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DLN: 93493222017092

2020

OMB No. 1545-0047

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.

Open to Public

Department of the Treasury Internal Revenue Service To do to <u>www.irs.gov/Form990</u> for instructions and the latest information.								Open to Public Inspection	
A F	or th	ne 2020 с		inning 10-01-2020 , and end	ding 09-30	-2021	•		
☐ Ad	ldress	applicable: change hange	C Name of organization AMERICAN INSTITUTE FOR CANC	ER RESEARCH			D Employ 52-123		ication number
☐ In	itial re	eturn	Doing business as						
		rn/terminated ed return		mail is not delivered to street address	s) Room/suit	e	E Telephor	ne number	
		ion pending	1 EGO MILICON BOLLI EVARD NO 10				(202) 3	28-7744	
			City or town, state or province, co ARLINGTON, VA 22209	ountry, and ZIP or foreign postal code			G Gross re	eceipts \$ 1	5,385,545
			F Name and address of princi DEIRDRE MCGINLEY-GIESER 1560 WILSON BOULEVARD NO ARLINGTON, VA 22209	•		H(a) Is this subor H(b) Are a	dinates?		□Yes ☑ No
I Ta	x-exe	mpt status:		◀ (insert no.) 4947(a)(1) or	☐ 527	includ		list. (see	instructions)
J W	ebsi	te:► WW	VW.AICR.ORG	1 (H(c) Group		•	•
K For	m of c	organization	: 🗹 Corporation 🗆 Trust 🗀 As	ssociation Other		L Year of form	ation: 1981	M State	of legal domicile: DC
P	art I	Sum	mary						
Governance			scribe the organization's mission S RESEARCH, EDUCATION AND	or most significant activities: COMMUNITY PROGRAMS FOR CA	ANCER PREV	ENTION AND	SURVIVOR	SHIP.	
rem/									
G0\				discontinued its operations or dis ning body (Part VI, line 1a)		ore than 25%	of its net a	ssets.	l e
× 5	1		-	of the governing body (Part VI, I				4	6
Activities &	1			calendar year 2020 (Part V, line	•			5	44
Ĭ.	6	Total nur	nber of volunteers (estimate if r	ecessary)			•	6	47,065
Ac	7a Total unrelated business revenue from Part VIII, column (C), line 12								(
	b	b Net unrelated business taxable income from Form 990-T, line 39							(
						Pri	or Year		Current Year
<u>o</u> r	8	Contribut	tions and grants (Part VIII, line 1	h)			12,226,	058	10,837,80
Ravenue	9	Program	service revenue (Part VIII, line 2	g)			1,117,	552	1,053,41
Rşv	1	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)							795,75
	11	Other rev	venue (Part VIII, column (A), line	s 5, 6d, 8c, 9c, 10c, and 11e)			253,		1,555,72
	-		<u>-</u> <u>-</u> <u>-</u>	nust equal Part VIII, column (A),	line 12)		13,846,		14,242,69
	1		nd similar amounts paid (Part IX	, ,,			1,694,		1,569,07
	1	,	paid to or for members (Part IX,	* **	• •			0	
88	1	•		benefits (Part IX, column (A), line	es 5-10)		4,299,		4,152,12
Expenses	1		onal fundraising fees (Part IX, co	, ,,			329,	148	693,86
쭓	1		raising expenses (Part IX, column (D	·· · · · · · · · · · · · · · · · · · ·			7.026	F61	7 021 07
	1	·	penses (Part IX, column (A), line	·	•		7,826,		7,821,87
	1		·	qual Part IX, column (A), line 25) from line 12	•		-303,		14,236,93 5,75
Net Assets or Fund Balances		Revenue	icas expenses. Subtract line 10	110mm 12 1 1 1 1 1 1	<u> </u>	Beginning	of Current Y		End of Year
sset	20	Total ass	ets (Part X, line 16)				21,000,	413	18,214,49
A A	21	Total liab	oilities (Part X, line 26)				8,908,	136	5,414,85
ž.	22	Net asset	ts or fund balances. Subtract lin	e 21 from line 20			12,092,	277	12,799,64
Pa	art II	Sign	ature Block					•	
know	ledge	e and belie		mined this return, including acco te. Declaration of preparer (othe					
ally K	TIOWI	edge.							
		*****	·				2-08-10		
Sign		Signati	ure of officer			Dat	e		
Here	2		RE MCGINLEY-GIESER EXECUTIVE VI						
		V **	Print/Type preparer's name	Preparer's signature	Da	to I		PTIN	
Paid	ч		ring type preparer a ridille	Treparer's signature		22-08-10 Che	eck 📙 if	P01234578	3
Pre		or	Firm's name RSM US LLP				-employed n's EIN ► 42-	-0714325	
	•	ei		500					
Use	· Uľ	ייץ ד	Firm's address ► 1001 WATER ST STE	500		Pho	one no. (813)	316-2300	
			TAMPA, FL 33602						
May t	he II	RS discuss	this return with the preparer sh	own above? (see instructions)				☑ γ	′es □No

Form	990 (2	020)						Page 2
Pa	rt III	Statement	of Program Servic	e Accomplis	hments			
		Check if Sched	lule O contains a respo	nse or note to	any line in this Part III .			✓
1	Briefly	describe the or	rganization's mission:					
SUR\	/IVAL T					4 AROUND THE WORLD ON CANC EOPLE MAKE INFORMED LIFESTYL		
2		-	, -		vices during the year wl	hich were not listed on		
	the pr If "Yes	☐ Yes 🗹 N	10					
3		•			changes in how it condu	ucts, any program		
	servic	es?					🗌 Yes 💆] No
	If "Yes	s," describe thes	se changes on Schedul	e O.				
4	Sectio	n 501(c)(3) and	tion's program service d 501(c)(4) organization ue, if any, for each prog	ns are required	to report the amount of	largest program services, as mea of grants and allocations to others	sured by expenses. , the total	
4a	(Code:	lditional Data) (Expenses \$	7,040,638	including grants of \$	296,579) (Revenue \$	1,044,497)	
4b	(Code:	lditional Data) (Expenses \$	2,127,010	including grants of \$	1,272,496) (Revenue \$	8,915)	
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)	
4d		program servic	es (Describe in Schedu	ule O.) uding grants of	¢) (Revenue \$)	
		•	ice expenses >	9,167,6	<u>'</u>) (Nevenue p	,	
46	J.a.	Program serv	ice exheliaca k	5,107,0	10			

Form	990 (2020)			Page 3
Par	tiV Checklist of Required Schedules			
		'	Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Schedule A	1	Yes	
	(,	2	Yes	<u> </u>
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	ļ'	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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 Schedule D,Part	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? <i>If "Yes," complete Schedule D, Part III</i> 2	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? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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.	11a	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 2	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 2	11c	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? If "Yes," complete Schedule D, Part IX	11d	<u> </u>	No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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,	$\overline{}$		

business, investment, and program service activities outside the United States, or aggregate foreign investments

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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14b

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20a

20b

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Yes

Yes

Yes

Form **990** (2020)

Nο

Nο

Nο

Nο

orm	990 (2020)			Page 4			
Pai	Checklist of Required Schedules (continued)						
			Yes	No			
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? <i>If "Yes," complete Schedule J</i>	23	Yes	<u> </u>			
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?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	Section 501(c)(3), 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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III"</i>	27		No			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No			
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	Yes				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No			
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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				
Pa	Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V						
4 -	Enter the number reported in Boy 2 of Form 1006. Enter 0, if not applicable 14-1		Yes	No			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 132 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0						
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c	Yes				

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and					
	Tax Statements, filed for the calendar year ending with or within the year covered by this return					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b				
_	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)? If "Yes," enter the name of the foreign country: > UK , NL , HK , BE , FR	4a	Yes			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No		
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No		
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No		
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders					
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans					
C	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No		

	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	·	nse to i	lines
Se	ction A. Governing Body and Management	- 1	1	
4 -			Yes	No
Ia	Enter the number of voting members of the governing body at the end of the tax year 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 filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	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 Revenue	Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL , AR , CA , FL , GA , HI , IL , IN , KS , K' , MS , NH , NJ , NM , NY , NC , OR , PA , RI WV , WI			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: DEIRDRE MCGINLEY-GIESER 1560 WILSON BOULEVARD NO 1000 ARLINGTON, VA 22209 (202) 328-7744			

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII $\,$. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

Check this box if neither the organization no	r any related or	ganizat	ion c			ated a	ny c		ctor, or trustee.	Γ
(A) Name and title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of	t ch unle ficei	ss pers and a ee)	son	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-Z/1099- MISC)	(W-2/1099- MISC)	related organizations
(1) MELVIN HUTSON BOARD CHAIR	2.00	х						0	0	o
(2) LAWRENCE PRATT BOARD VICE CHAIR	2.00	х						0	0	0
(3) SUSAN PEPPER BOARD SECRETARY-TREASURER	2.00	Х		х				0	0	0
(4) THOMAS F BANGASSER BOARD MEMBER (THRU 9/30/21)	2.00	Х						0	0	0
(5) JEFFREY BUNN BOARD MEMBER	2.00	Х						0	0	0
(6) BETTINA BRUCHS BOARD MEMBER (AS OF 7/30/21)	2.00	х						0	0	0
(7) MARILYN GENTRY PRESIDENT, WCRF INT'L & AICR	3.00 15.00			x				0	239,416	24,374
(8) KELLY B BROWNING EXECUTIVE VP (THRU 02/28/21)	40.00			х				854,446	14,925	39,818
(9) STEPHENIE LOWE-GORDON SENIOR VP FINANCE (THRU 06/01/21)	40.00					×		173,063	0	21,521
(10) DEIRDRE MCGINLEY-GIESER SENIOR VP PROGRAMS	40.00					×		170,061	0	26,004
(11) JENNIFER MERCER SENIOR VP DEVELOPMENT	40.00					x		171,718	0	15,884
(12) MICHAEL MCCARN CHIEF INFORMATION OFFICER	40.00					x		146,304	0	24,446
(13) NIGEL BROCKTON VP RESEARCH	40.00					х		137,449	0	25,918
		Ι	i -	1	Ι -	1	l T	I		1

Page 8

Pai	t VII Section A. Officers, Direct	tors, Trustee:	s, Key	Emp	loye		and	High	nest Compens	ated Employee	s (con	tinued)	rage o	
	(A) Name and title	(B) Average hours per week (list any hours for related	than o	one b	ox, u an off tor/t	t che unles ficer	<u> </u>	son a	(D) Reportable compensatio from the organizatior (W-2/1099-	ion compensation from related on organizations		(F) Estimated amount of other compensation from the organization and		
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC		related organizations		
	Sub-Total		 A .	<u> </u>	<u>Ш</u> 		<u> </u> ▶ ▶				1			
c Total from continuation sheets to Part VII, Section A							,341		177,965					
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bove	e) who	o rece	eived more than	\$100,000				
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .			:ee, k	ey e	mpl	oyee,	or hi	ghest compensa	ited employee on	3	Yes	No No	
4	For any individual listed on line 1a, is organization and related organization individual										4	Yes		
5	Did any person listed on line 1a recei services rendered to the organization					,			_	individual for	5		No	
Se 1	ection B. Independent Contract Complete this table for your five high from the organization. Report compe	hest compensate									compen	sation		
	Name	(A) and business addre	ess							(B) Description of service	s	(C Compe		
2600	HWEST PUBLISHING NW TOPEKA BLVD KA, KS 66609									USE CONSULTANT			968,418	
THE D	CAPITAL COURT ASSAS, VA 20110								DATA PI	ROCESSING CONSUL	TANT		525,485	
CHLO 1627	RINE LLC K STREET NE SUITE 710 HINGTON, DC 20006								REAL ES COMPAI	STATE MANAGEMENT NY			391,659	
DIREC 7918	CT RESPONSE CONSULTING JONES BRANCH DRIVE AN, VA 22102								FUNDRA	AISING CONSULTANT			342,677	
FISHE 1250	ER PRINTERS N CENTER POINT RD								MAILHO	USE CONSULTANT			288,895	
	'ATHA, IA 52233 Fotal number of independent contractor	rs (including but	not lim	nited f	to th		listed	ahov	(e) who received	more than \$100	000 of			

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 12

orm 9 Part		(2020) Statement	of F	Revenue						Page 9
					respo	nse or note to any	line in this Part VIII			<u> </u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10 £	1a Federated campaigns 1a							revenue		312 311
s, Grants Amounts	b	Membership dues	•		Lb					
A G		Fundraising events			Lc					
Gifts ilar		Related organizati Government grants (Ld Le					
ons, Gift Similar		All other contribution and similar amounts		<u> </u>						
utio er S		above			1f	10,837,807				
d ji	g	Noncash contribution lines 1a - 1f:\$	s incl		Lg	9,185				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1	a-1f			>	10,837,807			
						Business Code				
a n	2a	SERVICE FEES				900099	1,030,788	1,030,788		
Program Service Revenue	b	BROCHURE SALES				900099	22,624	22,624		
9-										
vice	c									
₹	d	I								
gran	 									
ď	١									_
		All other program								
		Total. Add lines 2 Investment income				1,053,412	1			
	!	similar amounts) .				•	243,907	7		243,907
	l	Income from invest Royalties		nt of tax-exer	npt bo	ond proceeds	276			370
	-	noyaldes ! ! !		(i) Rea	· ·	(ii) Personal	<u> </u>			
	6a	Gross rents	6a							
	l	Less: rental					1			
	_	expenses Rental income	6b				_			
		or (loss)	6с				<u>_</u>			
	ľ	d Net rental income	or	(loss) (i) Securit		(ii) Other				
	7a Gross amount				7					
		from sales of assets other than inventory		94,698						
	b	Less: cost or	7b	1.1	42.666	10				
		other basis and sales expenses		1,1	42,666	18	8			
	С	Gain or (loss)	7с	5	52,032	-18	8			
		d Net gain or (loss)					551,844	1		551,844
ne	8a	Gross income from fu (not including \$		of						
_e P		contributions reporte See Part IV, line 18			8a					
Other Revenue	ŀ	Less: direct expen	ses		8b		1			
ther	(Net income or (los	ss) fr	om fundraisi	ng eve	ents 🕨	_			
	9a	Gross income from	gam	ing activities.						
		See Part IV, line 19			9a		_			
	l	• Less: direct expen • Net income or (los			9b activiti	es •				
		-	-							
	10	aGross sales of inve returns and allowa	ento: ance:	ry, less s	10a					
	ŀ	Less: cost of good	s so	ld	10b					
	_	Net income or (los			nvent					
	11	Miscellaneo LaOTHER INCOME	us K	evenue		Business Code 90009	9 1,350,170			1,350,170
	ŀ	MAILING LIST RE	NTAI	_		90009	9 205,181			205,181
	(
		4 All other reviews								
	l	d All other revenue • Total. Add lines 1		 11d		•				
		2 Total revenue. S					1,555,351			
							14,242,691	1,053,412		0 2,351,472 Form 990 (2020)

Form 990 (2020)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must c	complete all columns.	All other organizatio	ns must complete col	ımn (A).
Check if Schedule O contains a response or note to ar	y line in this Part IX	<u></u>	<u> </u>	<u> \square</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	907,496	907,496		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	661,579	661,579		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	894,264	499,431	281,672	113,161
6 Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7 Other salaries and wages	2,520,746	1,417,988	784,432	318,326
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	97,938	40,111	48,439	9,388
9 Other employee benefits	381,508	193,769	129,291	58,448
10 Payroll taxes	257,668	130,870	87,322	39,476
11 Fees for services (non-employees):				
a Management				
b Legal	231,228	137,618	32,479	61,131
c Accounting	106,619	63,456	14,976	28,187

693,862

66,613

705,307

52,833

162,029

252,366

313,015

10,802

3,980

52,729

65,940

121,539

22,921

2,521,533

1,369,700

865,443

473,117

424,158

14,236,933

4,728,331

570,633

12,881

94,045

191,383

165,897

9,247

3,716

65,940

64,416

12,148

1,634,619

1,078,125

486,209

457,155

268,916

9,167,648

693,862

30,266

40,155

26,937

46,953

599

185

18,231

3,438

823,604

217,671

243,403

128,575

2,901,996

1,787,126

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66,613

134,674

9,686

27,829

34,046

100,165

956

79

52,729

38,892

7,335

63,310

73,904

135,831

15,962

26,667

10,572

2,167,289

d Lobbying .

