

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016
Open to Public Inspection

A For the **2016** calendar year, or tax year beginning **OCT 1, 2016** and ending **SEP 30, 2017**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN INSTITUTE FOR CANCER RESEARCH		D Employer identification number 52-1238026
	Doing business as		E Telephone number (202) 328-7744
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1560 WILSON BLVD. Room/suite 1000		G Gross receipts \$ 16,835,489.
City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22209		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: MR. KELLY B. BROWNING SAME AS C ABOVE		H(b) Are all subordinates included? Yes No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
J Website: ▶		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1981	M State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: AICR EDUCATES THE PUBLIC ABOUT THE RELATIONSHIP OF NUTRITION, PHYSICAL ACTIVITY AND WEIGHT		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	58
	6 Total number of volunteers (estimate if necessary)	6	104904
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 13,027,341.	Current Year 14,514,448.
	9 Program service revenue (Part VIII, line 2g)	1,301,770.	1,268,622.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	372,512.	229,341.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	535,465.	282,064.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,237,088.	16,294,475.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	526,052.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,277,706.	3,621,435.
16a Professional fundraising fees (Part IX, column (A), line 11e)		562,943.	357,234.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,704,946.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,569,821.	9,447,201.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		15,936,522.	15,064,759.
19 Revenue less expenses. Subtract line 18 from line 12	-699,434.	1,229,716.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 12,312,823.	End of Year 14,855,031.
	21 Total liabilities (Part X, line 26)	4,868,226.	5,705,444.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,444,597.	9,149,587.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	MR. KELLY B. BROWNING, EXECUTIVE VP Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name YONG ZHANG, CPA	Preparer's signature <i>Yong Zhang</i>	Date 05/17/2018	Check if self-employed <input type="checkbox"/>	PTIN P01249785
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325		Phone no. 703-336-6400	
Firm's address ▶ 1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102					

May the IRS discuss this return with the preparer shown above? (see instructions) **Yes** **No**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: AICR EDUCATES THE PUBLIC ABOUT THE RELATIONSHIP OF NUTRITION, PHYSICAL ACTIVITY AND WEIGHT MANAGEMENT TO CANCER INTERPRETS THE SCIENTIFIC DATA AND FUNDS RESEARCH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 7,686,132. including grants of \$ 402,032.) (Revenue \$ 1,090,454.) SEE SCHEDULE O.

4b (Code:) (Expenses \$ 2,126,659. including grants of \$ 1,236,857.) (Revenue \$ 178,168.) SEE SCHEDULE O.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 9,812,791.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
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>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
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>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization; 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? 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CT, FL, GA, HI, IL, IN, KS, KY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] 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: MR. KELLY B. BROWNING - (202)328-7744 1560 WILSON BLVD., NO. 1000, ARLINGTON, VA 22209

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFFREY BUNN BOARD MEMBER	2.00	X					0.	0.	0.	
(2) MELVIN HUTSON BOARD CHAIR	2.00	X					0.	0.	0.	
(3) PETER MCCARTY BOARD MEMBER	2.00	X					0.	0.	0.	
(4) SUSAN PEPPER BOARD SECRETARY/TREASURER	2.00	X		X			0.	0.	0.	
(5) LAWERENCE PRATT BOARD VICE CHAIR	2.00	X					0.	0.	0.	
(6) MARILYN GENTRY PRESIDENT, WCRF INTERNATIONAL	3.00 15.00			X			0.	228,552.	40,777.	
(7) KELLY B. BROWNING EXECUTIVE VP	40.00			X			387,130.	15,765.	25,336.	
(8) MARY BETH HEALY SENIOR VP DEVELOPMENT	40.00				X		159,674.	0.	9,719.	
(9) DEIRDRE MCGINLEY-GIESER SENIOR VP PROGRAM	40.00				X		154,364.	0.	27,383.	
(10) STEPHENIE L. LOWE SENIOR VP FINANCE	40.00				X		151,758.	0.	19,222.	
(11) MICHAEL MCCARN CHIEF INFORMATION OFFICER	40.00				X		130,439.	0.	23,413.	
(12) PATRICIA M. BODENSTEDT VP FINANCE	40.00				X		119,999.	0.	14,244.	
(13) KATHRYN WARD FORMER SENIOR ADVISOR	40.00					X	138,359.	0.	50.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							1,241,723.	244,317.	160,144.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,241,723.	244,317.	160,144.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
INFOCISION MANAGEMENT CORPORATION 325 SPRINGSIDE DRIVE, AKRON, OH 44333	TM CONSULTANT	1,675,137.
THE DATA CENTER 11200 WAPLES MILL RD, FAIRFAX, VA 22030	DP CONSULTANT	523,595.
FISHER GROUP, 1250 NORTH CENTER POINT RD, HIAWATHA, IA 52233	MAILHOUSE CONSULTANT	437,113.
DIRECT RESPONSE CONSULTING 6849 OLD DOMINION DR, MCLEAN, VA 22101	FR CONSULTANT	396,238.
SOUTHWEST PUBLISHING 2600 NW TOPEKA BLVD, TOPEKA, KS 66617	MAILHOUSE CONSULTANT	350,569.

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 **9**

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	14,514,448.				
	g Noncash contributions included in lines 1a-1f: \$		22,276.				
	h Total. Add lines 1a-1f			14,514,448.			
Program Service Revenue	2 a SERVICE FEES	Business Code	900099	1,059,060.	1,059,060.		
	b RESEARCH CONFERENCE		900099	178,168.	178,168.		
	c BROCHURE SALES		900099	31,394.	31,394.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,268,622.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			118,561.			118,561.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			901.			901.
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)			110,780.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a MAILING LIST RENTAL		900099	277,389.			277,389.	
b OTHER INCOME		900099	3,774.			3,774.	
c							
d All other revenue							
e Total. Add lines 11a-11d			281,163.				
12 Total revenue. See instructions.			16,294,475.	1,268,622.	0.	511,405.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	989,214.	989,214.		
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	649,675.	649,675.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	392,319.	235,391.	98,080.	58,848.
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	2,507,080.	1,196,931.	931,762.	378,387.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	209,113.	100,916.	74,112.	34,085.
9 Other employee benefits	306,917.	162,505.	98,375.	46,037.
10 Payroll taxes	206,006.	103,333.	71,545.	31,128.
11 Fees for services (non-employees):				
a Management				
b Legal	77,593.	31,032.	37,320.	9,241.
c Accounting	117,349.	8,169.	106,868.	2,312.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	357,234.			357,234.
f Investment management fees	41,368.	21,925.	13,238.	6,205.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	854,420.	786,572.	67,848.	
12 Advertising and promotion	51,988.	25,142.	10,172.	16,674.
13 Office expenses	263,098.	153,275.	67,415.	42,408.
14 Information technology	341,037.	240,046.	48,147.	52,844.
15 Royalties				
16 Occupancy	781,135.	414,002.	249,963.	117,170.
17 Travel	195,943.	176,010.	10,225.	9,708.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	41,864.	40,279.	520.	1,065.
20 Interest	86,218.		86,218.	
21 Payments to affiliates	64,926.	64,926.		
22 Depreciation, depletion, and amortization	67,581.	35,818.	21,626.	10,137.
23 Insurance	26,221.	14,348.	8,084.	3,789.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a POSTAGE & DELIVERY	2,582,121.	1,765,045.	175,054.	642,022.
b PRINTING & PUBLICATION	1,548,521.	1,134,744.	103,240.	310,537.
c MAILHOUSE FEES	974,652.	650,289.	62,144.	262,219.
d DATA PROCESSING	874,379.	535,691.	128,162.	210,526.
e All other expenses	456,787.	277,513.	76,904.	102,370.
25 Total functional expenses. Add lines 1 through 24e	15,064,759.	9,812,791.	2,547,022.	2,704,946.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	5,462,489.	3,505,880.	319,099.	1,637,510.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	35,208.	1	24,997.
	2 Savings and temporary cash investments	3,491,416.	2	3,997,131.
	3 Pledges and grants receivable, net	933,689.	3	1,645,724.
	4 Accounts receivable, net	321,455.	4	442,327.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	691,037.	9	569,541.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,007,863.		
	b Less: accumulated depreciation	10b 164,963.	84,746.	10c 842,900.
	11 Investments - publicly traded securities	832,011.	11	944,904.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	5,181,291.	13	5,548,705.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	741,970.	15	838,802.
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,312,823.	16	14,855,031.	
Liabilities	17 Accounts payable and accrued expenses	870,972.	17	552,525.
	18 Grants payable	879,904.	18	1,209,296.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,117,350.	25	3,943,623.
	26 Total liabilities. Add lines 17 through 25	4,868,226.	26	5,705,444.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,670,329.	27	4,400,364.
	28 Temporarily restricted net assets	2,946,159.	28	3,902,616.
	29 Permanently restricted net assets	828,109.	29	846,607.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	7,444,597.	33	9,149,587.	
34 Total liabilities and net assets/fund balances	12,312,823.	34	14,855,031.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,294,475.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,064,759.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,229,716.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,444,597.
5	Net unrealized gains (losses) on investments	5	249,996.
6	Donated services and use of facilities	6	
7	Investment expenses	7	13,962.
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	211,316.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,149,587.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19,870,413.	20,718,885.	16,472,392.	13,027,341.	14,514,448.	84,603,479.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	19,870,413.	20,718,885.	16,472,392.	13,027,341.	14,514,448.	84,603,479.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						900,595.
6 Public support. Subtract line 5 from line 4.						83,702,884.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	19,870,413.	20,718,885.	16,472,392.	13,027,341.	14,514,448.	84,603,479.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	599,738.	614,032.	513,229.	452,040.	396,851.	2,575,890.
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.)	45,871.	114,919.	139,870.	27,435.	3,774.	331,869.
11 Total support. Add lines 7 through 10						87,511,238.
12 Gross receipts from related activities, etc. (see instructions)					12	5,099,288.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	95.65 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	96.68 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 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? <i>If "Yes," provide detail in Part VI.</i>		
7 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 substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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.

