

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2014, or tax year beginning 10/01, 2014, and ending 09/30, 2015

2014

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number

52-1238026

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>18509305.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	_____

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).


Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here  Date 4/20/16 Title EXECUTIVE VICE PRESIDENT

Signature of officer _____ Date _____ Title _____

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature 	Date <u>4/19/16</u>	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <u>P00501222</u>
	Firm's name (or yours if self-employed), address, and ZIP code	<u>KPMG LLP</u>			EIN <u>13-5565207</u>
		<u>1676 INTERNATIONAL DRIVE</u> <u>MCLEAN VA 22102</u>			Phone no. <u>703-286-8000</u>

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name				
	Firm's address				

Cumulative e-File History 2014	
Federal	
Locator:	83336T
Taxpayer Name:	AMERICAN INSTITUTE FOR CANCER RESEARCH
Return Type:	990, 990
Submitted Date:	04/22/2016 07:06:05
Acknowledgement Date:	04/22/2016 07:26:28
Status:	Accepted
Submission ID:	54028020161135000000

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

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10/01, 2014, **and ending** 09/30, 2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN INSTITUTE FOR CANCER RESEARCH			D Employer identification number 52-1238026		
	Doing Business As			E Telephone number (202) 328-7744		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1759 R STREET, NW					
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20009-2552			G Gross receipts \$ 20,454,006.		
F Name and address of principal officer: KELLY B BROWNING 1759 R STREET NW WASHINGTON, DC 20009-2552			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			If "No," attach a list. (see instructions)			
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			H(c) Group exemption number ▶			
J Website: ▶ WWW.AICR.ORG						
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1981 M State of legal domicile: DC			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: AICR EDUCATES THE PUBLIC ABOUT THE RELATIONSHIP OF NUTRITION, PHYSICAL ACTIVITY AND WEIGHT MANAGEMENT TO CANCER, INTERPRETS THE SCIENTIFIC DATA AND FUNDS RESEARCH.		
	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	6.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6.
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	59.
	6 Total number of volunteers (estimate if necessary)	6	294,051.
	7a 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	Current Year
	9 Program service revenue (Part VIII, line 2g)	20,718,885.	16,472,392.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,277,855.	1,251,041.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	278,526.	287,221.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	608,438.	498,651.
		22,883,704.	18,509,305.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,692,862.	1,057,905.
	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)	4,650,763.	4,474,352.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	851,429.	558,020.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,717,825.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	13,719,473.	12,781,620.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,914,527.	18,871,897.
19 Revenue less expenses. Subtract line 18 from line 12	-30,823.	-362,592.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	17,603,723.	14,956,939.
	22 Net assets or fund balances. Subtract line 21 from line 20.	8,483,098.	6,403,400.
	9,120,625.	8,553,539.	

COPY FOR PUBLIC INSPECTION

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		
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARGARET A. BRADSHAW		4/22/16		P00501222
	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207		Phone no. 703-286-8000	
Firm's address ▶ 1676 INTERNATIONAL DRIVE MCLEAN, VA 22102					

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number (EIN) or 52-1238026
	Number, street, and room or suite no. If a P.O. box, see instructions. 1759 R STREET, NW	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20009-2552	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► KELLY B BROWNING, , 1759 R STREET NW WASHINGTON, DC 20009-2552

Telephone No. ► 202 328-7744 FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15, 2016, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20____ or

► tax year beginning 10/01, 2014, and ending 09/30, 2015.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 10,471,772. including grants of \$ 413,617.) (Revenue \$ 1,110,306.) SEE SCHEDULE O - EDUCATION

4b (Code:) (Expenses \$ 1,747,830. including grants of \$ 644,288.) (Revenue \$ 140,735.) SEE SCHEDULE O - RESEARCH

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

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

4e Total program service expenses 12,219,602.