12 Advertising and promotion .

13 Office expenses .

15 Royalties .

17 Travel .

16 Occupancy .

23 Insurance .

14 Information technology

20 Interest

21 Payments to affiliates . . .

expenses on Schedule O.)a POSTAGE & DELIVERY

b PRINTING & PUBLICATION

c DATA PROCESSING

d MAILHOUSE FEES

e All other expenses

e Professional fundraising services. See Part IV, line 17

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

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

25 Total functional expenses. Add lines 1 through 24e

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).

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization .

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

f Investment management fees

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End of year

Page **11**

618,106

428,289

1,617,891

6,510,345

858,785

572,269

2,061,301

2,781,284

5.414.854

8.018.204

4,781,439

12,799,643

18,214,497

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18,214,497

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

basis. Complete Part VI of Schedule D

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 33)

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Investments—program-related. See Part IV, line 11

or family member of any of these persons . . .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

1	Cash-non-interest-bearing	16,409	1	20,229
2	Savings and temporary cash investments	9,718,262	2	6,398,645
3	Pledges and grants receivable, net	1,682,869	3	1,636,079
4	Accounts receivable not	194 554	1	126 128

700,452

Beginning of year

528,146

1,556,286

5,921,249

1,014,566

21,000,413

811,975

647,600

5,122,435

8.908.136

7,774,990

4,317,287

12,092,277

21,000,413

2.326.126

10c

11

12

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17

18

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20 21

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33

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

6 7 Notes and loans receivable, net . . Assets 8 Inventories for sale or use . Prepaid expenses and deferred charges . 368,072 9 10a Land, buildings, and equipment: cost or other 10a 1,128,741

10b

ွှင့	21
III.	22
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	24
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31

32

33

Fund Balances

ō 29

Assets 30

11

12

13

14

15

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17

18

19

20

Yes

Nο

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2c

3a

3h

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

Additional Data

Software ID:

Software Version:

EIN: 52-1238026

Name: AMERICAN INSTITUTE FOR CANCER RESEARCH

Form 990 (2020)

Form 990, Part III, Line 4a:

SEE SCHEDULE O. EDUCATIONEDUCATION PROGRAMSTHE 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: AICR'S MESSAGEAICR'S EDUCATION PROGRAMS ARE EVIDENCE-BASED. THIS EVIDENCE COMES FROM BOTH THE RESEARCH WE FUND, AND THE CONCLUSIONS DRAWN IN OUR SCIENTIFIC REPORTS. FROM THESE FINDINGS WE PRODUCE EDUCATIONAL MATERIALS TO MEET A WIDE VARIETY OF NEEDS, ACROSS ALL STAGES OF THE CANCER CONTINUUM. AICR NEWSLETTERIN FISCAL YEAR (FY) 2021, AICR DISTRIBUTED ALMOST 1.2 MILLION COPIES OF ITS NEWSLETTER TO SUPPORTERS. EACH QUARTERLY ISSUE IS FILLED WITH ARTICLES ON RESEARCH, PHYSICAL ACTIVITY, WEIGHT MANAGEMENT AND NUTRITION, INCLUDING RECIPES RELATED TO REDUCING CANCER RISK FOR PREVENTION AND HEALTHY SURVIVORSHIP. THE PRACTICAL TIPS, ADVICE AND FEATURED STORIES ARE ALL MADE POSSIBLE BY AICR'S GENEROUS SUPPORTERS. EACH ISSUE IS REVIEWED BY AN ADVISORY GROUP OF CLINICÍANS, REGISTERED DIETITIANS, RECIPE DEVELOPERS AND CANCER RESEARCHERS. BROCHURES AND FACT SHEETSDEVELOPED TO PUT THE LATEST CANCER RESEARCH FINDINGS IN A CONCISE FORMAT, AICR'S BROCHURES, LEAFLETS AND FACT SHEETS OFFER MANY DIFFERENT AUDIENCES OUR EMPOWERING MESSAGE THAT WE CAN TAKE STEPS TO REDUCE OUR OWN CANCER RISK. FOLLOWING THE LAUNCH OF OUR THIRD EXPERT REPORT IN MAY 2018, ALL THESE RESOURCES WERE REVIEWED AND UPDATED TO REFLECT THE MOST CURRENT SCIENTIFIC EVIDENCE. IN FY21, WE OFFERED 22 DIFFERENT BROCHURE TITLES AND 11 FACT SHEETS FOR CANCER PREVENTION AND CANCER SURVIVORSHIP. INDIVIDUALS CAN ORDER SINGLE FREE COPIES; HEALTH PROFESSIONALS AND MEDICAL CENTERS (E.G., HOSPITALS, CANCER CLINICS, ETC.) CAN MAKE BULK PURCHASES. AICR ALSO DISTRIBUTES BROCHURES AT CONFERENCES, EVENTS AND HEALTH FAIRS. IN FY21, AICR DISTRIBUTED OVER 41,000 BROCHURES AND OTHER PUBLICATIONS HEALTH AIDSAICR PRODUCES HEALTH AIDS INCLUDING CHARTS, TEAR SHEETS, MAGNETS, A CALENDAR AND MORE TO TURN LOWERING CANCER RISK INTO A "HANDS-ON" EXPERIENCE. INDIVIDUALS CAN ORDER SINGLE FREE COPIES; HEALTH PROFESSIONALS AND MEDICAL CENTERS (HOSPITALS, CANCER CLINICS, ETC.) CAN MAKE BULK PURCHASES. AICR ALSO DISTRIBUTES HEALTH AIDS AT CONFERENCES, EVENTS AND HEALTH FAIRS. IN FY21, AICR DISTRIBUTED MORE THAN 4,000 HEALTH AIDS.FOODS THAT FIGHT CANCER CALENDARIN FY21, WE DISTRIBUTED 4,181 "FOODS THAT FIGHT CANCER" CALENDARS, WITH 12 MONTHLY MESSAGES ON PREVENTING CANCER AND 12 RECIPES. AICR WEBSITETHE GOAL OF THE AICR WEBSITE (WWW.AICR.ORG) IS TO INSPIRE USERS TO TAKE CONTROL OF THEIR HEALTH USING RESEARCH-BACKED CANCER PREVENTION AND SURVIVORSHIP RESOURCES. THE WEBSITE OFFERS UPDATED INFORMATION ON AICR RESEARCH; HEALTHY, CANCER-PROTECTIVE RECIPES AND FITNESS TIPS: AND A HOST OF INTERACTIVE TOOLS AND RESOURCES ON THE SCIENCE OF LOWERING CANCER RISK. FOLLOWING THE LAUNCH OF OUR THIRD EXPERT REPORT IN MAY 2018, AICR CONTINUED TO UPDATE, EDIT AND ADD CONTENTINCLUDING TWO WEBINARS IN FY21TO ENSURE THE WEBSITE REFLECTS THE LATEST SCIENTIFIC EVIDENCE. IN FY21, AICR'S WEBSITE RECEIVED OVER 1.5 MILLION USERS (UNIQUE VISITORS) AND THE TOTAL NUMBER OF PAGE VIEWS EXCEEDED 2.8 MILLION AICR'S WEBSITE ALSO INCLUDES INSPIRING STORIES OF IMPACT. THESE ARE TESTIMONIALS BY HEALTH PROFESSIONALS WHO REGULARLY USE AICR'S RESOURCES TO BUILD HEALTHIER COMMUNITIES THROUGH CANCER CENTERS, SURVIVORSHIP PROGRAMS AND MORE. THE AUTHORS RANGED FROM A FAMILY NURSE PRACTITIONER TO AN OCCUPATIONAL THERAPIST TO RDNS AND WERE FROM ALL PARTS OF THE COUNTRY INCLUDING RURAL, SUBURBAN AND URBAN AREAS. SOME OF THEM WORKED AT LARGE MEDICAL CENTERS LIKE NYU AND CEDARS-SINAI. WE ALSO SHARED THEIR STORIES IN THE MONTHLY CANCER FOCUS. THERE ARE ALSO TESTIMONIALS BY PEOPLE WHO HAVE BEEN DIRECTLY AFFECTED BY CANCER OR KNOW SOMEONE WHO HAS BEEN AFFECTED BY CANCER, AND HOW THEY HAVE USED AICR'S RESOURCES TO HELP THEMSELVES OR OTHERS NAVIGATE CANCER FROM DIAGNOSIS THROUGH SURVIVORSHIP. FREE E-PUBLICATIONSAICR HAS DEVELOPED A LIBRARY OF E-PUBLICATIONS THAT DELIVER THE LATEST INFORMATION ON LOWERING CANCER RISK STRAIGHT TO SUBSCRIBERS' INBOXES. OUR E-PUBLICATIONS ARE REVIEWED BY CANCER RESEARCHERS, CLINICIANS, DIETITIANS AND AICR STAFF. IN TANDEM WITH THE LAUNCH OF THE NEW WEBSITE, AICR REDESIGNED THE E-PUBLICATIONS TO GIVE THEM A MODERN LOOK THAT IS MORE VISUALLY APPEALING. THE THREE E-PUBLICATIONS WERE ALSO RENAMED TO BETTER REFLECT THEIR PURPOSES: AICR NEWS IS A MONTHLY E-NEWSLETTER EMPHASIZING THE "TAKE-HOME" MESSAGE: HOW CAN I START LIVING FOR LOWER CANCER RISK TODAY? THOSE LOOKING TO DIG DEEPER INTO THE RESEARCH CAN DO SO BY SUBSCRIBING TO RESEARCH UPDATE. AT THE CLOSE OF FY21 THIS MONTHLY DIGEST OF BREAKING NEWS AND CURRENT RESEARCH IN THE FIGHT AGAINST CANCER HAD OVER 25,000 SUBSCRIBERS INTERESTED IN THE SCIENCE OF CANCER RISK, AS WELL AS HEALTH PROFESSIONALS LOOKING TO STAY CURRENT. RECHARGE IS A MONTHLY E-PUBLICATION THAT SERVES THE CANCER SURVIVOR COMMUNITY. WITH CONTENT RELATED TO RESEARCH, RECIPES, FOODS AND SURVIVOR WELLNESS, THIS PUBLICATION AIMS TO HELP CANCER PATIENTS NAVIGATE THEIR CANCER JOURNEY. AS OF JULY 2021, OVER 11,000 PEOPLE HAVE SUBSCRIBED TO RECHARGE TOWARDS THE END OF FY21, WE DECIDED TO CONSOLIDATE AND MERGE THE THREE NEWSLETTERS INTO ONE TO LIMIT THE NUMBER OF EMAILS GOING TO OUR SUBSCRIBERS' INBOXES. THE NEW MONTHLY NEWSLETTERCANCER FOCUSENCOMPASSES THE THREE AREAS THAT WERE THE FOCUS OF THE SEPARATE E-PUBS. IN THE NEWLY BRANDED NEWSLETTER, WE KEEP THE CONTENT NEWSY AND USEFUL FOR OUR SUBSCRIBERS WITH ARTICLES ON ANTI-INFLAMMATORY DIETS AND LATEST INSIGHTS FROM CANCER RESEARCH STUDIES. AS OF SEPTEMBER 2021, OVER 88,000 PEOPLE HAVE SUBSCRIBED TO AICR CANCER FOCUS AICR HEALTHY RECIPES IS FOR THOSE LOOKING FOR WAYS TO BRING THE RESEARCH HOME WITH QUICK, EASY AND DELICIOUS CANCER-PROTECTIVE MEALS. ALL MONTHLY RECIPES ARE SPECIALLY CRAFTED WITH CANCER PREVENTION AND HEALTHY SURVIVORSHIP IN MIND AND FOLLOW AICR'S RECIPE GUIDELINES. AS OF SEPTEMBER 2021, OVER 30,000 PEOPLE HAVE SUBSCRIBED TO AICR HEALTHY RECIPES.AICR BLOG AND SOCIAL MEDIATHE AICR BLOG (AICR.ORG/RESOURCES/BLOG) SPEAKS TO SUPPORTERS; CANCER PATIENTS, SURVIVORS AND CAREGIVERS; HEALTH PROFESSIONALS; THE MEDIA AND THE GENERAL PUBLIC. THE AICR BLOG IS ONE WAY AICR ENGAGES IN AN ONGOING DISCUSSION ABOUT RESEARCH AND SEPARATES CANCER MYTHS FROM CANCER FACTS, ESPECIALLY THOSE THAT ARE HOT TOPICS IN THE MEDIA. IT IS WHERE WE SHARE OUR TAKE ON CURRENT NEWS AND ENCOURAGE READERS TO POST COMMENTS. IN FY21, THE AICR BLOG RECEIVED OVER 415,000 USERS (UNIQUE VISITORS), AND NEARLY 560,000 PAGE VIEWS. FACEBOOK AND TWITTER HAVE HISTORICALLY BEEN IMPORTANT COMMUNICATION CHANNELS FOR AICR TO SHARE MESSAGES WITH A WIDE AND DIVERSE AUDIENCE. IN ADDITION TO FACEBOOK AND TWITTER, AICR INCREASED SOCIAL MEDIA EFFORTS IN FY21 TO HELP GROW OUR BRAND ON INSTAGRAM, LINKEDIN, PINTEREST AND YOUTUBE. AT THE END OF FY21, AICR GAINED A TOTAL OF 5,848 SOCIAL MEDIA FOLLOWERS FOR 13.4% GROWTH COMPARED TO FY20. OVER THE COURSE OF FY21 AICR SOCIAL MEDIA CHANNELS HAD A TOTAL OF 2,671,687 IMPRESSIONS AND 145,247 ENGAGEMENTS. SOCIAL MEDIA TOTAL NUMBER OF FOLLOWERS (AS OF 9/30/2021): 47,737 (TWITTER, FACEBOOK, INSTAGRAM, LINKEDIN, PINTEREST). INSTAGRAM (@CANCERPREVENTION) SAW THE LARGEST GROWTH IN FY21 WITH 3,418 NEW FOLLOWERS, TOTALING 7,516 FOLLOWERS AT THE END OF SEPTEMBER 2021. THIS IS AN 82.9% INCREASE COMPARED TO FY20. ON AVERAGE, INSTAGRAM CONTENT REACHED 765 USERS DAILY. AT THE CLOSE OF FY21, AICR'S FACEBOOK PAGE HAD 24,020 FOLLOWERS AND ON AVERAGE, OUR CONTENT REACHED OVER 4,000 USERS DAILY. TWITTER (@AICRTWEETS) HAD 7,251 FOLLOWERS, LINKEDIN HAD 6,875 AND PINTEREST HAD 2,075 CANCER PREVENTION MONTH AWARENESS CAMPAIGNIN FEBRUARY 2021, AICR LAUNCHED OUR ANNUAL CANCER PRÉVENTION MONTH CAMPAIGN TO RAISE AWARÉNESS THAT 40% OF CANCERS CAN BE PREVENTED AND PROVIDE EMPOWERING MESSAGES TO HELP CANCER SURVIVORS TAKE CONTROL OF THEIR HEALTH. WE ENCOURAGED PEOPLE TO "TAKE THE TEN AND LAUNCHED OUR NEW ONLINE TOOL (AICR'S HEALTHY10 CHALLENGE) TO HELP PEOPLE CHANGE THEIR LIFESTYLE HABITS AND PUT AICR'S CANCER PREVENTION RECOMMENDATIONS INTO ACTION. THE HEALTHY10 CHALLENGE IS A FREE, 10-WEEK INTERACTIVE PROGRAM DESIGNED TO HELP INDIVIDUALS IMPROVE THEIR DIET, NUTRITION, PHYSICAL ACTIVITY AND WEIGHT FOR LOWER CANCER RISK AND BETTER OVERALL HEALTH. AT THE END OF FEBRUARY, ALMOST 2,000 INDIVIDUALS SIGNED UP FOR THE CHALLENGE.