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

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

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

Schedule A (Form 990 or 990-EZ) 2016

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

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2012 AMOUNT: \$ 45,871.

2013 AMOUNT: \$ 114,919.

2014 AMOUNT: \$ 139,870.

2015 AMOUNT: \$ 27,435.

2016 AMOUNT: \$ 3,774.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number

52-1238026

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ... \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 1,503,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,248,079.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 598,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,275,896.	1,270,102.	1,379,345.	1,380,036.	1,326,269.
b Contributions	123,928.	14,533.	17,022.	11,979.	16,164.
c Net investment earnings, gains, and losses	142,984.	100,229.	-14,069.	107,487.	160,204.
d Grants or scholarships		108,968.	112,196.	120,157.	122,601.
e Other expenditures for facilities and programs	109,317.				
f Administrative expenses					
g End of year balance	1,433,491.	1,275,896.	1,270,102.	1,379,345.	1,380,036.

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

- a Board designated or quasi-endowment 1.57 %
- b Permanent endowment 32.81 %
- c Temporarily restricted endowment 65.62 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	5,900.			5,900.
b Buildings				
c Leasehold improvements		513,031.	20,859.	492,172.
d Equipment		488,932.	144,104.	344,828.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				842,900.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (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, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) CHARITABLE GIFT ANNUITIES	1,950,470.	END-OF-YEAR MARKET VALUE
(2) CHARITABLE REMAINDER UNITRUSTS	2,088,778.	END-OF-YEAR MARKET VALUE
(3) CANCER RESEARCH FUND	1,509,457.	END-OF-YEAR MARKET VALUE
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	5,548,705.	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INT. IN PERPETUAL TRUST	376,313.
(2) DUE FROM AFFILIATES	462,489.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	838,802.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED BENEFIT COST	965,398.
(3) DUE TO AFFILIATES	184,296.
(4) DEFERRED RENT	793,130.
(5) LIABILITY CHARITABLE GIFT ANNUITIES	1,093,026.
(6) LIABILITY CHARITABLE REMAINDER	907,773.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,943,623.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	16,751,408.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	249,996.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	206,937.
e	Add lines 2a through 2d	2e	456,933.
3	Subtract line 2e from line 1	3	16,294,475.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	16,294,475.

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.

1	Total expenses and losses per audited financial statements	1	15,046,418.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	15,046,418.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,962.
b	Other (Describe in Part XIII.)	4b	4,379.
c	Add lines 4a and 4b	4c	18,341.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	15,064,759.

Part XIII Supplemental Information.

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

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 THEIR FUND, (I.E., CANCER RESEARCH, EDUCATION OR GENERAL OPERATING).

PART X, LINE 2:

THE INSTITUTE IS RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ON INCOME OTHER THAN UNRELATED BUSINESS INCOME. NO PROVISION FOR INCOME TAXES IS REQUIRED AS OF SEPTEMBER 30, 2017 AND 2016, SINCE THE INSTITUTE HAD NO UNRELATED BUSINESS INCOME. THE INSTITUTE HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE

Part XIII Supplemental Information (continued)

AS A PUBLICLY SUPPORTED ORGANIZATION AND IS THEREFORE NOT A PRIVATE

FOUNDATION. MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITION AND HAS

DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE

RECOGNITION IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT LIABILITY 165,110.

PENSION RELATED CHANGES 41,827.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 206,937.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

REFUND OF PRIOR YEAR GRANTS 4,379.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	GRANTMAKING		485,031.
NORTH AMERICA - CANADA AND MEXICO	0	1	GRANTMAKING		164,644.
3 a Sub-total	0	2			649,675.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	2			649,675.

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	385,031.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO	RESEARCH	164,644.	CASH/CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CONTINUOUS UPDATE PROJECT	100,000.	WIRE	0.		

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

3 Enter total number of other organizations or entities **0**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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; do not 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; do not file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

PROGRESS REPORT:

AT THE END OF THE FIRST YEAR OF ANY TWO-YEAR GRANT, THE PRINCIPAL

INVESTIGATOR MUST SUBMIT A PROGRESS REPORT, INCLUDING ABSTRACTS AND

PUBLICATIONS OF RESEARCH SUPPORTED IN WHOLE OR IN PART BY AICR. AT THE

DISCRETION OF AICR, FUNDS FOR THE SECOND YEAR OF THE GRANT MAY BE

WITHHELD BASED ON THE PROGRESS REPORT OR IF PROGRESS REPORTS ARE NOT

SUBMITTED.

FINAL SCIENTIFIC REPORT:

WITHIN THREE MONTHS OF THE COMPLETION OF THE GRANT PERIOD, AICR REQUIRES

A FINAL COMPREHENSIVE REPORT TO OUTLINE THE PROJECT'S ACCOMPLISHMENTS.

FAILURE TO SUBMIT A FINAL REPORT WILL RESULT IN AUTOMATIC

DISQUALIFICATION FROM SUBMITTING A GRANT APPLICATION TO AICR FOR TWO

YEARS.

FINAL FINANCIAL REPORT:

A FINAL REPORT OF EXPENDITURES MUST BE SUBMITTED WITHIN THREE MONTHS OF

THE TERMINATION OF THE GRANT, TOGETHER WITH THE REFUND OF ANY UNSPENT

FUNDS. UNSPENT FUNDS FROM AN EXISTING GRANT MAY ONLY BE CARRIED FORWARD

AS A NO-COST EXTENSION TO THE GRANT TERM WITH THE WRITTEN PERMISSION OF

AICR.

BEFORE GRANT RECOMMENDATIONS ARE PRESENTED TO THE BOARD OF DIRECTORS FOR

APPROVAL, ALL APPLICANTS ARE CHECKED AND CLEARED AGAINST THE FOLLOWING

TERRORIST WATCH LISTS: SPECIALLY DESIGNATED NATIONALS (SDN), STATE

DEPARTMENT TERRORIST EXCLUSIONS LIST, UNITED NATIONS CONSOLIDATED LIST

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.

WITH RESPECT TO AL-QAIDA, THE TALIBAN, AND OSAMA BIN LADEN, AND THE

EUROPEAN UNION TERRORIST LIST.

PART I, LINE 3:

GRANTMAKING EXPENDITURES ARE RECORDED ON THE ACCRUAL BASIS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **AMERICAN INSTITUTE FOR CANCER RESEARCH** Employer identification number **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.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 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 or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
DIRECT RESPONSE CONSULTING - 6849 OLD DOMINION DR.,	DIRECT MAIL		X	5,189,954.	430,552.	4,759,402.
INFOCISION MANAGEMENT CORP - 325 SPRINGSIDE DR., AKRON, OH	PHONE		X	1,464,383.	550,446.	913,937.
THOMPSON, HABIB, DENNISON - 80 HAYDEN AVE., LEXINGTON, MA	EMAIL		X	30,457.	110,000.	-79,543.
MDS - 545 W JUANITA AVE., MESA, AZ 85210	PHONE		X	3,836.	6,160.	-2,324.
Total				6,688,630.	1,097,158.	5,591,472.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AZ, AR, CA, CO, CT, DE, 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

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

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

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

- 16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:

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

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: DIRECT RESPONSE CONSULTING

(I) ADDRESS OF FUNDRAISER: 6849 OLD DOMINION DR., MCLEAN, VA 22101

(I) NAME OF FUNDRAISER: INFOCISION MANAGEMENT CORP

(I) ADDRESS OF FUNDRAISER: 325 SPRINGSIDE DR., AKRON, OH 44333

(I) NAME OF FUNDRAISER: THOMPSON, HABIB, DENNISON

Part IV Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER: 80 HAYDEN AVE., LEXINGTON, MA 02421

SCHEDULE G, PART I:

PAYMENTS TO INFOCISION MANAGEMENT CORPORATION INCLUDE FEES FOR

PROFESSIONAL FUNDRAISING SERVICES PLUS FUNDRAISING EXPENSES - LIST

DEVELOPMENT, DATA PROCESSING, PRINTING AND MAILHOUSE FEES. INVOICES

CLEARLY DISTINGUISH FUNDRAISING FEES FROM FUNDRAISING EXPENSES.

ADDITIONAL COSTS, SUCH AS CAGING, BANK CHARGES, OTHER DATA PROCESSING

AND POSTAGE ASSOCIATED WITH PHONE SOLICITATIONS ARE PAID DIRECTLY TO

THE VENDOR AND THEREFORE NOT INCLUDED IN SCHEDULE G, COLUMN (V)

AMOUNTS.

PAYMENTS TO DIRECT RESPONSE CONSULTING SERVICES ARE FOR PROFESSIONAL

FUNDRAISING SERVICES ONLY. ALL OTHER FUNDRAISING EXPENSES ASSOCIATED

WITH DIRECT MAIL FUNDRAISING ARE PAID DIRECTLY TO THE VENDOR PROVIDING

THE SERVICE AND THEREFORE NOT INCLUDED IN SCHEDULE G, COLUMN (V)

AMOUNTS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (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
CANCER SUPPORT COMMUNITY NJ 3 CROSSROADS DRIVE BEDMINSTER, NJ 07921	22-3804609	501(C)(3)	6,000.	0.			DISCRETIONARY GRANT
CANCER SUPPORT COMMUNITY OH 1200 OLD HENDERSON RD COLUMBUS, OH 43220	20-1388385	501(C)(3)	6,000.	0.			DISCRETIONARY GRANT
COLUMBIA UNIVERSITY 630 W. 168TH ST NEW YORK, NY 10032	13-5598093	501(C)(3)	165,000.	0.			RESEARCH GRANT
UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON ST COLUMBIA, SC 29208	57-6001153	501(C)(3)	165,000.	0.			RESEARCH GRANT
PENN STATE UNIVERSITY 227 W. BEAVER AVE #401 STATE COLLEGE, PA 16801	24-6000376	501(C)(3)	164,714.	0.			RESEARCH GRANT
HARVARD T.H CHAN SCHOOL OF PUBLIC HEALTH - 677 HUNTINGTON AVE - BOSTON, MA 02115	04-2103580	501(C)(3)	312,501.	0.			RESEARCH GRANT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 9.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2016)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
PURDUE UNIVERSITY 155 S GRANT ST W. LAFAYETTE, IN 47907	35-6002041	501(C)(3)	164,999.	0.			RESEARCH GRANT

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

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

PART I, LINE 2:

PROGRESS REPORT:

AT THE END OF THE FIRST YEAR OF ANY TWO-YEAR GRANT, THE PRINCIPAL
 INVESTIGATOR MUST SUBMIT A PROGRESS REPORT, INCLUDING ABSTRACTS AND
 PUBLICATIONS OF RESEARCH SUPPORTED IN WHOLE OR IN PART BY AICR. AT THE
 DISCRETION OF AICR, FUNDS FOR THE SECOND YEAR OF THE GRANT MAY BE WITHHELD
 BASED ON THE PROGRESS REPORT OR IF PROGRESS REPORTS ARE NOT SUBMITTED.