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> (see instructions)?	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> (see instructions).	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
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?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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
25b 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):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28c 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	
35b 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 line number, description, and Yes/No checkboxes. Includes lines 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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 4 columns: Question, Line Number, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 4 columns: Question, Line Number, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
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.
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: K

KELLY B BROWNING 1759 R STREET NW WASHINGTON, DC 20009-2552

202-328-7744

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

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

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MELVIN HUTSON CHAIRMAN	2.00 0	X		X				0	0	0
(2) JEFFREY BUNN BOARD MEMBER	2.00 0	X						0	0	0
(3) G. ALLEN DALE BOARD MEMBER	2.00 0	X						0	0	0
(4) PETER MCCARTY BOARD MEMBER	2.00 0	X						0	0	0
(5) SUSAN PEPPER BOARD MEMBER	2.00 0	X						0	0	0
(6) LAWRENCE PRATT BOARD MEMBER	2.00 0	X						0	0	0
(7) MARILYN GENTRY PRESIDENT, WCRF INTL	3.00 15.00			X				0	303,417.	18,243.
(8) KELLY B BROWNING EXECUTIVE VP	40.00 0			X				336,912.	19,085.	31,440.
(9) KATHRYN L WARD SENIOR ADVISOR	30.00 0				X			161,807.	0	10,189.
(10) STEPHENIE L LOWE SENIOR VP FINANCE	40.00 0					X		149,763.	0	23,781.
(11) DEIRDRE MCGINLEY-GIESER SENIOR VP PROGRAM	40.00 0					X		148,292.	0	28,796.
(12) HEATHER MORGAN VP DEVELOPMENT	40.00 0					X		127,704.	0	22,167.
(13) MICHAEL MCCARN DIRECTOR OF IT	40.00 0					X		128,672.	0	26,278.
(14) PATRICIA M BODENSTEDT CONTROLLER	40.00 0					X		111,732.	0	15,181.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							1,164,882.	322,502.	176,075.	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							1,164,882.	322,502.	176,075.	

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 **▶ 9**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 11**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions),	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	16,472,392.					
	g Noncash contributions included in lines 1a-1f: \$		80,471.					
	h Total. Add lines 1a-1f ▶			16,472,392.				
Program Service Revenue	2a <u>SERVICE FEES</u>	Business Code						
		900099		1,058,616.	1,058,616.			
	b <u>BOOK SALES</u>	900099		698.	698.			
	c <u>BROCHURE SALES</u>	900099		50,992.	50,992.			
	d <u>EXPERT REPORT SALES</u>	900099		80.	80.			
	e <u>RESEARCH CONFERENCE</u>	900099		140,655.	140,655.			
	f All other program service revenue							
g Total. Add lines 2a-2f ▶			1,251,041.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			154,448.			154,448.	
	4 Income from investment of tax-exempt bond proceeds ▶			0				
	5 Royalties ▶			719.			719.	
	6a Gross rents	(i) Real						
		(ii) Personal						
	b Less: rental expenses							
	c Rental income or (loss)							
	d Net rental income or (loss) ▶			0				
	7a Gross amount from sales of assets other than inventory	(i) Securities						
		(ii) Other						
	b Less: cost or other basis and sales expenses			2,077,474.				
	c Gain or (loss)			1,944,701.				
	d Net gain or (loss) ▶			132,773.			132,773.	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a							
	b Less: direct expenses b							
c Net income or (loss) from fundraising events ▶			0					
9a Gross income from gaming activities. See Part IV, line 19 a								
b Less: direct expenses b								
c Net income or (loss) from gaming activities ▶			0					
10a Gross sales of inventory, less returns and allowances a								
b Less: cost of goods sold b								
c Net income or (loss) from sales of inventory ▶			0					
Miscellaneous Revenue				Business Code				
11a <u>MAIL LIST RENTAL</u>	900099		358,062.			358,062.		
b <u>DISCOUNT EARNED</u>	900099		11,273.			11,273.		
c <u>SUBLEASE REVENUE</u>	900099		114,655.			114,655.		
d All other revenue	900099		13,942.			13,942.		
e Total. Add lines 11a-11d ▶			497,932.					
12 Total revenue. See instructions ▶			18,509,305.	1,251,041.		785,872.		