Form 990, Part III, Line 4b: SEE SCHEDULE O.RESEARCHAICR RESEARCH PROGRAMSSCIENTIFIC STUDY OF THE RELATIONSHIP OF DIET, PHYSICAL ACTIVITY AND WEIGHT MANAGEMENT TO CANCER RISK AND SURVIVORSHIP CONTINUES TO BE THE PRIMARY FOCUS OF AMERICAN INSTITUTE FOR CANCER RESEARCH (AICR) RESEARCH INVESTMENT AND ACTIVITIES. EVIDENCE SHOWS THAT WEIGHT MANAGEMENT, PHYSICAL ACTIVITY, FOOD AND NUTRITION PLAY IMPORTANT ROLES IN CANCER PREVENTION, TREATMENT AND SURVIVORSHIP, RESEARCH SHOWS THAT APPROXIMATELY 40% OF ALL CANCERS COULD BE PREVENTED IF EVERYONE REACHED AND MAINTAINED A HEALTHY WEIGHT. FOLLOWED THE RECOMMENDATIONS FOR REGULAR PHYSICAL ACTIVITY, CONSUMED A HEALTHY DIET, AVOIDED USE OF TOBACCO PRODUCTS AND FOLLOWED APPROPRIATE SCREENING AND VACCINATION GUIDELINES. AICR IS UNIQUE IN ITS FOCUS ON PREVENTING CANCER AND IMPROVING SURVIVAL THROUGH DIET, NUTRITION, BODY COMPOSITION AND PHYSICAL ACTIVITY. WE COLLATE AND INTERPRET THE LATEST AND MOST AUTHORITATIVE GLOBAL SCIENTIFIC RESEARCH ON THE LINKS BETWEEN CANCER AND DIET, NUTRITION, BODY COMPOSITION AND PHYSICAL ACTIVITY. WE THEN TRANSLATE OUR FINDINGS INTO PRACTICAL, CLEAR, EVIDENCE-BASED RECOMMENDATIONS ON CANCER PREVENTION FOR USE BY HEALTH PROFESSIONALS, INDIVIDUALS AND GOVERNMENTS WORLDWIDE IN TOTAL, THROUGH FY21. AICR HAS COMMITTED MORE THAN \$110 MILLION FOR HUNDREDS OF INDIVIDUAL RESEARCH PROJECTS AT UNIVERSITIES. HOSPITALS AND RESEARCH CENTERS. 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 FACTORS IN LOWERING CANCER RISK. THE RESEARCH THAT WE HAVE FUNDED HAS HELPED TRANSFORM THE ONCE-RADICAL NOTIONTHAT EVERYDAY CHOICES CAN DRAMATICALLY REDUCE CANCER RISKINTO A UNIVERSALLY ACCEPTED MEDICAL FACT AND PUBLIC HEALTH POLICY.OUR MULTI-FACETED INVESTMENT IN RESEARCH CONTINUES ACROSS SEVERAL CORE ACTIVITIESAICR GRANT PROGRAMTHE AICR GRANT PROGRAM IS DEDICATED TO FUNDING RESEARCH ON CANCER PREVENTION, TREATMENT AND SURVIVAL RELATED TO DIET, NUTRITION, BODY COMPOSITION AND PHYSICAL ACTIVITY. IN DECEMBER 2020, AICR HELD A WEBINAR ABOUT OUR GRANT PROGRAM TO STIMULATE INTEREST AND GIVE GUIDANCE FOR APPLICATIONS. OVER 200 RESEARCHERS ATTENDED, AND DR. CONNIE ROGERS FROM PENN STATE UNIVERSITY PRESENTED ABOUT HER EXPERIENCE AS A FUNDED SCIENTISTS AND A PEER REVIEWER. IN THE 2021 GRANT CYCLE, WE RECEIVED 97 LETTERS OF INTENT (LOIS): 36 ON CANCER PREVENTION, 44 ON CANCER SURVIVORSHIP AND 17 COVERING BOTH AREAS. WE INVITED 46 APPLICANTS TO SUBMIT FULL APPLICATIONS AND RECEIVED 42 FOR OUR GRANT PANEL TO REVIEW AND DISCUSS ALL APPLICATIONS ARE SUBJECTED TO RIGOROUS PEER REVIEW. FOR THE 2021 GRANT CYCLE, WE WELCOMED A NEW CHAIR TO OUR GRANT REVIEW PANEL, DR. JAMES FLEET, THE MARGARET MCKEAN LOVE ENDOWED PROFESSOR OF NUTRITION, CELLULAR, AND MOLECULAR SCIENCE AT THE UNIVERSITY OF TEXAS AT AUSTIN, OUR CO-CHAIR WAS DR. LINDA COOK, CO-LEADER, CANCER CONTROL RESEARCH PROGRAM, UNIVERSITY OF NEW MEXICO COMPREHENSIVE CANCER CENTER. THE GRANT REVIEW PANEL INCLUDED 10 ADDITIONAL EXPERTS WITH THE DEPTH AND BREADTH OF EXPERTISE TO EVALUATE THE SCIENTIFIC MERIT AND IMPACT OF THE PROPOSED RESEARCH. DUE TO THE RESTRICTIONS IMPOSED BY THE COVID-19 PANDEMIC. THE GRANT REVIEW PANEL MEETING WAS CONDUCTED IN A HYBRID FORMAT WITH 7 MEMBERS JOINING US IN-PERSON AND THE OTHER MEMBERS ATTENDING BY VIDEO CONFERENCE REVIEWERS-JUSTIN BROWN, PHD, PENNINGTON BIOMEDICAL RESEARCH CENTER-ANDREW CHAN, MD, MPH, HARVARD MEDICAL SCHOOL-CARRIE DANIEL-MACDOUGALL, PHD, MD ANDERSON CANCER CENTER-CHRISTINA DIELI-CONWRIGHT, PHD, MPH, DANA-FARBER CANCER INSTITUTE-JOANNE ELENA, PHD. MPH. NATIONAL INSTITUTES OF HEALTH -ROBERT NATIVIDAD FUENTES, PHD. MD ANDERSON CANCER CENTER-ERIK NELSON, PHD. UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN-THOMAS O'CONNELL, PHD. INDIANA UNIVERSITY -CONNIE ROGERS, PHD. PENNSYLVANIA STATE UNIVERSITY-PAUL SPAGNUOLO, PHD. UNIVERSITY OF GUELPHFUNDED GRANTS1. BREAST ADIPOCYTE HYPERTROPHY: A NOVEL BIOMARKER TO PREDICT BREAST CANCER SURVIVAL. CAROLINE DIORIO, PHD. UNIVERSITE LAVAL, QUEBEC, CANADA 2. INVESTIGATING THE IMMUNOLOGIC BASIS OF THE OBESITY PARADOX IN RENAL CELL CARCINOMA. A. ARI HAKIMI, MD, THE SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH, NEW YORK CITY, NY3, COFFEE AND CAFFEINE METABOLITES AND DISEASE PROGRESSION IN MEN ENROLLED ON ACTIVE SURVEILLANCE FOR PROSTATE CANCER, JUSTIN GREGG, MD. UNIVERSITY OF TEXAS M.D. ANDERSON CANCER CENTER, HOUSTON, TX4, PERSONALIZED FEEDBACK OF WEARABLE BIOLOGICAL SENSOR DATA TO PROMOTE ACTIVE LIVING IN CANCER SURVIVORS. YUE LIAO, MPH, PHD, CPH, THE UNIVERSITY OF TEXAS AT ARLINGTON, ARLINGTON, TX 5, DIET-MICROBIOTA-HOST INTERACTIONS MEDIATING ANTI-TUMOR IMMUNE RESPONSES IN COLORECTAL CANCER, WENDY GARRETT, MD. PHD, HARVARD T. H. CHAN SCHOOL OF PUBLIC HEALTH, BOSTON, MAG. LONG-CHAIN ACYL-COA SYNTHETASES AND N-MYRISTOYLTRANSFERASES MEDIATED METABOLIC PATHWAY PROMOTES HIGH-SATURATED FATTY ACID DIET ACCELERATED PROSTATE CANCER, HOUJIAN CAI, PHD, UNIVERSITY OF GEORGIA RESEARCH FOUNDATION, INC. ATHENS, GAMARILYN GENTRY FELLOWSHIP AT THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL (UNC)THE AICR MARILYN GENTRY FELLOWSHIP PROGRAM IN NUTRITION AND CANCER AT THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL WAS CREATED TO DEVELOP TOMORROW'S LEADERS IN NUTRITION RESEARCH IN RELATION TO CANCER, FELLOWS RECEIVE TWO YEARS OF STRUCTURED MENTORING WHILE PLANNING AND CONDUCTING RESEARCH, THEY DEVELOP A BODY OF DATA THAT WILL HELP THEM COMPETE SUCCESSFULLY FOR GRANT FUNDING IN THE FUTURE. THIS PROGRAM HAS PRODUCED SEVERAL GRADUATES WHO HAVE ENTERED THE NUTRITION-CANCER FIELD. AICR HAS ALSO FUNDED A DISTINGUISHED PROFESSORSHIP AT UNC TO CHAIR THIS PROGRAM. IN ADDITION. THE AICR-WCRF INSTITUTE FOR THE ADVANCED STUDY OF DIET, NUTRITION AND CANCER IS HOUSED WITHIN THE MICHAEL HOOKER RESEARCH CENTER ON THE UNC CAMPUS, THESE FACILITIES INCLUDE THREE LABORATORIES DEDICATED TO RESEARCHING THE ROLE OF DIET AND NUTRITION IN THE CAUSATION, PREVENTION AND TREATMENT OF CANCER. THE PAST RECIPIENTS OF THE MARILYN GENTRY FELLOWSHIP ARE: 2001-2003: SUSAN STECK 2002-2004: PHILIPPE THUILLIER 2005-2007: ERIC PARK 2006-2007: MIHALIS PANAGIOTIDIS2007-2009: BECKY CLEVELAND2007-2009: ZUZANA DROBNA2010-2012: XUESONG HAN2011-2014: PATRICK BRADSHAW2015-2018: EMMA ALLOTT2019-2021: XIMENA BUSTAMANTE-MARIN (FUNDED BY RELATED ENTITY WCRF)AICR EXPERT REPORTSSINCE 2007, AICR AND ITS INTERNATIONAL AFFILIATE, THE WORLD CANCER RESEARCH FUND (WCRF), HAVE WORKED TOGETHER ON THE CONTINUOUS UPDATE PROJECT (CUP). THE CUP HAS BUILT ON THE SYSTEMATIC LITERATURE REVIEW CONDUCTED FOR OUR 2007 SECOND EXPERT REPORT FOOD, NUTRITION, PHYSICAL ACTIVITY, AND THE PREVENTION OF CANCER: A GLOBAL PERSPECTIVE, IN 2018, AICR AND WCRF PUBLISHED DIET, NUTRITION, PHYSICAL ACTIVITY AND CANCER: A GLOBAL PERSPECTIVE, THE THIRD EXPERT REPORT TO UPDATE BOTH THE ASSESSMENT OF THE EVIDENCE FOR THE IMPACT OF EACH FACTOR ON CANCER RISK AND REVISE THE CANCER PREVENTION RECOMMENDATIONS THE CUP PROVIDES THROUGH TIMELY REVIEWS AND EXPERT PANEL ASSESSMENTS OF THE AVAILABLE PEER-REVIEWED EVIDENCE. THE CUP REPORTS HAVE IDENTIFIED EMERGING RESEARCH AREAS AND KNOWLEDGE GAPS THAT COULD BE ADDRESSED WITHIN OUR GRANT PROGRAM. EQUALLY, NEW DATA GENERATED FROM STUDIES FUNDED THROUGH OUR GRANT PROGRAM ARE INCLUDED IN THE CUP REVIEWS. THUS, AICR'S RESEARCH GRANT PROGRAMS AND THE CUP ACT SYNERGISTICALLY TO STRENGTHEN THE SCIENTIFIC EVIDENCE ON THE IMPACT OF DIET, NUTRITION, BODY COMPOSITION AND PHYSICAL ACTIVITY ON CANCER PREVENTION AND CONTROL IN 2020. THE CUP HAS EMBARKED ON A PROCESS OF EVALUATION AND STRATEGIC PLANNING. TERMED THE CUP TRANSITION. WITH A PANEL OF INTERNATIONAL EXPERTS TO DETERMINE THE OPTIMAL DIRECTIONS FOR FUTURE RESEARCH IN THIS FIELD. THIS PROCESS CONTINUED THROUGH 2021, CONCLUDING WITH THE DEVELOPMENT OF A NEW STRATEGY THAT WILL BE OPERATIONALIZED IN 2022. CONCURRENTLY, THE CUP TRANSITION PANEL REVIEWED THE COMPLETED SYSTEMATIC LITERATURE REVIEWS ON MEDICAL OUTCOMES AND OUALITY OF LIFE IN BREAST CANCER SURVIVORS AND SUBMITTED SEVERAL MANUSCRIPTS FOR PUBLICATION IN PEER-REVIEWED JOURNALS.