FINAL SCIENTIFIC REPORT:

Part IV Supplemental Information

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.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

Open to Public Inspection

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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number
52-1238026

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		X
2		X
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARILYN GENTRY PRESIDENT, WCRF INTERNATIONAL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	228,552.	0.	40,777.	269,329.	0.
(2) KELLY B. BROWNING EXECUTIVE VP	(i)	336,769.	0.	50,361.	0.	25,336.	412,466.	0.
	(ii)	0.	0.	15,765.	0.	0.	15,765.	0.
(3) MARY BETH HEALY SENIOR VP DEVELOPMENT	(i)	159,110.	0.	564.	0.	9,719.	169,393.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DEIRDRE MCGINLEY-GIESER SENIOR VP PROGRAM	(i)	154,063.	0.	301.	0.	27,383.	181,747.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) STEPHENIE L. LOWE SENIOR VP FINANCE	(i)	151,562.	0.	196.	0.	19,222.	170,980.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MICHAEL MCCARN CHIEF INFORMATION OFFICER	(i)	130,013.	0.	426.	0.	23,413.	153,852.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KATHRYN WARD FORMER SENIOR ADVISOR	(i)	91,611.	0.	46,748.	0.	50.	138,409.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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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.

PART I, LINE 1A:

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).

PART I, LINES 4A-B:

EFFECTIVE JANUARY 11 2001, AICR'S BOARD OF DIRECTORS ADOPTED A SUPPLEMENTAL

RETIREMENT BENEFIT ARRANGEMENT FOR THE INSTITUTE'S PRESIDENT AND CHIEF

EXECUTIVE OFFICER IN RECOGNITION OF THEIR LONG TERM SERVICE AND CONTINUING

COMMITMENT TO THE CHARITABLE ACTIVITIES OF AICR. THE SUPPLEMENTAL

RETIREMENT BENEFIT IS EQUAL TO THE LUMP SUM PRESENT VALUE OF THE SINGLE

LIFE ANNUITY IN THE AMOUNT OF 1% OF AVERAGE COMPENSATION FOR EACH YEAR OF

SERVICE WITH AICR AND VESTED OVER A FIVE YEAR PERIOD. BOTH EXECUTIVES ARE

FULLY VESTED, AND AMOUNTS ARE CONSIDERED TAXABLE AND INCLUDED ON SCHEDULE

J, PART II, COLUMN B(III).

SUPPLEMENT RETIREMENT BENEFIT FOR 2016:

KELLY B BROWNING (CHIEF EXECUTIVE OFFICER) \$ 48,048

SINCE 2012, MS. GENTRY NO LONGER PARTICIPATES IN THIS PLAN.

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.

KATHRYN WARD, A KEY EMPLOYEE, RECEIVED A SEVERANCE PACKAGE DURING THE TAX YEAR. ALL AMOUNTS ARE PROPERLY REPORTED ON FORM W-2 AND IN FORM 990, PART VII AND ON FORM 990, SCHEDULE J, PART II. DUE TO THE CONFIDENTIAL NATURE OF THE TERMS OF THE SEVERANCE AGREEMENT, THE DETAILS WILL BE PROVIDED TO THE IRS UPON REQUEST.

SCHEDULE J, PART II, SECTION (B)(III), LINE (II):

OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES FOR:

MARILYN GENTRY (PRESIDENT, WCRF INTERNATIONAL): \$228,552

MS. GENTRY'S COMPENSATION PACKAGE IS PAID BY WCRF INTERNATIONAL. AICR IS REQUIRED TO REPORT ALL COMPENSATION PAID TO MS. GENTRY BY ALL OF AICR'S AFFILIATES. AICR DOES NOT PAY MS. GENTRY AS AN EMPLOYEE OF AICR.

KELLY B. BROWNING (CHIEF EXECUTIVE OFFICER): \$15,765

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.

MR. BROWNING RECEIVES THE ABOVE COMPENSATION FROM WCRF INTERNATIONAL.

AICR IS REQUIRED TO REPORT ALL COMPENSATION PAID TO MR. BROWNING BY ALL

OF AICR'S AFFILIATES. AICR DOES NOT PAY FOR THIS COMPENSATION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number

52-1238026

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MANAGEMENT TO CANCER, INTERPRETS THE SCIENTIFIC DATA AND FUNDS RESEARCH

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

EDUCATION PROGRAMS

THE AMERICAN INSTITUTE FOR CANCER RESEARCH (AICR) CHAMPIONS THE LATEST

AND MOST AUTHORITATIVE SCIENTIFIC RESEARCH ON CANCER PREVENTION AND

SURVIVAL THROUGH DIET, WEIGHT AND PHYSICAL ACTIVITY SO THAT WE CAN HELP

PEOPLE MAKE INFORMED LIFESTYLE CHOICES TO REDUCE THEIR RISK.

WE WANT TO LIVE IN A WORLD WHERE NO ONE DEVELOPS A PREVENTABLE CANCER.

EDUCATION: AICR'S MESSAGE

AICR'S EDUCATION PROGRAMS ARE EVIDENCE-BASED. THIS EVIDENCE COMES FROM

BOTH THE RESEARCH WE FUND AND THE CONCLUSIONS DRAWN IN OUR SCIENTIFIC

REPORTS. FROM THEIR FINDINGS WE PRODUCE EDUCATIONAL MATERIALS TO MEET A

WIDE VARIETY OF NEEDS, ACROSS ALL STAGES OF THE CANCER CONTINUUM.

AICR NEWSLETTER

IN FY17, AICR DISTRIBUTED ALMOST 2 MILLION COPIES OF ITS NEWSLETTER TO

SUPPORTERS. EACH QUARTERLY ISSUE IS FILLED WITH PRACTICAL TIPS,

RECIPES, PROFILES OF THE CUTTING-EDGE RESEARCH MADE POSSIBLE BY AICR

SUPPORTERS. EACH ISSUE IS REVIEWED BY AN ADVISORY GROUP OF CLINICIANS,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

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REGISTERED DIETITIANS, RECIPE DEVELOPERS AND CANCER RESEARCHERS.

BROCHURES AND FACT SHEETS

DEVELOPED TO PLACE THE LATEST CANCER RESEARCH FINDINGS IN A CLEAR,

EASY-TO-UNDERSTAND FORMAT, AICR BROCHURES, LEAFLETS AND FACT SHEETS

OFFER MANY DIFFERENT AUDIENCES OUR EMPOWERING MESSAGE.

IN FY17, WE OFFERED SIX BROCHURE SERIES:

-HEALTHY LIVING FOR CANCER PREVENTION (AICR'S RECOMMENDATIONS AND GUIDELINES)

-THE NEW AMERICAN PLATE (A VISUAL APPROACH TO MEAL-MAKING FOR LOWER CANCER RISK)

-FACTS ON PREVENTING CANCER (ANSWERS TO COMMON QUESTIONS)

-STOPPING CANCER (INFORMATION ON PREVENTING SPECIFIC CANCERS)

-CANCER SURVIVOR SERIES (EVIDENCE-BASED ADVICE FOR PATIENTS, SURVIVORS AND CAREGIVERS)

-SIMPLE STEPS FOR PHYSICAL ACTIVITY (PRACTICAL ADVICE FOR MOVING MORE)

-ALSO: MATERIALES EN ESPANOL (BROCHURES FOR SPANISH SPEAKERS)

INDIVIDUALS ORDER SINGLE FREE COPIES OR DOWNLOAD THEM FROM THE AICR

WEBSITE; HEALTH PROFESSIONALS AND MEDICAL CENTERS (HOSPITALS, CANCER

CLINICS ETC.) MAKE BULK PURCHASES AT SIGNIFICANT DISCOUNTS. AICR ALSO

DISTRIBUTES BROCHURES AT CONFERENCES, EVENTS AND HEALTH FAIRS. IN FY17,

AICR DISTRIBUTED OVER 80,000 BROCHURES AND PUBLICATIONS.

HEALTH AIDS

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AICR PRODUCES HEALTH AIDS INCLUDING RECIPE CARDS, CHARTS, TEAR SHEETS, MAGNETS, A CALENDAR AND MORE TO TURN LOWERING CANCER RISK INTO A "HANDS-ON" EXPERIENCE.

INDIVIDUALS ORDER SINGLE FREE COPIES; HEALTH PROFESSIONALS AND MEDICAL CENTERS (HOSPITALS, CANCER CLINICS ETC.) MAKE BULK PURCHASES AT SIGNIFICANT DISCOUNTS. AICR ALSO DISTRIBUTES HEALTH AIDS AT CONFERENCES, EVENTS AND HEALTH FAIRS. IN FY17, AICR DISTRIBUTED ALMOST 24,000 HEALTH AIDS.

