines. As of September 2016, Health-e-Recipe had over 37,000 subscribers. Those looking to dig deeper into the research can do so by subscribing to Cancer. Research Update. At the close of FY16, this bive ekly digest of break ing news and current research in the fight against cancer reached over 25,000 readers interested in the science of cancer risk, as well as health professionals looking to stay current. Health at Work is aimed at wellness and HR professionals, looking for information to use in their work place. This e-publication goes to 14,000 subscribers. AICR Multimedia. The AICR blog (blog aicr org), speaks to supporters, cancer patients, survivors and caregive rs, health professionals, the media and the gene

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III, Line 4a - Education	mpaign in February 2016, AICR ran their second annual aw areness campaign CANcer PREVENTion. Together We Can - to show Americans how they can reduce their cancer risk. An animated Public Service Announcement (PSA) directed viewers to visit the campaigns wiebsite (prevent50 org) to download a day-by-day planner with activities for lowering risk, and to share the sites interactive content with their social networks. As of September 2016, the PSA aired on 19 national networks (including TNT, Bravo, ESPN, CNN, CNN Airport, Golf, FOX News and Discovery) and over 270 stations. The PSA averaged 5,000 airings per month. Of the 1300 P SAs on the air in 2015, it was the 20th-most-watched. The estimated media value of this PSA the amount of money AICR would have otherwise had to spend on advertising to reach their umber of Americans this PSA reached since its launch in 2014 is over \$83 million. Over 50,000 unique visitors came to the campaigns wiebsite and over 5,000 inidivuals downloaded the monthly planner in February alone. The campaign generated press coverage by the New York Daily News, Healthline, Newsmax, Newswire, HealthDay, MSN com, WebMD and many more national and local outlets. A new element of the campaign in FY2016 was outreach to partners. 30 cancer and health related organizations joined AICR for the campaign in February and shared the message of cancer prevention throughout their communities.

Return Reference	Explanation
Part III, Line 4a - Education	New American Plate Challenge Aw areness is not enough AICR's evidence-based materials help people learn about what they can do to protect themselves from cancer, but we also need to supply them with tools that support the kind of real, lasting behavior change that leads to lower risk. The New American Plate Challenge is one such tool a free, web-based program for the public, consisting of a series of weekly emails and reminders that issue specific goal-oriented challenges related to AICRs Recommendations. Participants engage in the weekly challenges, and can track their diet, activity and weight loss on the challenge website. They can also join and participate in a private, members only Facebook group to give and get support from each other and NAP challenge dietitians. An average of 2,000 people sign up for this innovative program each time it is offered, and the NAPC webpages (www nap challenged org) have received over 380,000 visits. New American Plate Challenge for Older Adults After 13 Senior Centers in Pennsylvania tested, a 12-week healthy living curriculum adapted from the online. New American Plate Challenge, AICR used program outcome data and survey analyses to develop a comprehensive curriculum called the New American Plate Challenge for Older Adults. This product is under final stages of design and review and will be made available to dietITIANS and nutrition health professionals as a downloadable ready to deliver curriculum in AICR's online store. The program includes evidence background, program overview, complete lesson plans, handouts, evaluation tools and promotional materials. CancerResource Program AICR offers a free kit of advice for newly diagnosed cancer patients and their loved ones. Developed with a team of physicians, nurses, dietitians, psycholo gists and cancer patients, CancerResource lays out information patients need, including Qui estions to Ask Your Doctor, Treatment Options, Where to Find Help, Nutrition During Treatm ent, and much more Four prepared CancerResource packets for a

Return Reference	Explanation
Part III, Line 4a - Education	urses, doctors, health educators, and community groups in FY16, HPs can avail themselves of special discounts on bulk purchases. The AICR Health Education Catalog also allows HPs to stay current with the new toolkits, tearsheets, brochures and health aids AICR offers. A ICR Health Professional and Educator eCommunity AICRs. HP Community provides an online dest ination for health professionals, featuring a wealth of interactive tools, continuing educ ation opportunities, practical evidence-based resources for patients and clients, and special discounts on bulk purchases. In FY16, AICR sent monthly research and practice updates to these 4,600 plus active members (dietitians, nurses, health educators, physicians, resea richers, wellness professionals and others) so members could connect with AICR and with each other - at hospitals, clinics, cancer centers, universities and Departments of Health. Culinary Translation Workshop AICR partners with Smith Center for Healing and the Arts to offer a two-day culinary translation in cancer care workshop. It is designed to train Regis tered Dietitians and Culinary Professionals in the basic art and science of oncology culinary translation. Participants learn food preparation techniques to create therapeutic meals for cancer patients and survivors. Toll-Free Phone Services Via AICRs toll-free number, 1 -800-843-8114, members of the public can order brochures and health aids, request a free C ancerResource toolkit for cancer patients, get advice from a registered dietitian (via AIC Rs. "Nutrition Hotline") and much more Professional Publications. AICR reaches out to the medical, scientific and health policy communities with our expert reports, policy report and other media. In FY16, nearly 1,000 individuals at non-profit, private and public health organizations, government agencies and Boards of Health, hospitals and research centers re ceived our CUP Reports and other professional publications. We provided copies of the Stomach Cancer CUP report for the Alcohol Policy Allinan