efile GRAPHIC print - DO NO			nt - DO NOT PROCESS	DO NOT PROCESS As Filed Data -				
SCI		ULE A	- Dublic 4	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
	m 99			rganization is a sect 4947(a)(1) nonexe	ion 501(c)(3) empt charitable	organization or trust.		2020
		the Treasury	► Go to <u>www.irs</u>	► Attach to Form ! a.gov/Form990 for in			ormation.	Open to Public Inspection
Nam	e of th	ne organiza	tion CANCER RESEARCH				Employer identific	ation number
							52-1238026	
	rt I		for Public Charity State a private foundation because				See instructions.	
1			onvention of churches, or as	•			(Δ)(i).	
2		,	escribed in section 170(b)(
3			or a cooperative hospital serv		,			
4		·	esearch organization operati	_			-	nter the hospital's
•	Ш	name, city,		ed in conjunction with	a nospital descri	ibed iii sectioii .	170(b)(1)(A)(III): L	iter the hospital s
5			ation operated for the benefi (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).	
7	✓		ation that normally receives ' 0(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the gener	al public described in
8		A communi	ty trust described in sectior	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization de rant college of agriculture. S					ege or university or a
10		from activit investment	ation that normally receives: ties related to its exempt fur income and unrelated busin See section 509(a)(2). (Co	ctions—subject to ceres taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross
11		An organiza	ation organized and operated	l exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ation organized and operated cly supported organizations of through 12d that describes	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
а		organizatio	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	appoint or elect a majo				
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A	ervised or controlled i ation vested in the sar				
С		Type III f	unctionally integrated. A sorganization(s) (see instruction)	supporting organizatio				ted with, its
d		Type III n	on-functionally integrate integrated. The organizations). You must complete Par	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e		Check this	box if the organization receiver Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter			· · · · · · · · · · · ·	-		<u> </u>	
g	Provi	de the follow	ing information about the su	pported organization(s).			
(i) Name of supported organization				(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			<u> </u>					
Tota			tion Act Notice, see the I		Cat. No. 11285		Schedule A (Form 9	

10 1 1 1 1 10

	line 1 that exceeds 2% of the amount shown on line 11, column (f)							0,150,000
6	Public support. Subtract line 5 from line 4.							64,570,904
S	Section B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	0	(f) Total
7	Amounts from line 4	14,514,448	13,906,659	16,279,595	12,226,058	10,83	37,807	67,764,567
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	396,851	418,623	489,512	240,918	20	08,468	1,754,372
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	3,774	19,016	46,605	253,743	1,55	55,351	1,878,489
11	10							71,397,428
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		6,014,334
13	First 5 years. If the Form 990 is for t	he organization's i	first, second, third	, fourth, or fifth ta	x year as a section	n 501(c)(3)	organi:	zation, check
	this box and stop here					▶□]	
S	Section C. Computation of Publi							
	Public support percentage for 2020 (li			column (f))		14		90.440 %
	Public support percentage for 2019 Sc	, , ,	•			15		92.460 %
	33 1/3% support test-2020. If the						k this l	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation				. ▶☑

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

17a 10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 h 10%-facts-and-circumstances test—2019. 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

Р	Support Schedule for						
	(Complete only if you c						er Part II. If
	the organization fails to	quality under	the tests listed	pelow, please co	omplete Part II.)	
Se	ection A. Public Support						1
	Calendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	(or fiscal 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 paid						
5	to or expended on its behalf The value of services or facilities						
3	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.)						
	ection B. Total Support		1	1	Γ	Π	1
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on	I					
	securities loans, rents, royalties and	I					
	income from similar sources.						
b	Unrelated business taxable income	I					
	(less section 511 taxes) from businesses acquired after June 30,	I					
	1975.	I					
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,	I					
	whether or not the business is	I					
12	regularly carried on.		-				1
12	Other income. Do not include gain or loss from the sale of capital assets	1					
	(Explain in Part VI.)	1					
13							
	11, and 12.).		<u> </u>	1.6 11 601 1		F04()(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	-			•	. , , ,	· —
	check this box and stop here					<u></u>	<u> ▶ ⊔ </u>
	ection C. Computation of Public S			1 (6)			
15	Public support percentage for 2020 (lin					15	
16	Public support percentage from 2019 S					16	
	ection D. Computation of Investi				.,		
17	Investment income percentage for 202	•	.,		• •	17	
18	Investment income percentage from 2	019 Schedule A,	Part III, line 17 .			18	
19a	331/3% support tests—2020. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more thar	33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box and s	stop here. The o	rganization qualifi	es as a publicly su	ipported organiza	tion	. ▶□
	33 1/3% support tests—2019. If the						
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	. ▶ □
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	l9a, or 19b, check	this box and see	instructions	▶□

Page 4

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8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

7

8

10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,					
	describe the designation. If historic and continuing relationship, explain.	1				
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described					
	in section 509(a)(1) or (2).					
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and					
	3c 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				
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					

	III Section 303(a)(1) or (2).	2			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and				
	3c 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.				
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.				

	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the						
	determination.	3b					
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.						
	If fes, explain in Part VI what controls the organization put in place to ensure such use.						
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you						
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.						
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported						
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.						
С	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 organization was used exclusively for section 170(c)(2)(B) purposes.	4c					
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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						

C							
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.						
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you						
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.						
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or						
	supervised by or in connection with its supported organizations.						
С	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 organization was used exclusively for section 170(c)(2)(B) purposes.						
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).						

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 5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below.

Pa	rt IV	Supporting Organizations (continued)					
				Yes	No		
		e organization accepted a gift or contribution from any of the following persons?					
а		on who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the hing body of a supported organization?	11a				
b	A fami	ily member of a person described in 11a above?	11b				
		o controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c				
_	VI.	B. Type I Supporting Organizations					
	ection	b. Type I Supporting Organizations		Yes	No		
1	appoir descrit activit remov	e officers, directors, trustees, or membership of one or more supported organizations have the power to regularly be or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," be in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's ies. If the organization had more than one supported organization, describe how the powers to appoint and/or be directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year.	1				
2	Did the	e organization operate for the benefit of any supported organization other than the supported organization(s) that	_				
	operat <i>carried</i>	ted, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit dout the purposes of the supported organization(s) that operated, supervised or controlled the supporting ization.	2				
_							
5	ection	C. Type II Supporting Organizations		Yes	No		
1	Were:	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		163	110		
-	each d	of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the rting organization was vested in the same persons that controlled or managed the supported organization(s).	1				
S	ection	D. All Type III Supporting Organizations					
				Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing						
	documents in effect on the date of notification, to the extent not previously provided?						
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	voice i	ison of the relationship described in line 2 above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at all times the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3				
S	ection	E. Type III Functionally-Integrated Supporting Organizations					
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	ons):				
	a 🗌	The organization satisfied the Activities Test. Complete line 2 below.					
	b 🗆	The organization is the parent of each of its supported organizations. Complete line 3 below.					
	c 🗌	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)			
2	Activit	ies Test. Answer lines 2a and 2b below.		Yes	No		
	suppor o rgan respor	bstantially all of the organization's activities during the tax year directly further the exempt purposes of the rted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported lizations and explain how these activities directly furthered their exempt purposes, how the organization was sive to those supported organizations, and how the organization determined that these activities constituted	2-				
		entially all of its activities. e activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the	2a				
	organi <i>organi</i>	zation's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the zation's position that its supported organization(s) would have engaged in these activities but for the organization's ement.	2b				
3		of Supported Organizations. Answer lines 3a and 3b below.	20				
	a Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of pported organizations? If "Yes" or "No" provide details in Part VI .	3a				
		e organization exercise a substantial degree of direction over the policies, programs and activities of each of its red organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>	3b				
			30				

Schedule A (Form 990 or 990-EZ) 2020 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 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) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b 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): 2

Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).

Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035 6 7 Recoveries of prior-year distributions

8

Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

Income tax imposed in prior year

instructions)

temporary reduction (see instructions)

5

7

Enter greater of line 2 or line 3 4

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

1 2 3

3

4

5

6

7

8

4

5

6

Schedule A (Form 990 or 990-F7) 2020

Current Year

_1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9	Distributable amount for 2020 from Section C, line 6	9	

7 Total annual distributions. Add lines 1 through 6.	7				
8 Distributions to attentive supported organizations to who details in Part VI). See instructions	8				
9 Distributable amount for 2020 from Section C, line 6			9		
10 Line 8 amount divided by Line 9 amount	10 Line 8 amount divided by Line 9 amount				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020	
1 Distributable amount for 2020 from Section C, line 6					
2 Underdistributions if any for years prior to 2020					

8 Distributions to attentive suppor details in Part VI). See instruct	8				
9 Distributable amount for 2020 fr	rom Section C, line 6			9	
10 Line 8 amount divided by Line 9	amount			10	
	E - Distribution Allocations (i) (ii) Underdistribut (see instructions) Excess Distributions Pre-2020		Underdistribution	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from	om Section C, line 6				
2 Underdistributions, if any, for yea (reasonable cause required <i>exp</i> See instructions.					
3 Excess distributions carryover, if	any, to 2020:				
a From 2015			·		
b From 2016					

(see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see			

See instructions.		
3 Excess distributions carryover, if any, to 2020:		
a From 2015		
b From 2016		
c From 2017		
d From 2018		
e From 2019		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2020 distributable amount		
 Carryover from 2015 not applied (see instructions) 		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
b Applied to 2020 distributable amount		

f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2020 distributable amount		
 Carryover from 2015 not applied (see instructions) 		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
\$		
 a Applied to underdistributions of prior years 		
b Applied to 2020 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to		

Schedule A (Form 990 or 990-EZ) (2020)

2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines

See instructions.

d Excess from 2019.

a Excess from 2016. **b** Excess from 2017. c Excess from 2018.

e Excess from 2020.

3j and 4c. 8 Breakdown of line 7:

Schedule A (Fo	Page 8				
S P S	Section A, lines 1, 2, 3 Part IV, Section D, lin	mation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; es 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See			
		Facts And Circumstances Test			
<u> </u>					
990 Schedu	ile A, Supplemen	tal Information			
Retur	rn Reference	Explanation			
SCHEDULE A, EXPLANATION	PART II, LINE 10, N OF OTHER	OTHER INCOME - 2016 AMOUNT: \$ 3,774. 2017 AMOUNT: \$ 19,016. 2018 AMOUNT: \$ 46,605. 2019 AMOUNT: \$ 253,743. 2020 AMOUNT: \$ 1,555,351.			

INCOME:

SCHEDULE D

DLN: 93493222017092

OMB No. 1545-0047

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.

2020

(Form 990)

Nar						on. Inspection
	ne of the organization				Emp	oloyer identification number
AME	RICAN INSTITUTE FOR CANCER RESEARCH				52-1	.238026
Pa	rt I Organizations Maintaining Donor Advi	sed Funds or C	Other	Similar Funds o		
	Complete if the organization answered "Ye					
		(a) Don	or advi	sed funds		(b) Funds and other accounts
	Total number at end of year					
	Aggregate value of contributions to (during year)					
	Aggregate value of grants from (during year)					
	Aggregate value at end of year					
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex	ors in writing that t cclusive legal conti	the assetol?	ets held in donor ad	vised 1	funds are the
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	r or donor advisor,	or for	any other purpose o		
Par	t II Conservation Easements. Complete if the organization answered "Ye	es" on Form 990	, Part	IV, line 7.		
1	Purpose(s) of conservation easements held by the orga	nization (check all	that ap	pply).		
	Preservation of land for public use (e.g., recreation	n or education)		Preservation of an	histor	ically important land area
	Protection of natural habitat			Preservation of a d	ertifie	d historic structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conserva	ition co	ntribution in the for	m of a	conservation Held at the End of the Year
а	Total number of conservation easements				2a	Held at the End of the Teal
b	Total acreage restricted by conservation easements				2b	
С	Number of conservation easements on a certified histori	ic structure include	ed in (a)	2c	
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06	, and n	ot on a historic	2d	
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extin	guished	l, or terminated by	the or	ganization during the
4	Number of states where property subject to conservation	on easement is loc	ated 🕨			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	he periodic monito s?	ring, in	spection, handling o	of viola	– ations, □ Yes □ No
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of v	/iolatio	ns, and enforcing co	nserv	
7	Amount of expenses incurred in monitoring, inspecting, \$ \blue{\pm}\$	handling of violat	ions, ar	nd enforcing conser	vation	easements during the year
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?				70(h)(4)(B)(i) ☐ Yes ☐ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the o				
Par	t III Organizations Maintaining Collections	of Art, Histori	cal Tr	easures, or Oth	er Si	milar Assets.
	Complete if the organization answered "Ye					
1a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for pub Part XIII, the text of the footnote to its financial statem	lic exhibition, edu	cation,	or research in furth		
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for pub following amounts relating to these items:					
(i) Revenue included on Form 990, Part VIII, line 1					▶ \$
	i)Assets included in Form 990, Part X					
2	If the organization received or held works of art, histori following amounts required to be reported under FASB.	ical treasures, or o	ther sir	nilar assets for fina		
а	Revenue included on Form 990, Part VIII, line 1	-				. ▶\$

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2020

 ${f d}$ Equipment .