AICR ON THE WEB

AICR'S WEBSITE (WWW.AICR.ORG) OFFERS CONTINUALLY UPDATED INFORMATION ON AICR RESEARCH; HEALTHY, CANCER-PROTECTIVE RECIPES AND FITNESS TIPS; AND A HOST OF INTERACTIVE TOOLS AND RESOURCES ON THE SCIENCE OF LOWERING CANCER RISK. IN FY17, WE STREAMLINED OUR WEBSITE, IMPROVED THE NAVIGATION FOR ACCESSIBILITY AND INCREASED OUR CONTENT FOR CANCER SURVIVORS. PERFORMANCE IMPROVED AND IN FY17, AICR'S WEBSITE RECEIVED OVER 1 MILLION UNIQUE VISITORS; TOTAL PAGE VIEWS FOR FY17 EXCEEDED 3.7 MILLION, WHICH IS A 17% IMPROVEMENT ON LAST YEAR.

A SECTION ON "AICR'S IMPACT" OUTLINES RESULTS FROM INDEPENDENTLY CONDUCTED SCIENTIFIC STUDIES THAT ARE NOW PUTTING AICR'S RECOMMENDATIONS FOR CANCER PREVENTION TO THE TEST. THESE STUDIES CONSISTENTLY DEMONSTRATE THAT FOLLOWING AICR RECOMMENDATIONS PROTECT AGAINST CANCER, REDUCE ALL-CAUSE MORTALITY AND FOR CANCER SURVIVORS IMPROVE QUALITY OF LIFE. MORE STUDIES WERE ADDED TO THIS SECTION

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DURING FY17.

AN UPDATED AND MORE ROBUST SECTION FOR CANCER SURVIVORS OFFERS CLEARER GUIDANCE FOR THIS AUDIENCE AND WITH A WIDER RANGE OF SUPPORT MATERIALS AND RESOURCES.

FREE E-PUBLICATIONS

AICR HAS DEVELOPED A LIBRARY OF E-PUBLICATIONS THAT DELIVER THE LATEST INFORMATION ON LOWERING CANCER RISK STRAIGHT TO SUBSCRIBER'S INBOXES. OUR E-PUBLICATIONS ARE REVIEWED BY CANCER RESEARCHERS, CLINICIANS, DIETITIANS, AND AICR STAFF.

"ENEWS" IS A MONTHLY E-NEWSLETTER EMPHASIZING THE "TAKE-HOME" MESSAGE: HOW CAN I START LIVING FOR LOWER CANCER RISK TODAY? AS OF SEPTEMBER 2017, OVER 188,000 PEOPLE SUBSCRIBED TO ENEWS.

"HEALTH-E-RECIPE" IS FOR THOSE LOOKING FOR WAYS TO BRING THE RESEARCH HOME WITH QUICK, EASY AND DELICIOUS CANCER-PROTECTIVE MEALS. ALL BIWEEKLY RECIPES COME FROM AICR'S TEST KITCHEN AND FOLLOW AICR'S GUIDELINES. AS OF SEPTEMBER 2017, HEALTH-E-RECIPE HAD OVER 28,000 SUBSCRIBERS.

THOSE LOOKING TO DIG DEEPER INTO THE RESEARCH CAN DO SO BY SUBSCRIBING TO "CANCER RESEARCH UPDATE". AT THE CLOSE OF FY17, THIS BIWEEKLY DIGEST OF BREAKING NEWS AND CURRENT RESEARCH IN THE FIGHT AGAINST CANCER REACHED OVER 19,000 READERS INTERESTED IN THE SCIENCE OF CANCER RISK, AS WELL AS HEALTH PROFESSIONALS LOOKING TO STAY CURRENT.

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DURING FY17, AICR DEVELOPED AND TESTED A NEW E-PUBLICATION SPECIFICALLY FOR CANCER SURVIVORS. USING FOCUS GROUPS AND SURVEYS, THE CHOICE OF TOPICS, LANGUAGE AND IMAGERY WAS TESTED TO ENSURE THIS NEW TOOL WOULD MEET THIS AUDIENCE NEEDS. "RECHARGE" WAS LAUNCHED IN SEPTEMBER 2017 AS A MONTHLY E-PUBLICATION COVERING A RANGE OF TOPICS RELEVANT FOR CANCER SURVIVORSHIP.

AICR MULTIMEDIA

THE AICR BLOG (BLOG.AICR.ORG) SPEAKS TO SUPPORTERS; CANCER PATIENTS, SURVIVORS AND CAREGIVERS; HEALTH PROFESSIONALS; THE MEDIA AND THE GENERAL PUBLIC. THE AICR BLOG IS A MEANS BY WHICH AICR ENGAGES IN AN ONGOING DISCUSSION ABOUT THE RESEARCH, SEPARATING CANCER MYTHS FROM CANCER FACTS. IT IS WHERE WE SHARE OUR TAKE ON THE CURRENT NEWS AND ENCOURAGE READERS TO POST COMMENTS. IN FY17, THE AICR BLOG RECEIVED OVER 120,000 UNIQUE VISITORS AND NEARLY 160,000 PAGE VIEWS.

FACEBOOK AND TWITTER (@AICRTWEETS) ARE IMPORTANT VEHICLES FOR AICR TO SHARE OUR MESSAGE WITH NEW AND WIDER AUDIENCES. AICR POSTS FREQUENT UPDATES ON RESEARCH, RECIPES, MEDIA STATEMENTS, FEATURES, CAMPAIGNS AND PROGRAMS. AT THE END OF FY17, OVER 4,900 INDIVIDUALS AND ORGANIZATIONS FOLLOWED AICR ON TWITTER, AND THEY FREQUENTLY SHARE OUR CONTENT WITH THEIR SOCIAL MEDIA CIRCLES; IN AN AVERAGE MONTH, ABOUT 150,000 SEE OUR TWEETS.

THE AICR FACEBOOK PAGE HAD ABOUT 18,250 FOLLOWERS AT THE CLOSE OF FY17, A 14% INCREASE OVER THE PRIOR YEAR. IN AN AVERAGE MONTH, OUR POSTS

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REACH ABOUT 95,000 INDIVIDUALS.

CAN PREVENT AWARENESS CAMPAIGN

IN FEBRUARY 2017, AICR RAN OUR THIRD ANNUAL AWARENESS CAMPAIGN CANCER

PREVENTION: TOGETHER WE CAN - TO SHOW AMERICANS HOW THEY CAN REDUCE

THEIR CANCER RISK. AN ANIMATED PUBLIC SERVICE ANNOUNCEMENT (PSA)

DIRECTED VIEWERS TO VISIT THE CAMPAIGN'S WEBSITE (PREVENT50.ORG) TO

DOWNLOAD A REDUCE YOU RISK DAILY CHECKLIST, WITH ACTIVITIES FOR

LOWERING RISK, AND TO SHARE THE SITE'S INTERACTIVE CONTENT WITH THEIR

SOCIAL NETWORKS.

AS OF SEPTEMBER 2017, THE PSA AIRED ON 22 NATIONAL NETWORKS (INCLUDING

TNT, BRAVO, ESPN, CNN, CNN AIRPORT, GOLF, FOX BUSINESS NEWS, AND

DISCOVERY). THE PSA AVERAGED 1,000 AIRINGS PER WEEK. OF THE 1300 PSAS

IN THE NEILSON RANKINGS DURING 2017, IT WAS THE 28TH-MOST-AIRED. THE

ESTIMATED MEDIA VALUE OF THIS PSA THE AMOUNT OF MONEY AICR WOULD HAVE

OTHERWISE HAD TO SPEND ON ADVERTISING TO REACH THE NUMBER OF AMERICANS

THIS PSA REACHED IN 2017 IS \$14.8 MILLION.

OVER 52,000 UNIQUE VISITORS CAME TO THE CAMPAIGN'S WEBSITE AND OVER

2,500 INDIVIDUALS DOWNLOADED THE MONTHLY PLANNER IN FEBRUARY ALONE.

THE CAMPAIGN GENERATED PRESS COVERAGE BY THE BUSINESS INSIDER, HEALTH

DAY, CBC ONLINE, MEDSCAPE, CONSUMER HEALTH, WEB MD, US NEWS, MSN AND

MANY MORE NATIONAL AND LOCAL OUTLETS.

OUR OUTREACH TO PARTNERS TO SUPPORT THE CAMPAIGN GREW SIGNIFICANTLY IN

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FY2017 FROM 30 TO OVER 50 CANCER, HEALTH AND WELLNESS ORGANIZATIONS

JOINING US BY SIGNING A PLEDGE AND BEING ACTIVE ON SOCIAL MEDIA. AN

ADDITIONAL 60 ORGANIZATIONS, ALTHOUGH NOT OFFICIALLY PARTNERS, WERE

ALSO ENGAGED AND SPREAD OUR MESSAGES DURING THE MONTH, SHARING THE

MESSAGE OF CANCER PREVENTION THROUGHOUT THEIR COMMUNITIES.

FORM 990, PART III, LINE 4A, CONTINUED.

NEW AMERICAN PLATE CHALLENGE

AWARENESS IS NOT ENOUGH. AICR'S EVIDENCE-BASED MATERIALS HELP PEOPLE

LEARN ABOUT WHAT THEY CAN DO TO PROTECT THEMSELVES FROM CANCER, BUT WE

ALSO NEED TO SUPPLY THEM WITH TOOLS THAT SUPPORT THE KIND OF REAL,

LASTING BEHAVIOR CHANGE THAT LEADS TO LOWER RISK. THE NEW AMERICAN

PLATE CHALLENGE IS ONE SUCH TOOL: A FREE, WEB-BASED PROGRAM FOR THE

PUBLIC, CONSISTING OF A SERIES OF WEEKLY EMAILS AND REMINDERS THAT

ISSUE SPECIFIC GOAL-ORIENTED CHALLENGES RELATED TO AICR'S

RECOMMENDATIONS. PARTICIPANTS ENGAGE IN THE WEEKLY CHALLENGES, AND CAN

TRACK THEIR DIET, ACTIVITY AND WEIGHT LOSS ON THE CHALLENGE WEBSITE.