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	654,288.	654,288.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	403,617.	403,617.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	514,069.	331,501.	107,105.	75,463.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	3,209,443.	1,638,426.	1,092,401.	478,616.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	482,860.	255,230.	155,176.	72,454.
10 Payroll taxes	267,980.	142,029.	85,754.	40,197.
11 Fees for services (non-employees):				
a Management	0			
b Legal	73,798.	30,824.	30,993.	11,981.
c Accounting	106,853.	10,253.	93,698.	2,902.
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	558,020.			558,020.
f Investment management fees	45,647.	29,671.	9,129.	6,847.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,568,403.	1,473,427.	94,976.	
12 Advertising and promotion	118,864.	90,887.	17,349.	10,628.
13 Office expenses	270,468.	156,118.	69,259.	45,091.
14 Information technology	168,278.	135,170.	19,682.	13,426.
15 Royalties	0			
16 Occupancy	753,984.	399,611.	241,275.	113,098.
17 Travel	300,790.	265,794.	22,059.	12,937.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	38,159.	33,980.	1,354.	2,825.
20 Interest	67,934.		67,934.	
21 Payments to affiliates	84,091.	84,091.		
22 Depreciation, depletion, and amortization	72,883.	38,628.	23,323.	10,932.
23 Insurance	30,834.	16,963.	9,420.	4,451.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MAILHOUSE FEES -----	1,289,056.	845,116.	75,852.	368,088.
b LIST COSTS -----	317,668.	213,929.	19,956.	83,783.
c POSTAGE & DELIVERY -----	4,027,150.	2,677,795.	266,252.	1,083,103.
d PRINTING & PUBLICATION -----	2,003,611.	1,466,378.	128,469.	408,764.
e All other expenses -----	1,443,149.	825,876.	303,054.	314,219.
25 Total functional expenses. Add lines 1 through 24e	18,871,897.	12,219,602.	2,934,470.	3,717,825.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	8,194,039.	5,217,370.	451,026.	2,525,643.

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	80,259.	1	54,627.
	2 Savings and temporary cash investments	6,074,525.	2	3,555,628.
	3 Pledges and grants receivable, net	1,193,381.	3	2,388,836.
	4 Accounts receivable, net	386,434.	4	527,297.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	557,639.	9	549,797.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 445,846.		
	b Less: accumulated depreciation	10b 317,056.	171,052.	10c 128,790.
	11 Investments - publicly traded securities	1,971,525.	11	1,578,601.
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	5,677,633.	13	5,447,213.
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	1,491,275.	15	726,150.
16 Total assets. Add lines 1 through 15 (must equal line 34)	17,603,723.	16	14,956,939.	
Liabilities	17 Accounts payable and accrued expenses	1,391,105.	17	995,050.
	18 Grants payable	4,340,358.	18	2,837,205.
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,751,635.	25	2,571,145.
	26 Total liabilities. Add lines 17 through 25	8,483,098.	26	6,403,400.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,924,890.	27	3,388,958.
	28 Temporarily restricted net assets	3,358,494.	28	4,348,286.
	29 Permanently restricted net assets	837,241.	29	816,295.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	9,120,625.	33	8,553,539.
34 Total liabilities and net assets/fund balances	17,603,723.	34	14,956,939.	

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	18,509,305.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,871,897.
3	Revenue less expenses. Subtract line 2 from line 1	3	-362,592.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,120,625.
5	Net unrealized gains (losses) on investments	5	-284,948.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	16,584.
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	63,870.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,553,539.

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

2014

Open to Public Inspection

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

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

- 1 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.)
- 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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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 1-9 above or IRC section (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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2014

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

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2014 (96.62%); 15 Public support percentage from 2013 Schedule A, Part II, line 14 (96.59%); 16a 33 1/3% support test - 2014 (checked); 16b 33 1/3% support test - 2013; 17a 10%-facts-and-circumstances test - 2014; 17b 10%-facts-and-circumstances test - 2013; 18 Private foundation.

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2013. 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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 11a or 11b 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</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).</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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) 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?	11 a	
b A family member of a person described in (a) above?	11 b	
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>	11 c	

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>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>	2	

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>	1	

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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

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 (<i>see instructions</i>).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>	2b		
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>	3a		
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>	3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other 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			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).		

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 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
DISCOUNTS EARNED	17,457.	15,795.	15,666.	16,610.	11,273.	76,801.
CURRENCY CONVERSION/OTHER	135.		30,205.	98,309.	128,597.	257,246.
EXPENSE RECOVERY	2,622.					2,622.
TOTALS	<u>20,214.</u>	<u>15,795.</u>	<u>45,871.</u>	<u>114,919.</u>	<u>139,870.</u>	<u>336,669.</u>

Schedule of Contributors

2014

▶ **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.