Jene	dule D (10111 330) 2020							Page 4
Par	t III Organizations Maintaining Co	llections of Art,	Histori	cal Trea	sures, or Other	Similar Assets	(continued)	
3	Using the organization's acquisition, accessic items (check all that apply):	n, and other records	s, check a	any of the	e following that are a	significant use of it	s collection	
а	Public exhibition		d		oan or exchange prog	ırams		
b	Scholarly research		e	□ o	ther			
С	Preservation for future generations							
4	Provide a description of the organization's co	Mostions and ovalair	how the	v furthor	the organization's or	compt purpose in		
-	Part XIII.	nections and explain	i ilow tile	y ruitiiei	the organization's e.	kempt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t					_	es 🗆 N	lo
Pai	rt IV Escrow and Custodial Arrange Complete if the organization ans X, line 21.		orm 990	, Part IV	, line 9, or reporte	ed an amount on	Form 990,	Part
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						es 🗆 N	lo
b	If "Yes," explain the arrangement in Part XII	I and complete the f	following	table:		Amount		_
c	Beginning balance	'	_		1c			_
d	Additions during the year							
е	Distributions during the year							_
f	Ending balance				4.5			_
2a	Did the organization include an amount on F	orm 990. Part X. line	e 21. for	escrow oi	custodial account lia	ability? \ \ \ \ \ \ \	es 🗆 N	— lo
b	If "Yes," explain the arrangement in Part XII					_		
	irt V Endowment Funds.	Check field if the t	схріанасі	OII IIGS DO	eri provided ili i are i			
	Complete if the organization ans	wered "Yes" on Fo	rm 990	, Part IV	, line 10.			
		(a) Current year	(b) P	rior year	(c) Two years back	(d) Three years back	(e) Four yea	ars back
1 a	Beginning of year balance	2,045,005		2,123,03	1,911,046	1,433,491	1,	,275,896
b	Contributions	297,100		3,36				123,928
С	Net investment earnings, gains, and losses	367,867		242,61	.1 92,303	131,638		142,984
d	Grants or scholarships							
е	Other expenditures for facilities and programs	205,181		324,00	172,784	159,861		109,317
f	Administrative expenses							
g	End of year balance	2,504,791		2,045,00	2,123,034	1,911,046	1,	,433,491
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	g, column	(a)) held as:			
а	Board designated or quasi-endowment	19.050 %						
b	Permanent endowment ► 27.880 %							
С	Term endowment ► 53.070 %							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
3a		ssion of the organiza	ation that	are held	and administered fo	r the		
	organization by:						Yes	No
	(i) Unrelated organizations						a(i)	No
b	(ii) Related organizations		on Scho	 dule P2			a(ii) 3b	No
4	Describe in Part XIII the intended uses of the	•					J.D.	<u> </u>
_	rt VI Land, Buildings, and Equipme		- TITICITE I					
	Complete if the organization ans		rm 990	, Part IV	, line 11a. See Foi	m 990, Part X, li	ne 10.	
	Description of property (a) Cost or of (investm	ther basis (b) Cos		basis (oth			(d) Book valu	ie
1a	Land	5,900						5,900
	Buildings	-,-,-						-,
				E12 (224	190 012		224.010

609,810

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

98,370

428,289

511,440

	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, F (a) Description of security or category (including name of security)	Part IV, lii (b) Book value	(c) Meth	Part X, line 12. nod of valuation: of-year market value
	al derivatives			
	Title equity interests			
(B)				
(C)				
(D)				
(E)				
(F)				_
(G)				_
(H)				
(I)				
Γotal. (Colum	in (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, I (a) Description of investment	Part IV, lii	ne 11c. See Form 990 (b) Book value	, Part X, line 13. (c) Method of valuation:
				Cost or end-of-year market value
	ABLE GIFT ANNUITIES ABLE REMAINDER UNITRUSTS		2,932,297 1,118,068	F F
(3)CANCER	RESEARCH FUND		2,459,980	F
(4)				
5)				
6)				
7)				
8)				
9)				_
10)				
	in (b) must equal Form 990, Part X, col.(B) line 13.)	•	6,510,345	
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, lin	e 11d. See Form 990, P	
(1)	(a) Description			(b) Book value
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
				. •
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P	art IV, lin	e 11e or 11f.See Forn	
l .	(a) Description of liability			(b) Book value
	income taxes AFFILIATES			258,848
	ED RENT			1,030,170
5, 52, 2 , 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Y CHARITABLE GIFT ANNUITIES			986,920
4) LIABILIT				505,346
4) LIABILIT 5) LIABILIT	Y CHARITABLE REMAINDER			
4) LIABILIT 5) LIABILIT 5)				
(4) LIABILIT (5) LIABILIT (5)				
(4) LIABILIT (5) LIABILIT (5) (6)				
(4) LIABILIT (5) LIABILIT (5) (6) (7) (8)				
(4) LIABILIT (5) LIABILIT (5) (6) (7) (8) (9)				▶ 2,781,284

1

2

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

b

Schedule D (Form 990) 2020

Page 4

701,608

35,809

14,242,691

14,201,124

14,201,124

35,809

14.236.933

Schedule D (Form 990) 2020

14,206,882

С	Recoveries of prior year grants	ZC				İ
d	Other (Describe in Part XIII.)	2d		319,003		
е	Add lines 2a through 2d		 		2e	

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments

3 4

Add lines **4a** and **4b**

b C 5

Part XII

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

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

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Donated services and use of facilities . . .

Other (Describe in Part XIII.)

Subtract line 2e from line 1

Add lines **4a** and **4b**

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines 2a through 2d .

Return Reference

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Total expenses and losses per audited financial statements

4b

2a

2b

4a

2a 2b

2c

2d

4a

4b

Explanation

382.605

35,809

3

4c

5

2e

3

4c

5

35.809

chedule D (Form 990) 2020	Page 5
Part XIII Supplemental Inform	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2020

Additional Data

Software ID: Software Version:

EIN: 52-1238026

Name: AMERICAN INSTITUTE FOR CANCER RESEARCH

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE ORGANIZATION'S ENDOWMENT FUNDS ARE ESTABLISHED TO FURTHER THE MISSION OF THE AMERICAN INSTITUTE FOR CANCER RESEARCH. THE PERSON ESTABLISHING THE FUND DESIGNATED THE PURPOSE OF THE PU

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2:	THE INSTITUTE IS RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF T HE INTERNAL REVENUE CODE ON INCOME OTHER THAN UNRELATED BUSINESS INCOME. NO PROVISION FOR INCOME TAXES IS REQUIRED AS OF SEPTEMBER 30, 2021 AND 2020, SINCE THE INSTITUTE HAD NO UNR ELATED BUSINESS INCOME. THE INSTITUTE HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A PUBLICLY SUPPORTED ORGANIZATION AND IS THEREFORE NOT A PRIVATE FOUNDATION. MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITION AND HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS.

Cupplemental Information

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT LIABILITY 349,503. NET GAIN ON INTEREST IN PERPETUAL TRUST 35,849. CURRENCY LOSS -66,349.

upplemental Information					
Return Reference	Explanation				
PART XII, LINE 4B - OTHER ADJUSTMENTS:	REFUND OF PRIOR YEAR GRANTS				

Form 990, Part For grantmakers. Do other assistance, the g	► Go to www.irs. NCER RESEARCH Thation on Activities To IV, line 14b.	► Attach t gov/Form990 for i	Yes" to Form 990, Part IV, Ito Form 990. Instructions and the latest in		Employer iden	2020 Open to Public Inspection
Name of the organization AMERICAN INSTITUTE FOR CA Part I General Infor Form 990, Part 1 For grantmakers. Do other assistance, the g	NCER RESEARCH Tmation on Activities TV, line 14b.			nformation	Employer iden	Inspection
Part I General Infor Form 990, Part For grantmakers. Do other assistance, the g	mation on Activities	s Outside the l	Inited States Comple			tification number
Part I General Infor Form 990, Part I For grantmakers. Do other assistance, the g	mation on Activities	s Outside the U	Inited States Comple			
Form 990, Part For grantmakers. Do other assistance, the g	IV, line 14b.	outside the U	Inited States Comple		52-1238026	
other assistance, the g	es the organization ma		Sinced States: Compre	te if the	organization a	nswered "Yes" on
to award the grants of	rantees' eligibility for the assistance?	ne grants or assis	substantiate the amoun stance, and the selection	_		☑ Yes 🏻
2 For grantmakers. De outside the United State		anization's proce	dures for monitoring the	use of it	s grants and otl	her assistance
3 Activites per Region. (Th	ne following Part I, line 3	table can be dupli	cated if additional space is	needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region		program spe	ity listed in (d) is a service, describe cific type of (s) in the region	(f) Total expenditure for and investments in the region
See Add'l Data						
3a Sub-total b Total from continuation s	heets to	0 0				661,
c Totals (add lines 3a and		0 0 0				661,
,	, ,		•			, , , , , , , , , , , , , , , , , , , ,

Cat. No. 50082W Schedule F (Form 990) 2020

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

Sche	Schedule F (Form 990) 2020 Page 2								
Pai	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE (INCLUDING ICELAND & GREENLAND)	EDUCATION	296,579	WIRE			
			EUROPE (INCLUDING ICELAND & GREENLAND)	CONTINUOUS UPDATE PROJECT	200,000	WIRE			

	GREENLAND)	PROJECT			
	NORTH AMERICA	RESEARCH	165,000	CASH/CHECK	

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

Schedule F (Form 990) 2020

recipients cash grant disbursement noncash of noncash valuation assistance assistance (book, FMV,	hedule F (Form 990) 2020						Page
a) Type of grant or assistance (b) Region (c) Number of recipients (d) Amount of cash grant (e) Manner of cash disbursement (f) Amount of noncash assistance (b) Amount of of noncash assistance (b) Okara (c) Number of cash grant (d) Amount of disbursement (e) Manner of cash disbursement (f) Amount of noncash assistance (b) Okara (d) Amount of disbursement (f) Amount of noncash assistance (b) Okara (d) Amount of disbursement (f) Amount of noncash assistance (f) Amount of noncash assistance (f) Okara (f)				ed States. Complete if	f the organization ar	nswered "Yes" on Form	990, Part IV, line 16
		(c) Number of	(d) Amount of	(e) Manner of cash disbursement	noncash	of noncash	(h) Method of valuation (book, FMV, appraisal, other)

Sched	dule F (Form 990) 2020		Page 4
Par	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)		
		☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) .	Yes	✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships		
	(see Instructions for Form 8865)	☐Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713; don't file with Form 990)	☐ Yes	✓ No

Schedule F (Form 990) 2020 Page 5
Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
990 S ched	dule F, Supplemental Information
Return Reference	Explanation
PART I,	AT THE END OF THE FIRST YEAR OF ANY TWO-YEAR GRANT, THE PRINCIPAL INVESTIGATOR MUST SUBMIT A PROGRESS REPORT,

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3:	GRANTMAKING EXPENDITURES ARE RECRODED ON THE ACCRUAL BASIS.

990 Schedule F, Supplemental Information Return Reference

Return Reference Explanation

PART III ACCOUNTING METHOD:

Additional Data

NORTH AMERICA

Software ID: Software Version:

EIN: 52-1238026

Name: AMERICAN INSTITUTE FOR CANCER RESEARCH

165,000

Form 990 Schedule F Part I - Activities Outside The United States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region			
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		496,579			

0 GRANTMAKING

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493222017092

2020

OMB No. 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

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.

Open to Public **Inspection**

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH 52-1238026 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. ✓ Mail solicitations Solicitation of non-government grants ✓ Internet and email solicitations Solicitation of government grants ✓ Phone solicitations ☐ Special fundraising events ✓ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ✓ Yes ☐ No If "Yes," list the 10 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 (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No DIRECT MAIL DIRECT RESPONSE CONSULTING 4,559,411 369,601 4,189,810 7918 JONES BRANCH DRIVE MCLEAN, VA 22102 PHONE INFOCISION MANAGEMENT CORP Nο 380,608 209,461 171,147 325 SPRINGSIDE DR AKRON, OH 44144 DIGITAL ANNE LEWIS STRATEGIES 650 MASSACHUSETTS AVE NW No 248,404 114,800 133,604 WASHINGTON, DC 20001 5,188,423 693,862 4,494,561

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

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.

	t II Fundraising Events. Comple				
	than \$15,000 of fundraising e gross receipts greater than \$!		d gross income on Form	1 990-EZ, lines 1 and 6	5b. List events with
\Box	gross receipts greater than \$	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
.					
	1 Co vinto				
	1 Gross receipts				
- 1	2 Less: Contributions3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
	5 Noncash prizes				
5	6 Rent/facility costs				
3	7 Food and beverages				
5	8 Entertainment				
·	9 Other direct expenses	thursuah O in column (d)			
	10 Direct expense summary. Add lines 4 to 10 Direct expense summary. Subtract lines 10	-			
	11 Net income summary. Subtract line 10 Gaming. Complete if the org		es" on Form 990, Part I	V, line 19, or reported	l I more than \$15,000
\neg	on Form 990-EZ, line 6a.	I			· · ·
UCACIMIC		(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total caming (odd
ا خ			bingo/progressive bingo	(c) other gaining	(d) Total gaming (add col.(a) through col.(c))
אַטע	1 Gross revenue		bingo/progressive bingo	(e) other gaming	
, +	1 Gross revenue		bingo/progressive bingo	(e) other gaming	
, +			bingo/progressive bingo	(e) Other guilling	
, +	2 Cash prizes		bingo/progressive bingo	(e) other gaming	
	2 Cash prizes		bingo/progressive bingo	(e) other gaming	
	2 Cash prizes	☐ Yes%	bingo/progressive bingo	Yes	
	2 Cash prizes	☐ Yes %			
	2 Cash prizes	□ No	Yes%	Yes	
	2 Cash prizes	No	☐ Yes % %	☐ Yes % ☐ No	
	2 Cash prizes	through 5 in column (d)	☐ Yes % % ☐ No	☐ Yes % ☐ No ▶ ▶	
a	2 Cash prizes	through 5 in column (d) It line 7 from line 1, column It conducts gaming active It is a conducted to the column of the column	☐ Yes % % ☐ No	☐ Yes % ☐ No ▶ ▶	
	2 Cash prizes	through 5 in column (d) thine 7 from line 1, column ion conducts gaming activities in each o	Yes	Yes	Yes No

Sche	dule G (Form 990 or 990-EZ) 2020					F	Page 3
11	Does the organization conduct gaming	activities with nonmer	nbers?		Yes	□No	
12	Is the organization a grantor, beneficial formed to administer charitable gamin		or a member of a partnership or other entity		Yes	_	
13	Indicate the percentage of gaming acti	vity conducted in:					
а	The organization's facility			13a			%
b	An outside facility			13b			%
14	Enter the name and address of the per	son who prepares the	organization's gaming/special events books and	records:			
	Name >						
	Address •						
15a			whom the organization receives gaming		_	_	
h			e organization 🕨 \$ and		∐ Yes	∐ No	
b	amount of gaming revenue retained by			tne			
c	If "Yes," enter name and address of th		·				
·	ir les, enter hame and address of th						
	Name Name						
	Address •						
16	Gaming manager information:						
	Name ►						
	Gaming manager compensation ► \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	Is the organization required under state retain the state gaming license?		ole distributions from the gaming proceeds to		□Yes	Пис	
b	Enter the amount of distributions requi	ired under state law di	stributed to other exempt organizations or spen	t	LI TES	LI NO	
	in the organization's own exempt activ	ities during the tax yea	ar▶ \$				
Pai	Supplemental Information III, lines 9, 9b, 10b, 15b, 1	on. Provide the explain 5c, 16, and 17b, as	anations required by Part I, line 2b, colum applicable. Also provide any additional inf	ins (iii) ai ormation	nd (v); a . See ins	nd Part truction:	s.
	Return Reference		Explanation				
SCHE	EDULE G, PART I:	FUNDRAISING SERVICE PRINTING AND MAILH FUNDRAISING EXPENSING EXPENSING AND PROCESSING AND THEREFORECT RESPONSE COLUMN CONTRAIS	ISION MANAGEMENT CORPORATION INCLUDE F CES PLUS FUNDRAISING EXPENSES - LIST DEVI IOUSE FEES. INVOICES CLEARLY DISTINGUISH SES. ADDITIONAL COSTS, SUCH AS CAGING, B STAGE ASSOCIATED WITH PHONE SOLICITATIO FORE NOT INCLUDED IN SCHEDULE G, COLUMN DISULTING SERVICES ARE FOR PROFESSIONAL SING EXPENSES ASSOCIATED WITH DIRECT MA NDOR PROVIDING THE SERVICE AND THEREFOINTS.	ELOPMENT FUNDRAIS ANK CHAR DNS ARE P (V) AMOU FUNDRAI IL FUNDRAI	, DATA PR SING FEES GES, OTH AID DIREC INTS. PAYN SING SER' AISING AR	OCESSIN FROM ER DATA CTLY TO 1 MENTS TO VICES ON E PAID	THE O NLY.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

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

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

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

DLN: 93493222017092

Open to Public Inspection

nternal Revenue Service							
ame of the organization MERICAN INSTITUTE FOR CANO	CED DECEADOU					Employer identific	ation number
						52-1238026	
Part I General Inform	ation on Grants	and Assistance					
Does the organization mai the selection criteria used						ce, and	
Describe in Part IV the org							☑ Yes 🗌 N
Part II Grants and Other	•		-		rganization answered "Yes	" on Form 990. Part IV. line	21. for any recipient
that received more	than \$5,000. Part II	can be duplicated if ad	ditional space is needed.				
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1) See Additional Data							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
Enter total number of sectEnter total number of othe	. , . ,	-					5
or Panerwork Reduction Act Notice							edule I (Form 990) 2020

(Form 990)

Department of the

Schedule I (Form 990) 2020

Part III

(1)

(2)

(3)

(4)

(5)

(6)

(7)

Part IV

PART I, LINE 2:

Return Reference

Page **2**

(f) Description of noncash assistance

Schedule I (Form 990) 2020

(b) Number of

recipients

Part III can be duplicated if additional space is needed.