THEY CAN ALSO JOIN AND PARTICIPATE IN A PRIVATE, MEMBER'S ONLY FACEBOOK

GROUP TO GIVE AND GET SUPPORT FROM EACH OTHER AND NAP CHALLENGE

DIETITIANS. AN AVERAGE OF 500 NEW PARTICIPANTS SIGN UP FOR THIS

INNOVATIVE PROGRAM EACH TIME IT IS OFFERED AND OVER 4500 PEOPLE

PARTICIPATE THROUGHOUT THE 12 WEEK PROGRAM. DURING FY17 THERE WERE OVER

14,500 USERS OF THE NAPC WEBPAGES (WWW.NAPCHALLENGE.ORG) AND OVER

50,000 UNIQUE PAGE VIEWS.

NEW AMERICAN PLATE CHALLENGE FOR OLDER ADULTS

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IN FY17 AICR RECEIVED A GRANT FROM SAFEWAY TO ADAPT AND PILOT AN ONSITE

PROGRAM FOR OLDER ADULTS TO A LOWER-INCOME, CULTURALLY DIVERSE

COMMUNITY. THIS INNOVATIVE PROJECT IS UNDERWAY AND IS BEING CONDUCTED

INDEPENDENTLY IN 2018 BY FACULTY AND GRADUATE STUDENTS AT THE MILKEN

INSTITUTE SCHOOL OF PUBLIC HEALTH, GEORGE WASHINGTON UNIVERSITY.

USING KEY FEEDBACK FROM THIS PROJECT AND NEW DATA FROM THE 2018 THIRD

EXPERT REPORT, AICR IS FINALIZING AND UPDATING THE COMPREHENSIVE

CURRICULUM FOR THE NEW AMERICAN PLATE CHALLENGE FOR OLDER ADULTS. THIS

PRODUCT IS UNDER FINAL STAGES OF REVIEW AND WILL BE MADE AVAILABLE TO

DIETETICS AND NUTRITION HEALTH PROFESSIONALS AS A DOWNLOADABLE READY TO

DELIVER CURRICULUM IN AICR'S ONLINE STORE. THE PROGRAM INCLUDES

EVIDENCE BACKGROUND, PROGRAM OVERVIEW, COMPLETE LESSON PLANS, HANDOUTS,

EVALUATION TOOLS AND PROMOTIONAL MATERIALS.

CANCERRESOURCE PROGRAM

AICR OFFERS A FREE KIT OF ADVICE FOR NEWLY DIAGNOSED CANCER PATIENTS

AND THEIR LOVED ONES. DEVELOPED WITH A TEAM OF PHYSICIANS, NURSES,

DIETITIANS, 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.

FOUR PREPARED CANCERRESOURCE PACKETS ARE AVAILABLE, FOR CANCERS OF THE

BREAST, LUNG, PROSTATE AND COLON, BUT AICR STAFF CAN ALSO CREATE

CUSTOMIZED PACKETS FOR ANY CANCER. REQUESTS FOR EACH PACKET ARE FILLED

IMMEDIATELY, TO GET THIS VITAL INFORMATION TO THOSE WHO NEED IT AS

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QUICKLY AS POSSIBLE.

IN FY 2017, WE MADE CANCERRESOURCE INTO A DOWNLOADABLE TOOL FROM OUR WEBSITE AND THIS HAS INCREASED ACCESS TO THIS IMPORTANT INFORMATION WITH DOWNLOADS AT A RATE OF 20 A MONTH.

AICR HEALTH PROFESSIONALS PROGRAM

TO HELP GET AICR'S MESSAGE INTO THE HANDS OF THOSE WHO NEED IT, WE OFFER HEALTH PROFESSIONALS (HPS) OUR MATERIALS AT A SIGNIFICANT DISCOUNT. WITH THE AICR HEALTH EDUCATION CATALOG, WHICH REACHED OVER 10,000 DIETITIANS, NURSES, DOCTORS, HEALTH EDUCATORS, AND COMMUNITY GROUPS IN FY17, HPS CAN AVAIL THEMSELVES OF SPECIAL DISCOUNTS ON BULK PURCHASES. THE AICR HEALTH EDUCATION CATALOG ALSO ALLOWS HPS TO STAY CURRENT WITH THE NEW TOOLKITS, TEARSHEETS, BROCHURES AND HEALTH AIDS AICR OFFERS.

AICR 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 CLIENTS, AND SPECIAL DISCOUNTS ON BULK PURCHASES. IN FY17, AICR SENT MONTHLY RESEARCH AND PRACTICE UPDATES TO THESE 4,000 PLUS ACTIVE MEMBERS (DIETITIANS, NURSES, HEALTH EDUCATORS, PHYSICIANS, RESEARCHERS, WELLNESS PROFESSIONALS AND OTHERS) SO MEMBERS COULD CONNECT WITH AICR AND WITH EACH OTHER - AT HOSPITALS, CLINICS, CANCER CENTERS, UNIVERSITIES AND DEPARTMENTS OF HEALTH.

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COPING WITH CANCER IN THE KITCHEN

COPING WITH CANCER IN THE KITCHEN (CCK) IS AN EXPERIENTIAL NUTRITION AND COOKING EDUCATION PROGRAM IN A HEALTH EDUCATION SETTING FOR CANCER SURVIVORS DESIGNED TO INCREASE ACCEPTANCE AND CONSUMPTION OF A MOSTLY PLANT FOOD DIET. AICR PARTNERED WITH THE CANCER SUPPORT COMMUNITIES (CSC) NATIONAL, CSC OF CENTRAL NEW JERSEY, AND FAIRFIELD MEDICAL CENTER IN OHIO TO DEVELOP AND PILOT THIS PROGRAM IN TWO LOCATIONS. PROGRAM CONTENT IS BASED ON AICR'S RECOMMENDATIONS FOR CANCER PREVENTION, THE NEW AMERICAN PLATE AND FOODS THAT FIGHT CANCER. CSC'S PSYCHOSOCIAL APPROACH INFORMED THE BEHAVIOR CHANGE COMPONENT, INCLUDING GROUP COUNSELING AND SUPPORT. THE PILOT PROJECT RESEARCH SHOWED THAT SURVIVORS EXPERIENCED POSITIVE COGNITIVE AND BEHAVIORAL CHANGES AFTER THE 7 WEEK PROGRAM. AICR AND CSC ARE IN PROCESS OF PREPARING A LIMITED LAUNCH OF THE PROGRAM FOR ADDITIONAL RESEARCH AND DEVELOPMENT.

CULINARY TRANSLATION WORKSHOP

AICR PARTNERS WITH SMITH CENTER FOR HEALING AND THE ARTS TO OFFER A TWO-DAY CULINARY TRANSLATION IN CANCER CARE WORKSHOP. IT IS DESIGNED TO TRAIN REGISTERED DIETITIANS AND CULINARY PROFESSIONALS IN THE BASIC ART AND SCIENCE OF ONCOLOGY CULINARY TRANSLATION. PARTICIPANTS LEARN FOOD PREPARATION TECHNIQUES TO CREATE THERAPEUTIC MEALS FOR CANCER PATIENTS AND SURVIVORS.

TOLL-FREE PHONE SERVICES

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VIA AICR'S TOLL-FREE NUMBER, 1-800-843-8114, MEMBERS OF THE PUBLIC CAN

ORDER BROCHURES AND HEALTH AIDS, REQUEST A FREE CANCERRESOURCE TOOLKIT

FOR CANCER PATIENTS, GET ADVICE FROM A REGISTERED DIETITIAN (VIA AICR'S

"NUTRITION HOTLINE") AND MUCH MORE.

PROFESSIONAL PUBLICATIONS

AICR REACHES OUT TO THE MEDICAL, SCIENTIFIC AND HEALTH POLICY

COMMUNITIES WITH OUR EXPERT REPORTS, POLICY REPORT AND OTHER MEDIA. IN

FY17, NEARLY 1,200 INDIVIDUALS AT NON-PROFIT, PRIVATE AND PUBLIC HEALTH

ORGANIZATIONS, GOVERNMENT AGENCIES AND BOARDS OF HEALTH, HOSPITALS AND

RESEARCH CENTERS RECEIVED OUR CUP REPORTS AND OTHER PROFESSIONAL

PUBLICATIONS. DURING FY17, WE RELEASED TWO NEW CUP REPORTS ON BREAST

CANCER AND COLORECTAL CANCER.

THE NEW AMERICAN PLATE COOKBOOK

TO PLACE AICR'S MESSAGE ABOUT LOWERING CANCER RISK IN A COMPREHENSIVE

AND HANDSOMELY PRODUCED FORMAT, AICR'S NEW AMERICAN PLATE COOKBOOK

(PUBLISHED BY THE UNIVERSITY OF CALIFORNIA PRESS) IS AVAILABLE IN

BOOKSTORES. OVER 34,000 COPIES HAVE BEEN SOLD, AND ALL ROYALTIES

SUPPORT AICR CANCER RESEARCH.

HEALTHY KIDS TODAY, PREVENT CANCER TOMORROW

AICR ALSO PARTNERS WITH SUPERKIDS NUTRITION, A PROVIDER OF RELIABLE

NUTRITION INFORMATION AND TOOLS WHOSE MATERIALS ARE USED BY OVER 5,000

SCHOOLS IN 40 STATES, ON AN EDUCATION PROGRAM AIMED AT KIDS, PARENTS

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AND TEACHERS. THE AICR HEALTHY KIDS TODAY WEB PAGES

HTTP://WWW.AICR.ORG/CAN-PREVENT/HEALTHY-KIDS/ FEATURES DOWNLOADABLE

TOOLKITS THAT HELP INSTILL HEALTHY HABITS LINKED TO LOWER CANCER RISK.

EACH TOOLKIT FEATURES ACTIVITIES, RECIPES, AND A LESSON PLAN FOR

TEACHERS. DURING FY17 OVER 2,400 VISITORS CAME TO THESE PAGES, OVER

HALF OF WHICH WERE NEW USERS.