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III, Line 4a - Education	ancer Tomorrow AICR also partners with Superkids Nutrition, a provider of reliable nutriti on information and tools whose materials are used by over 5,000 schools in 40 states, on a nieducation program aimed at kids, parents and teachers. The AICR Healthy Kids Today mini- site http://www aicriorg/can-prevent/healthy-kids/ features downloadable toolkits that helip instill healthy habits linked to lower cancer risk. Each toolkit features activities, reliable, and a lesson plan for teachers. We received over 10,000 page views on these web pages during FY 2016. A monthly e-publication, Healthy Kids Today goes out to 2,000 subscribe in Seminars, Exhibits and Conferences in FY16, AICR staff attended, presented, networked and distributed materials at various conferences and annual meetings, including. American Society of Preventive Oncology. Indiana Cancer Consortium. Federation of American Societies for Experimental Biology. Food and Nutrition Conference and Expo (FNCE). Nutrition and Health Conference. Obesity Society. Oncology Nutrition Dietietic Practice Group. Society of Behavioral Medicine. Sociedad Latinoamericana de Nutricion (SLAN). Translating Cancer Epidemiology. From Cells to Clinic and Populations. SHAPE America Media Programs Press Releases in FY16, AICR distributed 18 press releases, statements, features and advis ories distributed to its media contacts on a host of topics ranging from new ly published riesearch to practical, hands-on tips for moving more, staying lean and eating smart. As a riesult, US media outlets carried AICR news items over 6,300 times during FY15. AICRs researich was covered in media such as new spapers like the USA Today, LA Times, Chicago Tribune, Washington Post 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 SELF, Womans World, US News and World Report Prevention and many more. Combined, the total reach of AICRs media program in 2016 exceeded 3 6 billion impre

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III, Line 4a - Education	AICR Health Features Program Every month, AICR provides ready-to-use content to small (<20,000 circulation) media outlets that feature AICRs cancer-prevention message Columns include AICR Healthtalk (a question-and-answer column) and two recipe columns (From the AICR Test Kitchen) In FY16, over 500 media outlets were subscribed

Return Reference	Explanation
Part III, Line 4b - Research	RESEARCH PROGRAMS Research The Work We Fund Scientific study of the relationship of diet, physical activity, and weight management to cancer risk and survivorship continues to be an important area of cancer research. Evidence shows that weight management, physical activity, food, and nutrition play important roles in cancer prevention, treatment, and surviv orship. Research shows that nearly half of all cancers could be prevented if no one used t obacco products, everyone was a healthy weight, and everyone followed guidelines for regul ar physical activity and a healthy diet. In total through FY 16, AICR has committed over \$ 110 million for hundreds of individual research projects at universities, hospitals and re search centers throughout the United States and the world. The American institute for Cancer Research (AICR) pioneered the funding of research examining diet and cancer and was the first organization to devote itself to studying the role of diet and other lifestyle fact ors in low ering cancer risk. The research we have funded has helped transform the once-rad ical notion that everyday choices can dramatically reduce cancer risk into a universally a ccepted medical fact. 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 lite rature which has since been adopted by researchers studying diet and cancer around the glo be Based on a review of data drawn from approximately 7,000 studies, the expert panel iss ued 10 Recommendations for Cancer Prevention. 1 Be as lean as possible without becoming underweight 2 Be physically active for at least 30 minutes every day 3 Avoid sugary drinks. Limit consumption of energy-dense foods (particularly processed foods high in sugar or low in fiber, or high in fat) 4. Eat more of a variety of ve