Explanation

TERRORIST LIST.

(c) Amount of

cash grant

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22,

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

(d) Amount of

noncash assistance

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

(e) Method of valuation (book,

Additional Data

THE UNIVERSITY OF TEXAS AT

701 S NEDDERMAN DRIVE ARLINGTON, TX 76019 UNIVERSITY OF TEXAS MD

ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD HOUSTON, TX 77030

ARLINGTON

Software ID: **Software Version:**

75-6000121

74-6001118

EIN: 52-1238026

Name: AMERICAN INSTITUTE FOR CANCER RESEARCH

Form 990,Schedule I, Part	II, Grants and	Other Assistance to	o Domestic Organiza	tions and Domest	ic Governments.	
(a) Name and address of	(b) FIN	(c) IRC section	(d) Amount of cash	(a) Amount of non-	(f) Method of valuation	

organization	(5) 2	if applicable	grant	cash	(book, FMV, appraisal,	ĺ
or government			_	assistance other)		İ
						İ

organization	` ´	if applicable	grant	l ` ´ cash	(book, FMV, appraisal
		п аррисавте	l grant		` '' .!!
or government				assistance	other)

501(C)(3)

501(C)(3)

iestic Organizations and Domestic Governments.						
Amount of cash grant	(e) Amount of non- cash	(f) Method of valuatio (book, FMV, appraisal				

247,500

165,000

(g) Description of non-cash assistance

(h) Purpose of grant

or assistance

RESEARCH GRANT

RESEARCH GRANT

(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 (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 58-1353149 501(C)(3) 165.000 TRESEARCH GRANT UNIVERSITY OF GEORGIA RESEARCH FOUNDATION INC 200 DW BROOKS DRIVE ATHENS, GA 30602 HARVARD T H CHAN SCHOOL 04-2103580 501(C)(3) 165.000 RESEARCH GRANT OF PUBLIC HEALTH

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

677 HUNTINGTON AVE BOSTON, MA 02115

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 (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 13-1624182 501(C)(3) 164.996 SLOAN-KETTERING INSTITUTE I IRESEARCH GRANT FOR CANCER RESEARCH 1275 YORK AVENUE

NEW YORK, NY 10065

efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	:a -	DLN: 934	9322	2017	092
Sch	nedule J	C	ompensat	ion Information	ОМІ	3 No.	1545-0	0047
(Forr	(Form 990) 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.						20)
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>		r instructions and the latest inform			o Pul	
	me of the organiza	l ation			mployer identificati			
AME	ERICAN INSTITUTE F	OR CANCER RESEARCH			52-1238026			
Pa	rt I Questi	ons Regarding Compensa	ntion	Į.	72 1230020			
					_		Yes	No
1a				f the following to or for a person listed ny relevant information regarding these				
	First-class	or charter travel	$\mathbf{\nabla}$	Housing allowance or residence for pe	ersonal use			
		companions	닏	Payments for business use of persona				
		nification and gross-up payment	_	Health or social club dues or initiation				
	☐ Discretion	nary spending account		Personal services (e.g., maid, chauffe	eur, chef)			
b				follow a written policy regarding paymove? If "No," complete Part III to explai		1 b	Yes	
2				or allowing expenses incurred by all	. 1 - 2	2	Yes	
	directors, truste	es, officers, including the CEO/	executive Directo	or, regarding the items checked on Line	: та: .			
3				ed to establish the compensation of the	2			
				not check any boxes for methods CEO/Executive Director, but explain in	Part III.			
	, 	-						
		ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study				
		of other organizations	☑	Approval by the board or compensati	on committee			
		-	_					
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the fili	ng organization or a			
а	_	ance payment or change-of-cor	strol payment?			4a		No
b				lified retirement plan?	· · ·	4b	Yes	110
c	•		•	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	plicable amounts for each item in Part l	III.			
_	, ,,,), 501(c)(4), and 501(c)(29	, ,	•				
5		ed on Form 990, Part VII, Section ontingent on the revenues of:		the organization pay or accrue any				
а	The organization	n?				5a		No
b	=					5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section Ontingent on the net earnings o		the organization pay or accrue any				
а	The organization	1?				6a		No
b	,					6b		No
	· ·	6a or 6b, describe in Part III.						
7				the organization provide any nonfixed art III		7		No
8	subject to the in	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," des 				N.c.
9	If "Yes" on line	8, did the organization also follo	ow the rebuttable	presumption procedure described in R	egulations section	9		No
For F		ction Act Notice, see the Ins			D053T Schedule J (990)	2020

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

For each individual whose compensation must be reported 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.

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

tote: The sam of column	- \-		arvidual mast equal the te					
(A) Name and Title		(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 KELLY B BROWNING EXECUTIVE VP (THRU	(i)	354,446	0	500,000	14,661	25,157	894,264	0
02/28/21)	(ii)	0	0	14,925	0	0	14,925	0
2 MARILYN GENTRY PRESIDENT, WCRF INT'L &	(i)	0	0	0	0	0	0	0
ATCD	(ii)	131,360	13,235	94,821	0	24,374	263,790	0
3 DEIRDRE MCGINLEY-GIESER	(i)	170,061	0	0	6,982	19,022	196,065	0
SENIOR VP PROGRAMS	(ii)	0	0	0	0	0	0	0
4 STEPHENIE LOWE-GORDON	(i)	173,063	0	0	7,165	14,356	194,584	0
CENTOD VID ETNIANCE /THRIL	(ii)	0	0	0	0	0	0	0
5 JENNIFER MERCER SENIOR VP DEVELOPMENT	(i)	171,718	0	0	0	15,884	187,602	0
	(ii)	0	0	0	0	0	0	0
6 MICHAEL MCCARN CHIEF INFORMATION	(i)	146,304	0	0	5,970	18,476	170,750	0
OFFICER	(ii)	0	0	0	0	0	0	0
7 NIGEL BROCKTON VP RESEARCH	(i)	137,449	0	0	5,927	19,991	163,367	0
	(ii)	0	0	0	0	0	0	0
								_
							Schedule	J (Form 990) 2020

	•				
Part III Supplemental Information					
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.					
Return Reference	Explanation				
	THE PRESIDENT (MS. MARILYN GENTRY) RECEIVES A HOUSING ALLOWANCE AND GROSS UP PAYMENTS. ALL AMOUNTS ARE CONSIDERED TAXABLE AND INCLUDED ON SCHEDULE J, PART II, COLUMN B(III).				
·	EFFECTIVE JANUARY 1, 2001, AICR'S BOARD OF DIRECTORS ADOPTED A SUPPLEMENTAL RETIREMENT BENEFIT ARRANGEMENT FOR THE INSTITUTE'S PRESIDENT AND CHIEF EXECUTIVE OFFICER IN RECOGNITION OF THEIR LONG TERM SERVICE AND CONTINUING COMMITMENT TO THE CHARITABLE ACTIVITIES OF AICR. THE SUPPLEMENTAL RETIREMENT BENEFIT IS EQUAL TO THE LUMP SUM PRESENT VALUE OF THE SINGLE LIFE ANNUITY IN THE AMOUNT OF 1% OF AVERAGE				

Page 3

Schedule 1 (Form 990) 2020

COMPENSATION FOR EACH YEAR OF SERVICE WITH AICR AND VESTED OVER A FIVE- YEAR PERIOD. BOTH EXECUTIVES ARE FULLY VESTED. AND AMOUNTS ARE CONSIDERED TAXABLE AND INCLUDED ON SCHEDULE J, PART II, COLUMN B(III). SUPPLEMENT RETIREMENT BENEFIT FOR 2020: KELLY B BROWNING (EXECUTIVE VICE PRESIDENT): \$500,000, MR. BROWNING RETIRED AS OF FEBRUARY 2021, SINCE 2012, MS. GENTRY NO LONGER PARTICIPATED IN THIS PLAN.

Schedule J (Form 990) 2020

SCHEDULE J, PART II, COLUMN (B), MARILYN GENTRY (PRESIDENT, WCRF INTERNATIONAL): \$232,921 MS. GENTRY'S COMPENSATION PACKAGE IS PAID BY WCRF INTERNATIONAL. AICR IS LINE (1):

REQUIRED TO REPORT ALL COMPENSATION PAID TO MS. GENTRY BY ALL OF AICR'S AFFLILIATES. AICR DOES NOT PAY MS. GENTRY FOR HER ROLE AS PRESIDENT OF AICR, KELLY B. BROWNING (EXECUTIVE VICE PRESIDENT): \$14.925 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.

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Schedule L			Tran	sactio	ns with Ir	ntereste	d Person	ıs			01	MB No.	1545	-0047
(Form 990 or 990-	(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26,				5,	2020								
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	(a) Name of nterested person with organiza		ship (c) Purpose (d) ation of loan		to or from the anization?	(e) Original principal amount			(g) In default? Approv		ved by d or	ed by agreement?		
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For Paperwork Red	uction Act	Notice s	ee the Instru	ctions for F	orm 990 or 990-	7 C	at. No. 50056A		C _C I	adula '	/Ear	000	000	F71 202

(a) Name of Interested person	between interested person and the organization	transaction	(d) Description of transaction	of organization's revenues?	
				Yes	No
(1) DIRECT RESPONSE CONSULTING SERVICES	35% CONTROLLED ENTITY OF THE FOUNDERS OF AICR	416,851	FUNDRAISING CONSULTANT		No

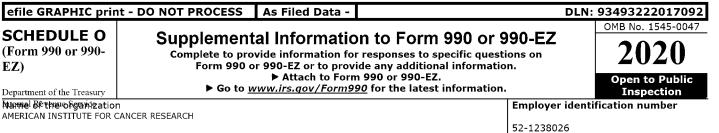
Explanation

Schedule L (Form 990 or 990-EZ) 2020

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

Part V **Supplemental Information**

Return Reference



Return Reference	Explanation
FORM 990, PART III, LINE 4A, CONTINUED.	AICR'S VICE PRESIDENT OF RESEARCH, NIGEL BROCKTON, DID A RADIO MEDIA TOUR ABOUT THE CAMPAI GN ON FEBRUARY 3, RESULTING IN 7 INTERVIEWS, 1,778 TOTAL AIRINGS AND OVER 11.3 MILLION IN TOTAL LISTENERSHIP. THE INTERVIEWS AIRED NATIONALLY ON NBC NEWS RADIO AND ON STATEWID NET WORKS IN GEORGIA, NORTH CAROLINA, SOUTH CAROLINA, TEXAS AND VIRGINIA. IN FEBRUARY 2021, AI CR'S WEBSITE HAD OVER 135,371 USERS, 605 PEOPLE TOOK THE CANCER HEALTH CHECK AND AICR ACQU IRED OVER 4,000 NEW EMAIL ADDRESSES. TO HELP PROMOTE THE CAMPAIGN TO A WIDER AUDIENCE, AIC R SECURED 54 EDUCATIONAL PARTNERS (ORGANIZATIONS IN THE CANCER, HEALTH AND WELLNESS SPACE) WHO JOINED US BY SIGNING A PLEDGE IN SUPPORT OF CANCER PREVENTION MONTH AND SHARED OUR SO CIAL MEDIA MESSAGES. OUR PARTNERS SHARED OVER 300 SOCIAL MEDIA MESSAGES THAT MENTIONED AICR AND WERE RELATED TO OUR CANCER PREVENTION MONTH CAMPAIGN. AICR ALSO PARTNERED WITH GIANT FOOD TO INCREASE OUR BRAND AWARENESS AMONG A NEW AUDIENCE. DURING FEBRUARY, ALL GIANT GROCERY STORE LOCATIONS AIRED A 30-SECOND RADIO SPOT (4X/HOUR, EVERY DAY) PROMOTING AICR AND OUR CANCER PREVENTION MONTH CAMPAIGN. IN ADDITION, GIANT HOSTED A COOKING CLASS IN THEIR H EALTHY LIVING FACEBOOK GROUP CENTERED AROUND AICR'S CANCER PREVENTION RECOMMENDATIONS AND FEATURED BMAIL TO CLASS PARTICIPANTS PROMOTING AICR'S CANCER HEALTH CHECK AND HEALTHY10 C HALLENGE. AT THE END OF FEBRUARY 2021, AICR'S SOCIAL MEDIA PLATFORMS GAINED 1,105 NEW FOUL OWERS, EARNED OVER 190,855 IMPRESSIONS AND RECEIVED OVER 18,291 ENGAGEMENTS. HEALTHY10 CHA LLENGE AICR'S EVIDENCE-BASED MATERIALS HELP PEOPLE LEARN ABOUT WHAT THEY CAN DO TO PROTECT THEMSELVES FROM CANCER, BUT WE ALSO SUPPLY THEM WITH TOOLS THAT THEY KIND OF REAL, LASTING BEHAVIOR CHANGE THAT LEADS TO LOWER RISK. THE HEALTHY10 CHA LLENGE IS A 10-WEEK, F REE, INTERACTIVE, ONLINE PROGRAM TO HELP USERS IMPROVE THEIR DIET, NUTRITION, PHYSICAL ACT IVITY AND WEIGHT FOR LOWER CANCER RISK AND BETTER OVERALL HEALTH. IT IS BASED ON AICR'S EVIDENCE-BASED CANCER PREVENTION RECOMMENDATIONS AND IS INTENDED