SEMINARS, EXHIBITS AND CONFERENCES

IN FY17, AICR STAFF ATTENDED, PRESENTED, NETWORKED AND DISTRIBUTED

MATERIALS AT VARIOUS CONFERENCES AND ANNUAL MEETINGS, INCLUDING:

-FOOD AND NUTRITION CONFERENCE AND EXPO (FNCE)

-NATIONAL CANCER POLICY FORUM ON INCORPORATING WEIGHT MANAGEMENT AND

PHYSICAL ACTIVITY INTO CANCER TREATMENT:

-SCAN SYMPOSIUM

-2017 DIALOGUE FOR ACTION CONFERENCE

-AMERICAN COLLEGE OF SPORTS MEDICINE EXERCISE IS MEDICINE (ACSM)

-AACR CANCER HEALTH DISPARITIES

MEDIA PROGRAMS

PRESS RELEASES

IN FY17, AICR DISTRIBUTED 13 PRESS RELEASES, STATEMENTS, FEATURES AND

ADVISORIES DISTRIBUTED TO ITS MEDIA CONTACTS ON A HOST OF TOPICS

RANGING FROM NEWLY PUBLISHED RESEARCH TO PRACTICAL, HANDS-ON TIPS FOR

MOVING MORE, STAYING LEAN AND EATING SMART.

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AS A RESULT, US MEDIA OUTLETS CARRIED AICR NEWS ITEMS OVER 5,400 TIMES

DURING FY17. AICR'S RESEARCH WAS COVERED IN A RANGE OF MEDIA OUTLETS

SUCH AS: USA TODAY, THE WASHINGTON POST, US NEWS AND WORLD REPORT,

BUSINESS INSIDER, NBC EVENING NEWS, FOX NEWS, CNN, PBS, HUFFINGTON

POST, MEDSCAPE, WEBMD, MEN'S HEALTH, HEALTH DAY, SHAPE MAGAZINE, MSN

HEALTH, AND READER'S DIGEST. COMBINED, THE TOTAL REACH OF AICR'S MEDIA

PROGRAM IN FY2017 EXCEEDED 6.9 BILLION IMPRESSIONS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

RESEARCH PROGRAMS

RESEARCH: THE WORK WE FUND

SCIENTIFIC STUDY OF THE RELATIONSHIP OF DIET, PHYSICAL ACTIVITY, AND

WEIGHT MANAGEMENT TO CANCER RISK AND SURVIVORSHIP CONTINUES TO BE AN

IMPORTANT AREA OF CANCER RESEARCH. EVIDENCE SHOWS THAT WEIGHT

MANAGEMENT, PHYSICAL ACTIVITY, FOOD, AND NUTRITION PLAY IMPORTANT ROLES

IN CANCER PREVENTION, TREATMENT, AND SURVIVORSHIP. RESEARCH SHOWS THAT

NEARLY HALF OF ALL CANCERS COULD BE PREVENTED IF NO ONE USED TOBACCO

PRODUCTS, EVERYONE WAS A HEALTHY WEIGHT, AND EVERYONE FOLLOWED

GUIDELINES FOR REGULAR PHYSICAL ACTIVITY AND A HEALTHY DIET.

IN TOTAL THROUGH FY17, AICR HAS COMMITTED OVER \$ 107 MILLION FOR

HUNDREDS OF INDIVIDUAL RESEARCH PROJECTS AT UNIVERSITIES, HOSPITALS AND

RESEARCH CENTERS THROUGHOUT THE UNITED STATES AND THE WORLD.

THE AMERICAN INSTITUTE FOR CANCER RESEARCH (AICR) PIONEERED THE FUNDING

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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 WE HAVE FUNDED HAS HELPED
 TRANSFORM THE ONCE-RADICAL NOTION THAT EVERYDAY CHOICES CAN
 DRAMATICALLY REDUCE CANCER RISK INTO A UNIVERSALLY ACCEPTED MEDICAL
 FACT.

INTERPRETATION: REPORTS AND CONTINUOUS UPDATES

IN 2007, AICR AND ITS INTERNATIONAL AFFILIATES IN THE WORLD CANCER
 RESEARCH FUND (WCRF) GLOBAL NETWORK PUBLISHED OUR SECOND EXPERT REPORT,
 WHICH BUILT ON THE CONCLUSIONS OF OUR 1997 EXPERT REPORT. THE SECOND
 EXPERT REPORT LAID OUT A TRANSPARENT METHODOLOGY FOR EVALUATING THE
 SCIENTIFIC LITERATURE WHICH HAS SINCE BEEN ADOPTED BY RESEARCHERS
 STUDYING DIET AND CANCER AROUND THE GLOBE.

BASED ON A REVIEW OF DATA DRAWN FROM APPROXIMATELY 7,000 STUDIES, THE
 EXPERT PANEL ISSUED 10 RECOMMENDATIONS FOR CANCER PREVENTION:

1. BE AS LEAN AS POSSIBLE WITHOUT BECOMING UNDERWEIGHT.
2. BE PHYSICALLY ACTIVE FOR AT LEAST 30 MINUTES EVERY DAY.
3. AVOID SUGARY DRINKS. LIMIT CONSUMPTION OF ENERGY-DENSE FOODS
 (PARTICULARLY PROCESSED FOODS HIGH IN SUGAR OR LOW IN FIBER, OR HIGH IN
 FAT).
4. EAT MORE OF A VARIETY OF VEGETABLES, FRUITS, WHOLE GRAINS AND

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LEGUMES, SUCH AS BEANS.

5. LIMIT CONSUMPTION OF RED MEATS, SUCH AS BEEF PORK AND LAMB, AND

AVOID PROCESSED MEATS.

6. IF CONSUMED AT ALL, LIMIT ALCOHOLIC DRINKS TO 2 FOR MEN AND 1 FOR

WOMEN A DAY.

7. LIMIT CONSUMPTION OF SALTY FOODS AND FOODS PROCESSED WITH SALT

(SODIUM).

8. DON'T USE SUPPLEMENTS TO PROTECT AGAINST CANCER.

9. SPECIAL POPULATION RECOMMENDATIONS:

1. IT'S BEST FOR MOTHERS TO BREASTFEED EXCLUSIVELY FOR SIX MONTHS AND

THEN ADD OTHER LIQUIDS AND FOODS.

2. AFTER TREATMENT, CANCER SURVIVORS SHOULD FOLLOW THE RECOMMENDATIONS

FOR CANCER PREVENTION.

AND ALWAYS REMEMBER- DO NOT SMOKE OR CHEW TOBACCO.

AICR AND WCRF SUBSEQUENTLY PUBLISHED "POLICY AND ACTION FOR CANCER

PREVENTION," AN EVIDENCE-BASED REPORT THAT PLACES OUR RECOMMENDATIONS

IN A HEALTH POLICY CONTEXT. AICR AND THE AMERICAN PUBLIC HEALTH

ASSOCIATION (APHA) PUBLISHED AN EXECUTIVE SUMMARY OF THIS POLICY

REPORT.

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IN 2015, THE U.S. DIETARY GUIDELINES FOR AMERICANS' OFFICIAL GOVERNMENT
 ADVISORY COMMITTEE EXTENSIVELY CITED THE ANALYSES AND CONCLUSIONS OF
 AICR'S REPORTS; AS A RESULT, THE LATEST U.S. DIETARY GUIDELINES ARE
 CLOSELY IN LINE WITH AICR RECOMMENDATIONS.

ONGOING REVIEW OF THE EVIDENCE

THE STUDY OF LIFESTYLE'S ROLE IN CANCER IS GROWING FASTER THAN EVER. AS
 THE US MEMBER IN A GLOBAL NETWORK OF CANCER CHARITIES, WE WORK IN
 PARTNERSHIP TO CONDUCT AN ONGOING ANALYSIS OF SCIENTIFIC RESEARCH INTO
 THE LINKS BETWEEN DIET, PHYSICAL ACTIVITY, WEIGHT AND CANCER. THIS IS
 CALLED THE CONTINUOUS UPDATE PROJECT (CUP).

THE PROCESS OF UPDATING THE CUP ON A ROLLING BASIS IS WELL UNDERWAY,
 ADDING SYSTEMATIC LITERATURE REVIEWS OF NEW EVIDENCE, CANCER SITE BY
 CANCER SITE. AS OF THE END OF FY17, WE HAVE PUBLISHED CUP REPORTS
 COVERING:

- BREAST CANCER: 2009
- COLORECTAL CANCER: 2011
- PANCREATIC CANCER: 2012
- ENDOMETRIAL CANCER: 2013
- PROSTATE CANCER: 2014
- OVARIAN CANCER: 2014
- BREAST CANCER SURVIVORSHIP: 2014
- LIVER CANCER: 2015
- GALLBLADDER CANCER: 2015
- KIDNEY CANCER: 2015

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-BLADDER CANCER: 2015

-STOMACH CANCER: 2016

-ESOPHAGEAL CANCER: 2016

-BREAST CANCER: 2017

-COLORECTAL CANCER: 2017

CUP REPORTS ON CANCERS OF THE LUNG, MOUTH, THROAT AND CERVIX AND SKIN

ARE DUE TO BE PUBLISHED IN FY18. ALL OF THESE DATA WILL BE FED INTO THE

PROCESS THAT WILL LEAD TO UPDATED RECOMMENDATIONS FOR CANCER

PREVENTION, AS PART OF THE THIRD EXPERT REPORT, SCHEDULED FOR THE END

OF 2018.

AICR ANNUAL RESEARCH CONFERENCE

STARTING IN 1990, AICR HAS HOSTED RESEARCH CONFERENCES TO ENCOURAGE AND

FACILITATE THE EXCHANGE OF IDEAS AND INFORMATION AND TO PROVIDE A FORUM

FOR CONSTRUCTIVE DEBATE ON TIMELY DIET AND CANCER RESEARCH TOPICS. THE

CONFERENCE PROVIDES A VENUE FOR RESEARCHERS, SCIENTISTS, MEDICAL AND

HEALTH PROFESSIONALS, AND OTHERS TO PRESENT AND DISCUSS THEIR WORK.

AICR'S 25TH RESEARCH CONFERENCE TOOK PLACE FROM NOVEMBER 14-16, 2017 AT

THE MARRIOTT BETHESDA NORTH HOTEL & CONFERENCE CENTER IN BETHESDA,

MARYLAND.