Return Reference	Explanation
Part III, Line 4b - Research	or Americans official government advisory committee extensively cited the analyses and con clusions of AICRs reports, as a result, the latest U.S. Dietary Guidelines are closely in line with AICR Recommendations. Ongoing Review of the Evidence The study of lifestyles rolle in cancer is growing faster than ever. As the U.S. member in a global network of cancer charities, we work in partnership to conduct an ongoing analysis of scientific research in to the links between diet, physical activity, weight and cancer. This is called the Contin uous Update Project (CUP). The process of updating the CUP on a rolling basis is well underway, adding systematic literature reviews of new evidence, cancer site by cancer site. As of the end of FY16, we have published CUP Reports covering. *Breast Cancer. 2009.** Color ectal Cancer. 2011.** Pancreatic Cancer. 2012.** Endometrial Cancer. 2013.** Prostate Cancer. 2014.** Ovarian Cancer. 2014.** Breast Cancer. Survivorship. 2014.** Liver Cancer. 2015.** Gall bladder Cancer. 2015.** Kidney Cancer. 2015.** Sladder Cancer. 2015.** Stomach Cancer. 2016.** Esophageal. Cancer. 2016.** Cup. Reports on cancers of the lung, mouth, throat and cervix and skin are due to be published in FY17. All of these data will be fed into the process that will lead to updated Recommendations for Cancer Prevention, scheduled for the end of 2017. AlCR Annual Research Conference Starting in 1990, AlCR has hosted research conferences to encourage and facilitate the exchange of ideas and information and to provide a forum for constructive debate on timely diet and cancer research topics. The conference provides a venue for researchers, scientists, medical and health professionals, and others to present and discuss their work. Panning for AlCRs. 25th research conference took place throughout the year, and the conference will be held on November. 14-16 at the Marriott Bethesda Nor th. Hotel. & Conference Center in Bethesda, Maryland. The conference will include scientific sessions on energy balance, obesity, p

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III, Line 4b - Research	ton, DC Stephen D Hursting, PhD, MPH University of North Carolina at Chapel Hill Chapel Hill, North Carolina Anne McTiernan, MD, PhD Fred Hutchinson Cancer Research Center Seattle, Washington Cheryl L Rock, PhD, RD University of California, San Diego, School of Medici ne San Diego, California AICR also participates in a variety of meetings, seminars, sympos iums and conferences throughout the course of the year Marilyn Gentry Fellow ships at UNC The AICR Marilyn Gentry Fellow ship Program in Nutrition and Cancer at the University of North Carolina at Chapel Hill was created to develop tomorrow's leaders in nutrition research in relation to cancer. Fellow's receive two years of organized mentoring while planning and conducting research. They develop a body of data that will help them compete successfullly for grant funding in the future. This program has produced several graduates who have entered the nutrition-cancer field. AICR has also funded a Distinguished Professorship at UN C to chair this program. In addition, the AICR-WCRF Institute for the Advanced Study of Diet, Nutrition and Cancer is housed within the Michael Hooker Research Center on the UNC campus. These facilities include three laboratories dedicated to researching the role of die t and nutrition in the causation, prevention, and treatment of cancer. Research Grant Program Through its research grant program, AICR has encouraged innovative research in cancer prevention, treatment, and survivorship. AICRs research grants have brought millions of dollars to this important field, and have helped attract and train new research talent. AICR is research grant programs support the innovative study of nutrition and cancer. Research grants are peer-reviewed and awarded on an open, competitive basis. The focus and scope of AICRs research grant program is being revised and updated. A new call-for-applications for investigator-initiated grants will be issued during FY 2017.

Return Reference	Explanation
Part III, Line 4b - Research	AICR Grant Review Panels All investigator-initiated research grant applications undergo a peer review process modeled after the grant review process developed by the National Institutes of Health. The AICR Grant Panels review applications for their scientific merit, the qualifications, experience and productivity of the investigators, the facilities available, and the promise for elucidating the roles of food, nutrition, physical activity and weight management in cancer prevention, treatment, and survivorship. The review process is strictly controlled, including procedures to avoid potential conflicts of interest. Peer review eris are selected for their research expertise and their ability to bring a wide scope of scientific experience to the review process. Recommendations of the Grant Review Panels are forwarded to the AICR Board of Directors, which makes the final decisions on grant awair ds. Matching Grant Program The AICRs Matching Grants Program is designed to fund high-quality, peer-review ed research on diet and nutrition that meets the objectives of AICR and potential matching funders. Matching funders may come from corporations or individuals. Resea rich grant applications within this program receive the same scrupulous peer-review as any other research grant proposal. Discretionary Grant Program AICR provided discretionary grant support for a one-day public workshop titled "Examining Access to Nutrition Care in Out patient Cancer Centers. Planning Committee on Assessing Relationships between Access to St andardized Nutritional Care and Health Outcomes and Cost-Effectiveness of Care in Outpatien it Cancer Centers. The workshop, organized by the Food and Nutrition Board of the National I Academies of Sciences, Engineering, and Medicine, examined interactions between nutrition all care, cancer, and health outcomes and addressed standards for nutritional services and access of oncology patients to medical nutrition therapy. AICR provided support to the Ca reers through Culinary Arts Program (C-CAP), whic