Return	Explanation
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FORM 990, PART III, LINE 4A, CONTINUED.	BASED 10 CANCER PREVENTION RECOMMENDATIONS, AFTER USERS ANSWER A BRIEF SERIES OF QUESTIONS, THEY IMMEDIATELY RECEIVE A SUMMARY OF RESULTS THAT SHOW AREAS WHERE THEY ARE DOING WELL AND WHERE THERE ARE AREAS FOR IMPROVEMENT. THIS IS AN APPROACHABLE TOOL THAT IS USED BY BO TH THE GENERAL PUBLIC AND BY HEALTH-CARE PROVIDERS. THIS INNOVATIVE TOOL LAUNCHED IN FEBRU ARY 2020 WAS AWARDED GOLD/FIRST PLACE IN THE DIGITAL HEALTH RESOURCES/TOOL CATEGORY IN THE 2020 FALL DIGITAL HEALTH AWARDS. THERE WAS A TOTAL OF 15,918 USERS/IE-MAILS COLLECTED IN F Y2021. LIVING WITH CANCER AND BEYOND: CANCERRESOURCE PROGRAM AICR OFFERS A FREE BOOKLET OF ADVICE FOR NEWLY DIAGNOSED CANCER PATIENTS AND THEIR LOVED ONES. DEVELOPED WITH A TEAM OF PHYSICIANS, NURSES, DIEITIIANS, PSYCHOLOGISTS AND CANCER PATIENTS, CANCERRESOURCE LAYS OUT INFORMATION PATIENTS NEED, INCLUDING QUESTIONS TO ASK YOUR DOCTOR, TREATMENT OPTIONS, WHERE TO FIND HELP, NUTRITION DURING TREATMENT AND MUCH MORE, AICR STAFF CAN CREATE CUSTOMIZED PACKETS FOR ANY CANCER BY INCLUDING SPECIFIC, DETAILED AND UP-TO-DATE PRINTOUTS ABOUT THE RELEVANT CANCER. REQUESTS FOR EACH PACKET ARE FILLED IMMEDIATELY TO GET THIS VITAL INFO RMATION TO THOSE WHO NEED IT AS QUICKLY AS POSSIBLE. IN JULY 2021, THE CANCER RESOURCE PUB LICATION WAS TRANSLATED INTO SPANISH AND INCREASED ACCESS TO THIS INFORMATION EVEN FURTHER AS A FREE DOWNLOADABLE ON AICR'S ONLINE STORE. IN FY21 THERE WERE A TOTAL OF 33 DOWNLOADS OF CANCERRESOUCE IN SPANISH, 213 DOWNLOADS IN ENGLISH AND 198 CANCERRESOURCE BOOKS WERE S OLD IN FY21. AICR'S HEALTH PROFESSIONAL AND EDUCATOR COMMUNITY AICR'S HP COMMUNITY PROVIDES AN ONLINE DESTINATION FOR HEALTH PROFESSIONALS, FEATURING A WEALTH OF INTERACTIVE TOOLS, CONTINUING EDUCATION OPPORTUNITIES AND PRACTICAL EVIDENCE-BASED RESOURCES FOR PATIENTS AND OLIENTS. IN FY21, AICR SENT MONTHLY RESEARCH AND PRACTICAL EVIDENCE-BASED RESOURCES FOR PATIENTS AND DELICATIONS FOR HEALTH PROFESSIONALS, RESEARCHERS, WELLNESS PROFESSI ONALS AND OTHERS. SO MEMBERS COULD CONNECT WITH AICRADA WITH PROFES

Return Reference	Explanation
FORM 990, PART III, LINE 4A, CONTINUED.	OF AICR'S CANCERRESOURCE IN ITS FREE BAGS FOR CANCER PATIENTS. IN NOVEMBER FY21, AICR PART ICIPATED IN THE INTERNATIONAL WHOLE GRAINS COUNCIL WEBINAR AS A PANEL MEMBER DISCUSSING OU R WHOLE GRAIN RESEARCH. THERE WAS A TOTAL OF 623 REGISTRANTS FROM 70 COUNTRIES AND A TOTAL OF 330 LIVE PARTICIPANTS. PROGRAMS FOR CANCER SURVIVORS THE OVERALL AGING OF THE UNITED S TATES POPULATION AND CHANGING PREVALENCE OF RISK FACTORS, INCLUDING OBESITY, HAVE INCREASE D THE INCIDENCE OF MANY TYPES OF CANCER WHILE ADVANCES IN THE EARLY DETECTION AND TREATMEN T OF CANCER HAVE LED TO REDUCED CANCER MORTALITY. THESE FACTORS HAVE COMBINED TO DRAMATICA LLY INCREASE THE NUMBER OF CANCER SURVIVORS. NEARLY 17 MILLION PEOPLE IN THE US WERE LIVIN G WITH A HISTORY OF A CANCER DIAGNOSIS AS OF JANUARY 2019. THIS NUMBER IS PROJECTED TO GROW TO MORE THAN 22 MILLION BY 2030 AND TO MORE THAN 26 MILLION BY 2040. DURING FY21, AICR P ROACTIVELY FUNDED RESEARCH, DEVELOPED EVIDENCE-BASED INFORMATION AND CONTRIBUTED TOOLS, RE SOURCES AND PROGRAMS THAT ARE ATTUNED TO THIS GROWING POPULATION. COPING WITH CANCER IN THE KITCHEN DESIGNED FOR CANCER SURVIVORS, COPING WITH CANCER IN THE KITCHEN (CCK) IS A UNIQ UE, EVIDENCE-BASED, INTERACTIVE, MULTI-DISCIPLINARY, EIGHTWEEK INTERVENTION WITH THE EVEN TUAL OPTION OF VIRTUAL OR IN-PERSON DELIVERY. IT IS BASED ON AICR'S CANCER PREVENTION RECO MMENDATIONS AND WILL BE PACKAGED AS A TURNKEY PROGRAM SPECIFICALLY FOR COMMUNITIES. USING AICR'S EVIDENCE-BASED INTERVENTION CURRICULUM, CCK IS DESIGNED TO BE JOINTLY DELIVERED BY A LOCAL REGISTERED DIETITIAN AND A LOCAL MENTAL HEALTH PROFESSIONAL. EACH OF ITS EIGHT 90-MINUTE SESSIONS PROVIDES CANCER SURVIVORS WITH KNOWLEDGE, SKILLS AND SUPPORT TO REDUCE THE IR RISK OF A RECURRENCE AND SECONDARY CANCER AND TO IMPROVE THEIR OVERALL HEALTH. CCK IS THE ANSWER TO MANY CANCER SURVIVORS' QUESTIONS ABOUT WHAT TO DO ABOUT THE "CLIFF" THEY FACE POSTTREATMENT. THE INTERVENTION WILL ALSO BE THE ANSWER TO MANY HEALTH PROFESSIONALS WHO HAVE LAMENTED THE LACK OF A GOLD-STANDARD, MULTI-DISCI

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	IN OCTOBER 2021, A SPECIAL CANCER-FOCUSED ISSUE OF THE JOURNAL NUTRIENTS PUBLISHED AICR'S CCK MANUSCRIPT TITLED A RANDOMIZED CONTROLLED TRIAL TESTING THE EFFECTIVENESS OF COPING WIT HCANCER IN THE KITCHEN, A NUTRITION EDUCATION PROGRAM FOR CANCER SURVIVORS. DURING FY21, THE FULL ARTICLE AND ITS ACCOMPANYING ABSTRACT WERE ACCESSED NEARLY 3,000 TIMES, AND MORE THAN 150 HEALTH PROFESSIONALS INQUIRED DIRECTLY WITH AICR ABOUT BRINGING CCK TO THEIR COM MUNITIES AND PATIENTS WHEN THE PROGRAM IS READY. TOLL-FREE PHONE SERVICES VIA AICR'S TOLL-FREE NUMBER, 1-800-843-8114, MEMBERS OF THE PUBLIC CAN ORDER BROCHURES AND HEALTH AIDS, RE QUEST A COPY OF CANCERRESOURCE FOR CANCER PATIENTS, GET ADVICE FROM A REGISTERED DIETITIAN (VIA AICR'S "NUTRITION HOTLINE") AND MUCH MORE. THE NEW AMERICAN PLATE COOKBOOK TO PLACE AICR'S MESSAGE ABOUT LOWERING CANCER RISK IN A COMPREHENSIVE AND HANDSOMELY PRODUCED FORMA T, AICR'S NEW AMERICAN PLATE COOKBOOK (PUBLISHED SY THE UNIVERSITY OF CALIFORNIA PRESS) IS AVAILABLE IN BOOKSTORES. ALMOST 35,000 COPIES HAVE BEEN SOLD, AND ALL ROYALTIES SUPPORT A ICR CANCER RESEARCH. HEALTHY KIDS TODAY, PREVENT CANCER TOMORROW AICR ALSO PARTNERS WITH S UPERKIDS NUTRITION, A PROVIDER OF RELIABLE NUTRITION INFORMATION AND TOOLS WHOSE MATERIALS ARE USED BY OVER 5,000 SCHOOLS IN 40 STATES, IN AN EDUCATION PROGRAM AIMED AT KIDS, PAREN TS AND TEACHERS. THE AICR HEALTHY KIDS TODAY WEB PAGES HITP:////////////////////////////////////

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	CHEN (CCK) RESEARCH AND PROGRAM PREPARATIONA CCK RESEARCH ABSTRACT WAS PUBLISHED IN THE SOCIETY OF BEHAVIORAL MEDICINE'S ANNALS OF BEHAVIORAL MEDICINE ABSTRACT SUPPLEMENTPERS ONALIZED NUTRITION INNOVATION SUMMIT -ATTENDED. EXTERNAL RELATIONS IN FY21, AICR SUILT DEE PER RELATIONSHIPS WITH KEY NATIONAL, REGIONAL AND LOCAL STAKEHOLDER ORGANIZATIONS TO LEVER AGE THESE PARTNERSHIPS AND ENSURE OUR EVIDENCE-BASED MESSAGES AND EDUCATIONAL RESOURCES ARE UNDERSTOOD AND UTILIZED. AICR PROACTIVELY JOINED ADDITIONAL ORGANIZATIONS' COMMITTEES AN D SERVED ON ADVISORY PANELS, WORK GROUPS AND EXPERT FORUMS TO BUILD VISIBILITY AND AWARENE SS OF OUR MISSION. IN FY21, AICR SUCCESSFULLY SOLICITED AND SECURED INVITATIONS FROM TARGE T ORGANIZATIONS TO FEATURE AICR'S EXPERTS AND RESOURCES. THIS WORK INCREASED AICR'S REACH INTO NEW AND EXISTING AUDIENCES AND ENHANCED THE AWARENESS OF AICR'S WORK IMCREASED AICR'S REACH INTO NEW AND EXISTING AUDIENCES AND ENHANCED THE GENERAL PUBLIC. SOME EXAMPLES OF THIS WOR KIN FY21 INCLUDED: AICR'S VICE PRESIDENT OF RESEARCH AND AICR'S DIRECTOR OF NUTRITION P ROGRAMS WERE THE FEATURED SPEAKERS ON A HEALTHY SURVIVORSHIP-FOCUSED WEBINAR HOSTED BY THE LOS ANGELES, CALIFORNIA CHAPFER OF THE NATIONAL ORGANIZATION CANCER SUPPORT COMMUNITY. DE SPITE THE WEBINAR'S PLANNED LOCAL AND CANCER SURVIVORSHIP ANGLES, IT GENERATED HUNDREDS OF REGISTRANTS FROM ACROSS 27 STATES AND 16 COUNTRIES AND 16C COUNTRIES AND 16C WEBBINAR HOSTED BY THE LOS ANGELES. CALIFORNIA CHAPFER OF THE NATIONAL ACADEMY OF MEDICINE TO RECOMMEND CRITER IA FOR CONTENT STREAMERS TO USE WHEN DEFINING AUTHORISES OF INFORMATION ONLINE, INCLUDING FROM AICR. HAVING THE RIGHT CRITERIA TO JUDGE ONLINE SOURCES OF HEALTH INFORMATION ONLINE, INCLUDING FROM AICR. HAVING THE RIGHT CRITERIA TO JUDGE ONLINE SOURCES OF INFORMATION ONLINE, THE PUBLIC ACCESS ACCURATE INFORMATION ONLINE. -AICR'S SERSIORN UNTRITION ADVISOR AUTHORED THE CANCER PREVENTION AND SURVIVORSHIP CHAPTER FOR A NEW MEDICINE TO THE WORK OF WHICH IS COMPRESSED OF ONCOLOGY TEAM MEMBERS F

Return Reference	Explanation
FORM 990, PART III, LINE 4A	THEN THE CASE FOR INSURANCE COVERAGE OF MEDICALLY TAILORED FOODS FOR CANCER PATIENTSJOI NED CANCER SUPPORT COMMUNITY'S COVID-19 AND CANCER COALITIONJOINED THE AMERICAN COLLEGE OF LIFESTYLE MEDICINE'S BREAST CANCER PREVENTION AND SURVIVORSHIP SUBCOMMITTEEJOINED T HE COALITION AGAINST CHILDHOOD CANCER MEDIA PROGRAMS AND PRESS RELEASES IN FY21, AICR DIST RIBUTED 5 PRESS RELEASES TO ITS MEDIA CONTACTS AND CONDUCTED 2 RADIO MEDIA TOURS RELATED T O NEW RESEARCH, HOT TOPICS IN THE NEWS, COVID-19 AND THE DIETARY GUIDELINES ADVISORY COMMITTEE REPORT. OUR PRESS RELEASES, IN CONJUNCTION WITH NUMEROUS MEDIA REQUESTS, EARNED AICR OVER 2,424 MEDIA HITS AND REACHED OVER 3.82 BILLION. WE HAVE A MONTHLY ARTICLE PUBLISHED IN CANCER HEALTH, A WEBSITE FOR CANCER PATIENTS AND SURVIVORS. OUR RADIO MEDIA TOURS EARNED 15.7 MILLION IN TOTAL LISTENERSHIP. CANCER HEALTH CHECK RECEIVED THE GOLD DIGITAL HEALTH AWARD AND WAS HONORED AS ONE OF THE WORLD'S BEST DIGITAL HEALTH RESOURCES. AICR'S RESEARCH WAS COVERED IN A RANGE OF ONLINE MEDIA OUTLETS AND SEVERAL TV AND RADIO STATIONS. LEADING MEDIA OUTLETS INCLUDED: FORBES, CNN, CBS, ABC, NBC, ASSOCIATED PRESS, THE WASHINGTON POST, NEW YORK TIMES, WALL STREET JOURNAL, NBC TODAY, USA TODAY, BUSINESS INSIDER, VERYWELL HE ALTH, BUZZFEED, THE HILL, MEDSCAPE, WEBMD, NEWSMAX HEALTH, HEALTH DAY, HEALTHLINE, CANCER HEALTH, MEDIUM, MSN HEALTH, YAHOO NEWS, EVERYDAY HEALTH AND READER'S DIGEST.