OVER 450 DELEGATES ATTENDED AND THERE WERE 149 POSTER PRESENTATIONS

ACROSS TWO SPECIAL EVENING SESSIONS, TWO BREAKFAST SESSIONS, WITH A

FOCUS FOR HEALTH PROFESSIONALS AND NETWORKING OPPORTUNITIES.

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THE SCIENTIFIC PROGRAM HAD SESSIONS ON: ENERGY BALANCE, OBESITY AND

PHYSICAL ACTIVITY; DIETARY SUPPLEMENTS AND CANCER RISK; DIETARY

MODULATION OF THE MICROBIOME AND CANCER RISK; NUTRITION AFTER CANCER

DIAGNOSIS; MECHANISMS AND BIOMARKERS IN THE OMICS ERA; SOCIAL, CULTURAL

AND ECONOMIC BARRIERS TO CANCER PREVENTION AND CONTROL; FOOD, NUTRITION

AND CANCER IMMUNOLOGY; DIETARY PATTERNS AND CANCER; AND DIET,

NUTRITION, PHYSICAL ACTIVITY AND CANCER: SCIENCE AND TRANSLATION FOR

THE NEXT 25 YEARS.

THE PROGRAM COMMITTEE WAS MADE OF EXPERTS IN THE FIELD, INCLUDING:

STEVEN K. CLINTON, MD, PHD (CHAIR)

THE OHIO STATE UNIVERSITY

COLUMBUS, OHIO

ROBERT S. CHAPKIN, PHD

TEXAS A&M UNIVERSITY

COLLEGE STATION, TEXAS

CINDY D. DAVIS, PHD

OFFICE OF DIETARY SUPPLEMENTS

NATIONAL INSTITUTES OF HEALTH

BETHESDA, MARYLAND

WENDY DEMARK-WAHNEFRIED, PHD, RD

UNIVERSITY OF ALABAMA COMPREHENSIVE CANCER CENTER

BIRMINGHAM, ALABAMA

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SUSAN HIGGINBOTHAM, PHD, RD

AMERICAN INSTITUTE FOR CANCER RESEARCH

WASHINGTON, DC

STEPHEN D. HURSTING, PHD, MPH

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

CHAPEL HILL, NORTH CAROLINA

ANNE MCTIERNAN, MD, PHD

FRED HUTCHINSON CANCER RESEARCH CENTER

SEATTLE, WASHINGTON

CHERYL L. ROCK, PHD, RD

UNIVERSITY OF CALIFORNIA, SAN DIEGO, SCHOOL OF MEDICINE

SAN DIEGO, CALIFORNIA

AICR ALSO PARTICIPATES IN A VARIETY OF MEETINGS, SEMINARS, SYMPOSIUMS

AND CONFERENCES THROUGHOUT THE COURSE OF THE YEAR. IN FY17, AICR STAFF

ATTENDED, PRESENTED, NETWORKED AND DISTRIBUTED MATERIALS AT:

-JOHN MILNER NCI PRACTICUM

-AMERICAN ASSOCIATION FOR CANCER RESEARCH (AACR)

-OBESITY WEEK

-ALCOHOL & CANCER FORUM

MARILYN GENTRY FELLOWSHIPS AT UNC

THE AICR MARILYN GENTRY FELLOWSHIP PROGRAM IN NUTRITION AND CANCER AT

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THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL WAS CREATED TO DEVELOP TOMORROW'S LEADERS IN NUTRITION RESEARCH IN RELATION TO CANCER. FELLOWS RECEIVE TWO YEARS OF ORGANIZED MENTORING WHILE PLANNING AND CONDUCTING RESEARCH. THEY DEVELOP A BODY OF DATA THAT WILL HELP THEM COMPETE SUCCESSFULLY FOR GRANT FUNDING IN THE FUTURE. THIS PROGRAM HAS PRODUCED SEVERAL GRADUATES WHO HAVE ENTERED THE NUTRITION-CANCER FIELD.

FORM 990, PART III, LINE 4B, CONTINUED.

AICR HAS ALSO FUNDED A DISTINGUISHED PROFESSORSHIP AT UNC TO CHAIR THIS PROGRAM. IN ADDITION, THE AICR-WCRF INSTITUTE FOR THE ADVANCED STUDY OF DIET, NUTRITION AND CANCER IS HOUSED WITHIN THE MICHAEL HOOKER RESEARCH CENTER ON THE UNC CAMPUS. THESE FACILITIES INCLUDE THREE LABORATORIES DEDICATED TO RESEARCHING THE ROLE OF DIET AND NUTRITION IN THE CAUSATION, PREVENTION, AND TREATMENT OF CANCER.

RESEARCH GRANT PROGRAM

THROUGH ITS RESEARCH GRANT PROGRAM, AICR HAS ENCOURAGED INNOVATIVE RESEARCH IN CANCER PREVENTION, TREATMENT, AND SURVIVORSHIP. AICR'S RESEARCH GRANTS HAVE BROUGHT MILLIONS OF DOLLARS TO THIS IMPORTANT FIELD, AND HAVE HELPED ATTRACT AND TRAIN NEW RESEARCH TALENT. AICR'S RESEARCH GRANT PROGRAMS SUPPORT THE INNOVATIVE STUDY OF NUTRITION AND CANCER. RESEARCH GRANTS ARE PEER-REVIEWED AND AWARDED ON AN OPEN, COMPETITIVE BASIS.

INVESTIGATOR INITIATED GRANTS

THE CORE OF THE AICR'S GRANT PROGRAMS IS THE INVESTIGATOR INITIATED

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GRANT PROGRAM, WHICH PROVIDES UP TO \$75,000 PER YEAR (PLUS 10% FOR ADMINISTRATIVE OVERHEAD) FOR A MAXIMUM OF THREE YEARS, FOR RESEARCH PROJECTS IN THE AREAS OF CANCER PREVENTION, TREATMENT, AND SURVIVORSHIP. THIS PROGRAM HAS BEEN INSTRUMENTAL IN ADVANCING RESEARCH INTO DIET, PHYSICAL ACTIVITY AND WEIGHT MANAGEMENT AS THEY RELATE TO CANCER, AND HAS LED TO HUNDREDS OF ARTICLES IN PEER REVIEWED SCIENTIFIC PUBLICATIONS.

MATCHING GRANT PROGRAM

THE AICR'S MATCHING GRANTS PROGRAM IS DESIGNED TO FUND HIGH-QUALITY, PEER-REVIEWED RESEARCH ON DIET AND NUTRITION THAT MEETS THE OBJECTIVES OF AICR AND POTENTIAL MATCHING FUNDERS. MATCHING FUNDS MAY COME FROM CORPORATIONS OR INDIVIDUALS. RESEARCH GRANT APPLICATIONS WITHIN THIS PROGRAM RECEIVE THE SAME SCRUPULOUS PEER-REVIEW AS ANY OTHER RESEARCH GRANT PROPOSAL.

AICR GRANT REVIEW PANELS

ALL INVESTIGATOR-INITIATED RESEARCH GRANT APPLICATIONS UNDERGO A PEER REVIEW PROCESS MODELED AFTER THE GRANT REVIEW PROCESS DEVELOPED BY THE NATIONAL INSTITUTES OF HEALTH. THE AICR GRANT PANELS REVIEW APPLICATIONS FOR THEIR SCIENTIFIC MERIT; THE QUALIFICATIONS, EXPERIENCE AND PRODUCTIVITY OF THE INVESTIGATORS; THE FACILITIES AVAILABLE; AND THE PROMISE FOR ELUCIDATING THE ROLES OF FOOD, NUTRITION, PHYSICAL ACTIVITY AND WEIGHT MANAGEMENT IN CANCER PREVENTION, TREATMENT, AND SURVIVORSHIP. THE REVIEW PROCESS IS STRICTLY CONTROLLED, INCLUDING PROCEDURES TO AVOID POTENTIAL CONFLICTS OF INTEREST.

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PEER REVIEWERS ARE SELECTED FOR THEIR RESEARCH EXPERTISE AND THEIR ABILITY TO BRING A WIDE SCOPE OF SCIENTIFIC EXPERIENCE TO THE REVIEW PROCESS.

RECOMMENDATIONS OF THE GRANT REVIEW PANELS ARE FORWARDED TO THE AICR BOARD OF DIRECTORS, WHICH MAKES THE FINAL DECISIONS ON GRANT AWARDS.

THE SCIENTISTS WHO PARTICIPATED IN THE AICR GRANT REVIEW PANEL WHICH REVIEWED THE GRANTS FUNDED IN 2017 ARE:

ROBERT S. CHAPKIN, PHD (CHAIR)

TEXAS A&M UNIVERSITY

COLLEGE STATION, TEXAS

JOHANNA W. LAMPE, PHD, RD (VICE-CHAIR)

FRED HUTCHINSON CANCER RESEARCH CENTER

SEATTLE, WA

SCOTT BULTMAN, PHD

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

CHAPEL HILL, NC

LESLEY M. BUTLER, PHD

UNIVERSITY OF PITTSBURGH CANCER INSTITUTE

PITTSBURGH, PA

CINDY D. DAVIS, PHD

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OFFICE OF DIETARY SUPPLEMENTS

NATIONAL INSTITUTES OF HEALTH

WENDY DEMARK-WAHNEFRIED, PHD, RD

UAB COMPREHENSIVE CANCER CENTER

BIRMINGHAM, AL

RICHARD L. ECKERT, PHD

UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE

BALTIMORE, MD

TERRY HARTMAN, PHD, MPH, RD

EMORY UNIVERSITY

ATLANTA, GA

A.-N. TONY KONG, PHD

RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY

PISCATAWAY, NJ

KIM ROBIEN, PHD, RD, CSO, FAND

GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC

DANIEL W. ROSENBERG, PHD

UNIVERSITY OF CONNECTICUT HEALTH CENTER

FARMINGTON, CT

KATHRYN H. SCHMITZ, PHD, MPH, FACSM

UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE

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PHILADELPHIA, PA

STEPHANIE SMITH-WARNER, PHD

HARVARD UNIVERSITY

BOSTON, MA

CYNTHIA THOMSON, PHD, RD

UNIVERSITY OF ARIZONA

TUCSON, AZ

MICHAEL J. WARGOVICH, PHD

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO

SAN ANTONIO, TX

JOELLEN WELSH, PHD

UNIVERSITY AT ALBANY

STATE UNIVERSITY OF NEW YORK

AICR RESEARCH GRANTS FOR FISCAL YEAR 2017

DURING FISCAL YEAR 2017, AICR COMMITTED \$1,136,858 FOR PEER-REVIEWED

CANCER RESEARCH PROJECTS.