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III, Line 4b - Research	C Careers through Culinary Arts Program Student scholarship Harvest for Health Study Wendy Demark-Wahnefried, PhD, RD University of Alabama Comprehensive Cancer Center Birmingham, Alabama

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 FIRM STEPTOE & JOHNSON KPMG AND STEPTOE & JOHNSON BOTH CONDUCT DETAILED REVIEWS OF THE 990 FORM ONCE THE 990 FORM AND ACCOMPANYING SCHEDULES ARE IN FINAL DRAFT FORM, THE AICR BOARD OF DIRECTORS ARE ASKED TO REVIEW AND PROVIDE FEEDBACK PRIOR TO THE FILING

Return Reference	Explanation
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) 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.

Return Reference	Explanation
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 PRINCIPAL 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 WERE NO SALARY INCREASES FOR PRINCIPAL OFFICERS OR SENIOR MANAGEMENT IN FY2016

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19	ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	Other changes in net assets or fund balances PENSION RELATED CHANGES OTHER THAN NET -161,276 PERIODIC BENEFIT COSTS CHANGE IN VALUE OF SPLIT-INTEREST -348,898 AGREEMENT LIABILITY Grant Refunds from Prior Year 4,173 TOTAL -506,001

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

SCHEDULE R

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

DLN: 93493214009827

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Attach to Form 990.

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

Employer identification number Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH 52-1238026 Part I Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. (b) (c) Legal domicile (state (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income End-of-year assets Direct controlling or foreign country) 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. (d) (c)

Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity		n 512(b) ontrolled tity?	
						Yes	No	
(1)WORLD CANCER RESEARCH FUND UK 22 BEDFORD SQUARE WC1B 3HH LONDON UK	AFFLD CHARITY	UK			AICR	Yes		
(2)WORLD CANCER RESEARCH FUND HONG KONG Haldanes 11 Duddell St 7th Floor Central 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 34 because it had one or more related organizations treated as a partnership during the tax year.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(1 contro entit	i 512 l3) illed y?
(1) WCRF (TRADING) LIMITED BROADGATE TOWER PRIMROSE ST EC2A 2RS LONDON UK	LIST RENTAL	UK	NA	C CORP				Yes	No
CHARITABLE REMAINDER (2)TRUST (5) 1759 R STREET NW WASHINGTON, DC 20009	UNITRUST		NA	TRUST					
(3)PERPETUAL TRUST (1) 1759 R STREET NW WASHINGTON, DC 20009	PERPETUAL TRU		NA	TRUST					

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

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1 b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1 c		No
d	Loans or loan guarantees to or for related organization(s)	1 d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
		Ш		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
•	Destination of a survival and the section of the destate of the section of the se	1m		No
	tensimance of services of membership of fundations by related organization (c)	1n		No
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	\vdash	Yes	
0	Sharing of paid employees with related organization(s)	10	res	
n	Reimbursement paid to related organization(s) for expenses	1 p	Yes	
-		1q		
ч	Reinibursement para by related organization(s) for expenses			
r	Other transfer of cash or property to related organization(s)	1r		No
		1 s	Yes	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) (b) (c) (d)			

(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	135,266	CASH
(2)WORLD CANCER RESEARCH FUND INTERNATIONAL	L	1,263,156	CASH
(3)WORLD CANCER RESEARCH FUND INTERNATIONAL	В	466,052	CASH
(4)WORLD CANCER RESEARCH FUND INTERNATIONAL	Р	78,332	CASH

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships																							
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?												(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No											
													I										
													<u> </u>										
													<u> </u>										
													<u> </u>										
													<u> </u>										
													<u> </u>										
													<u> </u>										
													1										
													1										