990	Schedule	O, Supp	lemental	Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B, CONTINUED.	SCIENTIFIC PRESENTATIONS AIGR EVENTS LIFESTYLE & CANCER SYMPOSIUM: EVIDENCE MATTERS IN JAN UARY 2021, AIGR HOSTED ITS SECOND ONE-DAY LIFESTYLE & CANCER SYMPOSIUM: EVIDENCE MATTERS WITH THE OVERALL GOAL OF REACHING NEW AUDIENCES AND ENSURE THAT AIGR IS RECOGNIZED AS THE LEADING AUTHORITY ON THE ROLE OF DIET, WEIGHT AND PHYSICAL ACTIVITY ON CANCER PREVENTION AND SURVIVAL. THIS SYMPOSIUM, CHAIRED BY DR. KATHRYN SCHMITZ PHD, MPH AND DR. ERIK NELSON, P HD PROVIDED AN OVERVIEW OF THE CURRENT ISSUES AND APPROACHES IN THE ASSESSMENT OF THE STRE NGTH OF EVIDENCE IN LIFESTYLE-RELATED RESEARCH, HOW CANCER RESEARCH ON DIETARY PATTERNS AL IGNS WITH THE DIETARY GUIDELINES FOR AMERICANS AND HOW PHYSICAL ACTIVITY GUIDELINES CAN BE IMPLEMENTED ACROSS THE CANCER CONTROL CONTINUUM. INTERNATIONALLY ACCLAIMED SPEAKERS HIGHL IGHTED HOW AICR'S CANCER PREVENTION RECOMMENDATIONS ARE USED AS BENCHMARKS TO ASSESS THE IMPACT OF POLICY ON LIFESTYLE CHANGES AND PROVIDE HEALTH-CARE PROFESSIONALS WITH PRACTICAL TIPS TO HELP THEIR PATIENTS MAKE EFFECTIVE LIFESTYLE CHANGES. SPEAKERS AND TOPICS -KOSTAS TSILIDIS, PHD AICR/WCRF CUP PROCESS—MELISSA HUDSON, MD THE INTERNATIONAL GUIDELINE HARMON IZATION GROUP PROCESS -EDWARD GIOVANNUCCI, MD, SCD CHALLENGES AND OPPORTUNITIES FOR DIETARY PATTERNS IN CANCER RESEARCH -JULIE OBBAGY, PHD, RD THE 2020-2025 DIETARY GUIDELINES FOR AMERICANS—MELISSA MATIN-SHEPARD, MPP MAKING THE DIETARY GUIDELINES CONTROLE PREVENTION AND SURVIVORSHIP PRAJAKTA ADSUL, MBBS, PHD, MPH; KAREN BASEN-ENGQUIST, PHD, MPH; LAURA ROGERS, MD, MPH; KATHRYN SCHMITZ, PHD, MPH EVIDENCE AND IMPLEMENTATION OF PHYSICAL ACTIVITY GUIDELINES IN CANCER CONTROL ADS SURVIVORSHIP THE SYMPOSIUM ATTRACTED A NEW AUDIENC E TO AICR, AND WAS MADE UP OF 39% RESEARCHERS, 34% REGISTERED DIETITIANS, 14% CLINICAL PRO FESSIONALS AND 13% OTHER. EXTERNAL EVENTS THE ONGOING COVID-19 PANDEMIC PREVENTED MANY OPP ORTUNITIES FOR IN-PERSON PARTICIPATION THROUGHOUT FY21, BUT AICR FEBRUARY 9, 2021. A PRESENTATION TO INTRODUCE THE AMERICAN INSTITUTE FOR CANCER RESEARCHES, 34

Return Reference	Explanation
FORM 990, PART III, LINE 4B, CONTINUED.	OM THE AMERICAN COLLEGE OF LIFESTYLE MEDICINEORMAN A, JOHNSON DL, COMANDER A, BROCKTON NT, KOIPALLIL GK. A LIFESTYLE MEDICINE APPROACH TO BREAST CANCER IN TOLLEFSON, ERIKSEN, PATHA K (EDS.) "IMPROVING WOMEN'S HEALTH ACROSS THE LIFESPAN," LIFESTYLE MEDICINE SERIES, TAYLOR & FRANCIS 2021; (1ST ED.). CRC PRESS. ORMAN A, KOIPALLIL GK, REDDY M, BROCKTON, N, FARIS M, TOLLEFSON M. "LIFESTYLE MEDICINE IN FEMALE CANCER SURVIVORSHIP". IN TOLLEFSON, ERIKSEN, PATHAK (EDS.) "IMPROVING WOMEN'S HEALTH ACROSS THE LIFESPAN," LIFESTYLE MEDICINE SERIES, TAYLOR & FRANCIS 2021; (1ST ED.). CRC PRESS. PUBLIC POLICY AICR ENGAGED IN FEDERAL LEGISLA TION AND REGULATIONS TO IMPROVE OUTCOMES FOR CANCER SURVIVORS. AICR TARGETED POLICY AREAS THAT PROVIDE FUNDING FOR CANCER RESEARCH AND CHANGE POLICIES, AS WELL AS ACCESS TO INFORMATION AND INTERVENTIONS, AICRS FEDERAL DILCY PRIORITIES INCLUDE: 1) NUTRITION AND ALCOHOL LABELS PROMOTE INFORMED CHOICES; 2) FEDERAL DIETARY GUIDELINES ALIGN WITH CANCER PREVENTI ON RESEARCH; 3) FEDERAL GUIDELINES AND POLICIES PROMOTE PHYSICAL ACTIVITY; 4) AN INCREASE IN FEDERAL FUNDING FOR CANCER RESEARCH AT THE NATIONAL INSTITUTES OF HEALTH AND NATIONAL C ANCER INSTITUTE; AND 5) ACCESS TO DIET, PHYSICAL ACTIVITY AND WEIGHT LOSS INTERVENTIONS FO R PEOPLE WITH CANCER, AICR WORKED TO ADVANCE THESE PRIORITIES THROUGH COLLABORATION WITH O THER PUBLIC HEALTH STAKEHOLDERS THROUGH FORMAL COALITIONS (SUCH AS THE PHYSICAL ACTIVITY A LLIANCE, ONE VOICE AGAINST CANCER AND AD HOC COALITION FOR MEDICAL RESEARCH) AND INFORMAL WORKGROUPS. ACTIVITIES INCLUDED OUTREACH TO REGULATORS, ADMINISTRATION OFFICIALS AND CONGRESSIONAL OFFICES THROUGH RESPONSE TO PUBLIC COMMENT OPPORTUNITIES; EMAILS, PHONE CALLS AND VIRTUAL MEETINGS; AND ENGAGEMENT THROUGH TRADITIONAL AND SOCIAL MEDIA. FOR EXAMPLE, IN FY 21, AICR PARTICIPATED IN THREE LOBBY DAY'S FOCUSED ON INCREASING FUNDING FOR CANCER OR BIOM EDICAL RESEARCH, AICR SENT COMMENT LETTERS TO AND PARTICIPATED IN PUBLIC MEETINGS WITH FED ERAL AGENCIES AND A FEDERAL ADVISORY COMMITTEE TO INFORM

Datum

Reference	Explanation
PART VI, SECTION B,	THE 990 FORM IS PREPARED AND REVIEWED IN DETAIL BY KEY STAFF IN THE AICR ACCOUNTING DEPARTMENT. THE 990 FORM IS THEN REVIEWED BY AICR EXECUTIVE MANAGEMENT, RSM TAX AND THE LAW FIRM STEPTOE & JOHNSON. RSM TAX 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.

Funlamation

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE INSTITUTE'S BOARD OF DIRECTORS HAS A CONFLICT OF INTEREST POLICY IN EFFECT. A COPY OF THE POLICY IS PROVIDED TO EACH DIRECTOR, OFFICER AND STAFF MEMBER OF AICR WHO IS PRESENTLY SERVING IN A CAPACITY WHERE A CONFLICT OF INTEREST COULD ARISE. THE POLICY IS REVIEWED ANNUALLY. IF THE BOARD DETERMINES THAT CHANGES DO NOT NEED TO BE MADE, THE POLICY IS REAFFIRMED. NEW DIRECTORS, OFFICERS, AND STAFF MEMBERS ARE ADVISED OF THE POLICY IN EFFECT UPON TAKING OFFICE OR UPON THE START OF EMPLOYMENT, AS THE CASE MAY BE. SINCE FISCAL YEAR 2010, DIRECTORS, OFFICERS, EXECUTIVES, AND SENIOR LEVEL MANAGEMENT STAFF HAVE BEEN REQUIRED TO SIGN A "DECLARATION OF LACK OF CONFLICT OF INTEREST." THE POLICY PROVIDES THAT IN THE EVENT OF A CONFLICT OF INTEREST RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD, THE PERSON SHALL CALL IT TO THE ATTENTION OF THE BOARD (OR COMMITTEE OF THE BOARD, AS THE CASE MAY BE), AND SUCH PERSON SHALL NOT VOTE ON THE MATTER. THE PERSON HAVING A CONFLICT OF INTEREST SHALL PROVIDE THE BOARD (OR COMMITTEE OF THE BOARD, AS THE CASE MAY BE), WITH ANY AND ALL RELEVANT INFORMATION, AND SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD (OR COMMITTEE OF THE BOARD, AS THE CASE MAY BE) IS MEETING CONCERNING SUCH MATTER, AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. THE MINUTES OF THE MEETING OF THE BOARD (OR COMMITTEE OF THE BOARD, AS THE CASE MAY BE) SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED PERSON WAS NOT PRESENT DURING THE FINAL DISCUSSION OF SUCH MATTER OR VOTE AND DID NOT VOTE ON SUCH MATTER. WHEN THERE IS A DOUBT AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER SHALL BE RESOLVED BY VOTE OF THE BOARD OF DIRECTORS (OR COMMITTEE OF THE BOARD, AS THE CASE MAY BE), EXCLUDING THE INTERESTED PERSON.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE, THROUGH A RESOLUTION OF THE AICR BOARD OF DIRECTORS, IS RESPONSIBLE FOR SETTING THE COMPENSATION OF THE PRINCIPLE OFFICERS. THIS COMMITTEE CONDUCTS AN ANNUAL REVIEW OF PERFORMANCE AT THE END OF EACH CALENDAR YEAR AGAINST THE GOALS AND OBJECTIVES ESTABLISHED IN THE YEARLY BUDGETS, THE YEARLY OPERATION PLAN AND THE LONG-TERM STRATEGIC PLANS. INFORMATION UTILIZED IN DETERMINING COMPENSATION ADJUSTMENTS FOR THIS REPORTING PERIOD 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 STUDIES AND OTHER INDUSTRY INFORMATION, COMPENSATION IS DETERMINED AND AWARDED. INCREASES ARE CONSISTENT WITH COMPENSATION PAID BY ORGANIZATIONS SIMILAR TO AICR HAVING COMPARABLE RESPONSIBILITY AND DUTIES. 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. PRINCIPAL OFFICER OR SENIOR MANAGEMENT RECEIVED A 3% SALARY INCREASE IN FY2021.

Return Explanation

FORM 990,	ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST FOR
PART VI,	THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).
SECTION C,	
LINE 19	

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990, PART XI,	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT LIABILITY 349,503. NET GAIN ON INTEREST IN PERPETUAL TRUST 35,849. CURRENCY LOSS -66,349. REFUND OF PRIOR YEAR GRANTS
LINE 9:	

Explanation

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990, PART XII,	THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.
LINE 2C:	

Explanation

SCHEDULE R
(Form 990)

Related

Complete if the ora

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

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.
 ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

2020

DLN: 93493222017092OMB No. 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2020

lame of the organization MERICAN INSTITUTE FOR CANCER RESEARCH								yer identif	ication	number		
Part I Identification of Disregarded Entities. Complete	te if the organi	zation answe	ered "Yes	s" on Form	990 Part	TV line 3	52-123 3	88026				
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) (c) (d) (e				(e) End-of-year a	ssets	(f) controlling entity				
Part II Identification of Related Tax-Exempt Organiza related tax-exempt organizations during the tax year		te if the orga	nization	answered	"Yes" on I	orm 990,	Part IV,	line 34 b	ecause	it had one or	more	
(a) Name, address, and EIN of related organization		(b) ry activity	Legal dor	(c) nicile (state In country)	(d Exempt Co	(d) empt Code section		arity status D		(f) Direct controlling entity		512(b) ntrolled ity?
(1)WORLD CANCER RESEARCH FUND 140 PENTONVILLE RD LONDON N1 9FW JK	AFFILIATED	CHARITY		UK					AICR		Yes	No
(2)WORLD CANCER RESEARCH FUND LIMITED HALDANES 7TH FLOOR DUDDELL STREET, CENTRAL HK	AFFILIATED	CHARITY		НК					AICR		Yes	
(3) WORLD CANCER RESEARCH FUND INTERNATIONAL 140 PENTONVILLE RD .ONDON N1 9FW JK	AFFILIATE			BE					AICR		Yes	
											_	

Cat. No. 50135Y

(3)PERPETUAL TRUST

ARLINGTON, VA 22209

1560 WILSON BOULEVARD SUITE 1000

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

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlli entity	ng income(re	lated, tot ed, from ler 512-	(f) Share of tal income		(h Dispropr allocat	tionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or aging	Perce	k) entage ership
									Yes	No		Yes	No		
Part IV Identification of Related Organization because it had one or more related or							tion ansv	wered "Yes	s" on F	orm 9	990, Part IV	, line	34		
(a) Name, address, and EIN of related organization	(b) Primary activity	L do (state	(c) egal micile or foreign intry)		(d) Direct controlling entity	(e) Type of (C corp, : or tru	f entity S S corp,	(f) Share of total income		(g) of end- year assets	of- Perce owne	ntage	(1		512(b) ntrolled
(1)WCRF (TRADING) LTD THE BROADGATE TOWER THIRD FLOOR PRIMROSE STREET, LONDON EC2A 2RS UK	LIST RENTAL	I	JK		VORLD CANCER ESEARCH FUND	С								ies	No
(2)CHARITABLE REMAINDER TRUST 1560 WILSON BOULEVARD SUITE 1000 ARLINGTON, VA 22209	UNITRUST	(CA	N	/A	Т									No

PA

N/A

PERPETUAL TRUST

Scl	nedule R (Form 9	90) 20	20

No

No

No

No

No

No

No

No

No

No

No

Nο

No

No

Yes

1f

1g

1h

1j

1k

11

1m

1n

10

1p Yes

1q Yes

1r

1s

Schedule R (Form 990) 2020

Method of determining amount involved

Yes

Yes

Page 3

1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 1a Yes **1**b 1c 1d Loans or loan guarantees to or for related organization(s)

1e

Sale of assets to related organization(s) . . .

В

В

Q

(b)

Transaction type (a-s)

Amount involved

296,579

200,000

1,030,788

65,940

97.281

955,386

CASH

CASH

CASH

CASH

CASH

CASH

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.

Name of related organization

(1)WORLD CANCER RESEARCH FUND INTERNATIONAL

(3) WORLD CANCER RESEARCH FUND INTERNATIONAL

(4)WORLD CANCER RESEARCH FUND INTERNATIONAL

(5) WORLD CANCER RESEARCH FUND INTERNATIONAL

(6)WORLD CANCER RESEARCH FUND INTERNATIONAL

(2)WORLD CANCER RESEARCH FUND

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	10	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ľ	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		,	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
							-			Schedul	e R (Form	990	0) 2020

Schedule R (Form 990) 2020 Page 5 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. (see instructions). Return Reference Explanation SCHEDULE R, PART IV, COLUMN (C): A CHARITABLE REMAINDER TRUSTS IS DOMICILED IN CALIFORNIA.

Additional Data

Software ID: Software Version: EIN: 52-1238026

Name: AMERICAN INSTITUTE FOR CANCER RESEARCH

В

В

Ρ

Q

S

296,579

200,000

1,030,788

65,940

97,281

955,386

CASH

CASH

CASH

CASH

CASH

CASH

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a)	(b)	(c)	
Name of related organization	Transaction	Amount Involved	(d)
	type(a-s)		Method of determining amount involved

WORLD CANCER RESEARCH FUND INTERNATIONAL

WORLD CANCER RESEARCH FUND INTERNATIONAL

WORLD CANCER RESEARCH FUND INTERNATIONAL

WORLD CANCER RESEARCH FUND INTERNATIONAL

WORLD CANCER RESEARCH FUND INTERNATIONAL

WORLD CANCER RESEARCH FUND