RESEARCH GRANTS AWARDED:

WEIGHT LOSS, GAIN, AND CYCLING, DIETARY AND LIFESTYLE PATTERNS AND RISK

OF PANCREATIC CANCER

JEANINE GENKINGER, PHD

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COLUMBIA UNIVERSITY MEDICAL CENTER

NEW YORK, NEW YORK

SEX-SPECIFIC DIFFERENCES IN OBESITY-ENHANCED COLORECTAL CANCER

ANGELA MURPHY, PHD

UNIVERSITY OF SOUTH CAROLINA

COLUMBIA, SOUTH CAROLINA

MECHANISMS UNDERLYING THE PROTECTIVE EFFECT OF EXERCISE ON PRIMARY

MAMMARY TUMOR GROWTH AND METASTASES: ROLE OF METABOLIC AND

IMMUNE-MEDIATED PROCESSES

CONNIE ROGERS, PHD, MPH

THE PENNSYLVANIA STATE UNIVERSITY

UNIVERSITY PARK, PENNSYLVANIA

THE EFFECTS OF OBESITY AND EXERCISE ON RADIATION-INDUCED LEUKEMIA

MICHAEL DE LISIO, PHD

UNIVERSITY OF OTTAWA

OTTAWA, ONTARIO, CANADA

ASSOCIATION BETWEEN LIFESTYLE FACTORS AND TUMOR ANGIOGENESIS IN

PROSTATE CANCER

EDWARD GIOVANNUCCI, MD, SCD

HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH

BOSTON, MASSACHUSETTS

COFFEE INTAKE AND ADVANCED PROSTATE CANCER: STUDYING RISK AND

MECHANISMS

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KATHRYN WILSON, SCD

HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH

BOSTON, MASSACHUSETTS

REGULATION OF TUMOR CELL EVASION FROM IMMUNE SURVEILLANCE BY VITAMIN D

JAMES FLEET, PHD

PURDUE UNIVERSITY

WEST LAFAYETTE, INDIANA

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

UNITED KINGDOM, NETHERLANDS, HONG KONG, BELGIUM,

FRANCE

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 FORM IS PREPARED AND REVIEWED IN DETAIL BY KEY STAFF IN THE AICR

ACCOUNTING DEPARTMENT. THE 990 FORM IS THEN REVIEWED BY AICR EXECUTIVE

MANAGEMENT, RSM US LLP TAX AND THE LAW FIRM STEPTOE & JOHNSON. RSM US LLP

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.

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

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OF AICR WHO IS PRESENTLY SERVING IN A CAPACITY WHERE A CONFLICT OF INTEREST

COULD ARISE. THE POLICY IS REVIEWED ANNUALLY. IF THE BOARD DETERMINES

THAT CHANGES DO NOT NEED TO BE MADE, THE POLICY IS REAFFIRMED. NEW

DIRECTORS, OFFICERS, AND STAFF MEMBERS ARE ADVISED OF THE POLICY IN EFFECT

UPON TAKING OFFICE OR UPON THE START OF EMPLOYMENT, AS THE CASE MAY BE.

SINCE FISCAL YEAR 2010, DIRECTORS, OFFICERS, EXECUTIVES, AND SENIOR LEVEL

MANAGEMENT STAFF HAVE BEEN REQUIRED TO SIGN A "DECLARATION OF LACK OF

CONFLICT OF INTEREST."

THE POLICY PROVIDES THAT IN THE EVENT OF A CONFLICT OF INTEREST RELEVANT TO

A MATTER REQUIRING ACTION BY THE BOARD, THE PERSON SHALL CALL IT TO THE

ATTENTION OF THE BOARD (OR COMMITTEE OF THE BOARD, AS THE CASE MAY BE), AND

SUCH PERSON SHALL NOT VOTE ON THE MATTER. THE PERSON HAVING A CONFLICT OF

INTEREST SHALL PROVIDE THE BOARD (OR COMMITTEE OF THE BOARD, AS THE CASE

MAY BE), WITH ANY AND ALL RELEVANT INFORMATION, AND SHALL RETIRE FROM THE

ROOM IN WHICH THE BOARD (OR COMMITTEE OF THE BOARD, AS THE CASE MAY BE) IS

MEETING CONCERNING SUCH MATTER, AND SHALL NOT PARTICIPATE IN THE FINAL

DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. THE

MINUTES OF THE MEETING OF THE BOARD (OR COMMITTEE OF THE BOARD, AS THE CASE

MAY BE) SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THAT

THE INTERESTED PERSON WAS NOT PRESENT DURING THE FINAL DISCUSSION OF SUCH

MATTER OR VOTE AND DID NOT VOTE ON SUCH MATTER. WHEN THERE IS A DOUBT AS

TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER SHALL BE RESOLVED BY

VOTE OF THE BOARD OF DIRECTORS (OR COMMITTEE OF THE BOARD, AS THE CASE MAY

BE), EXCLUDING THE INTERESTED PERSON.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION COMMITTEE, THROUGH A RESOLUTION OF THE AICR BOARD OF

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DIRECTORS, IS RESPONSIBLE FOR SETTING THE COMPENSATION OF THE PRINCIPLE OFFICERS. THIS COMMITTEE CONDUCTS AN ANNUAL REVIEW OF PERFORMANCE AT THE END OF EACH CALENDAR YEAR AGAINST THE GOALS AND OBJECTIVES ESTABLISHED IN THE YEARLY BUDGETS, THE YEARLY OPERATION PLAN AND THE LONG-TERM STRATEGIC PLANS.

INFORMATION UTILIZED IN DETERMINING COMPENSATION ADJUSTMENTS INCLUDE: 1) REPORT FROM THE EXECUTIVE TEAM FOR THE CALENDAR YEAR; 2) FISCAL YEAR PERFORMANCE AND EFFECTIVENESS ASSESSMENT REPORT; 3) HRA-NCA COMPENSATION SURVEY; 4) AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES ASSOCIATION COMPENSATION AND BENEFITS REPORT; 5) GUIDESTAR COMPENSATION REPORT 5) NON PROFIT TIMES NON PROFIT SALARY AND BENEFITS REPORT

AFTER REVIEWING COMPENSATION STUDIES AND OTHER INDUSTRY INFORMATION, COMPENSATION IS DETERMINED AND AWARDED. INCREASES ARE CONSISTENT WITH COMPENSATION PAID BY ORGANIZATIONS SIMILAR TO AICR HAVING COMPARABLE RESPONSIBILITY AND DUTIES. 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.

PRINCIPLE OFFICERS OR SENIOR MANAGEMENT RECEIVED A 3% SALARY INCREASE IN FY2017.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AR, CA, CT, FL, GA, HI, IL, IN, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OK, OR, PA
RI, SC, TN, UT, VA, WV, WI

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FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE
PUBLIC UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN
SECTION 6104(D).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT LIABILITY	165,110.
PENSION RELATED CHANGES	41,827.
REFUND OF PRIOR YEAR GRANTS	4,379.
TOTAL TO FORM 990, PART XI, LINE 9	211,316.

FORM 990, PART XII, LINE 2C:

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.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
WORLD CANCER RESEARCH FUND UK 22 BEDFORD SQUARE WC1B 3HH, LONDON, UNITED KINGDOM	AFFILIATED CHARITY	UNITED KINGDOM			AICR	X	
WORLD CANCER RESEARCH FUND HONG KONG HALDANES, 7TH FLOOR 11 DUDELL STREET, CENTRAL, HONG KONG	AFFILIATED CHARITY	HONG KONG			AICR	X	
WORLD CANCER RESEARCH FUND INTERNATIONAL 22 BEDFORD SQUARE WC1B 3HH, LONDON, UNITED KINGDOM	AFFILIATE	BELGIUM			AICR	X	

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

Schedule R (Form 990) 2016

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
WCRF (TRADING) LTD. THE BROADGATE TOWER, THIRD FLOOR 20 PRIMROSE STREET, LONDON EC2A 2RS, UNITED	LIST RENTAL	UNITED KINGDOM	WORLD CANCER RESEARCH FUND UK	C CORP	0.	0.	.00%		X
CHARITABLE REMAINDER TRUST (5) 1560 WILSON BLVD SUITE 1000 ARLINGTON, VA 22209	UNITRUST	CA	N/A	TRUST					X
PERPETUAL TRUST 1560 WILSON BLVD SUITE 1000 ARLINGTON, VA 22209	PERPETUAL TRUST	PA	N/A	TRUST					X

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WORLD CANCER RESEARCH FUND INTERNATIONAL	B	100,000.	CASH
(2) WORLD CANCER RESEARCH FUND UK	B	385,031.	CASH
(3) WORLD CANCER RESEARCH FUND INTERNATIONAL	L	1,059,060.	CASH
(4) WORLD CANCER RESEARCH FUND INTERNATIONAL	P	64,926.	CASH
(5) WORLD CANCER RESEARCH FUND INTERNATIONAL	Q	122,364.	CASH
(6) WORLD CANCER RESEARCH FUND INTERNATIONAL	S	670,452.	CASH

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME AND ADDRESS OF RELATED ORGANIZATION:

WCRF (TRADING) LTD.

THE BROADGATE TOWER, THIRD FLOOR

20 PRIMROSE STREET, LONDON EC2A 2RS, UNITED KINGDOM

SCHEDULE R, PART IV, COLUMN (C):

THREE OF THE CHARITABLE REMAINDER TRUSTS ARE DOMICILED IN CALIFORNIA,

ONE IN NEW YORK, AND ONE IN MAINE.