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 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

- 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 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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	----- ----- -----	\$ 475,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	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

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

(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
----- ----- -----	----- ----- -----

(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
----- ----- -----	----- ----- -----

(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
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2014

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

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

Name of the organization

Employer identification number

AMERICAN INSTITUTE FOR CANCER RESEARCH

52-1238026

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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" to Form 990, Part IV, line 7.

Table with 2 columns: Description, 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, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. 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 in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2014

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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| 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 in Part XIII.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,379,345.	1,380,036.	1,326,269.	1,838,340.	2,018,703.
b Contributions	17,022.	11,979.	16,164.	15,712.	16,610.
c Net investment earnings, gains, and losses	-14,069.	107,487.	160,204.	333,470.	-16,764.
d Grants or scholarships	112,196.	120,157.	122,601.	861,253.	180,209.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,270,102.	1,379,345.	1,380,036.	1,326,269.	1,838,340.

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

- a** Board designated or quasi-endowment 1.2900 %
 - b** Permanent endowment 36.4800 %
 - c** Temporarily restricted endowment 62.2300 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	5,900.			5,900.
b Buildings				
c Leasehold improvements		78,296.	49,519.	28,777.
d Equipment		361,650.	267,537.	94,113.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				128,790.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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	2,193,659.	FMV
(2) CHARITABLE REMAINDER UNITRUSTS	1,949,588.	FMV
(3) CANCER RESEARCH FUND	1,303,966.	FMV
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	5,447,213.	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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) DUE TO AFFILIATES	109,698.
(3) LIABILITY CHARITABLE GIFT ANNUITIES	806,517.
(4) LIABILITY CHARITABLE REMAINDER	919,043.
(5) ACCRUED BENEFIT COST	735,887.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,571,145.

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" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 18,509,305.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 18,871,897.

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS
 ENDOWMENT FUNDS ARE ESTABLISHED TO FURTHER THE MISSION OF THE AMERICAN
 INSTITUTE FOR CANCER RESEARCH. THE PERSON ESTABLISHING THE FUND
 DESIGNATED THE PURPOSE OF THEIR FUND, (I.E, CANCER RESEARCH, EDUCATION OR
 GENERAL OPERATING).

SCHEDULE D, PART X, LINE 2

FIN 48

MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITION AND HAS DETERMINED THAT
 THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE
 FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 2D

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT LIABILITY:	(46,598)
PENSION RELATED CHANGES OTHER THAN NET PERIODIC BENEFIT COSTS:	107,565

 TOTAL: 60,967

SCHEDULE D, PART XII, LINE 4B

REFUND OF PRIOR YEAR GRANTS \$2,903

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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.

Name of the organization

AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number

52-1238026

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" 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 region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE		1.	GRANTMAKING		403,617.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total		1.			403,617.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		1.			403,617.

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

Schedule F (Form 990) 2014

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	EDUCATION	403,617.	WIRE			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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. 1.

3 Enter total number of other organizations or entities.

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

Complete this part to 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).

AICR PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE U.S.:

SCHEDULE F, PART I, LINE 2

PROGRESS REPORT:

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

FINAL SCIENTIFIC REPORT:

WITHIN THREE MONTHS OF THE COMPLETION OF THE GRANT PERIOD, AICR REQUIRES A FINAL COMPREHENSIVE REPORT TO OUTLINE THE PROJECT'S ACCOMPLISHMENTS. FAILURE TO SUBMIT A FINAL REPORT WILL RESULT IN AUTOMATIC DISQUALIFICATION FROM SUBMITTING A GRANT APPLICATION TO AICR FOR TWO YEARS.

FINAL FINANCIAL REPORT:

A FINAL REPORT OF EXPENDITURES MUST BE SUBMITTED WITHIN THREE MONTHS OF THE TERMINATION OF THE GRANT, TOGETHER WITH THE REFUND OF ANY UNSPENT FUNDS. UNSPENT FUNDS FROM AN EXISTING GRANT MAY ONLY BE CARRIED FORWARD AS A NO-COST EXTENSION TO THE GRANT TERM WITH THE WRITTEN PERMISSION OF AICR.

BEFORE GRANT RECOMMENDATIONS ARE PRESENTED TO THE BOARD OF DIRECTORS FOR

Part V Supplemental Information

Complete this part to 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).

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 F, PART I, LINE 3, COLUMN (F)

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

**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" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 INFOCISION MANAGEMENT CORP	PHONE		X	3,230,501.	1,082,591.	2,147,910.
2 DIRECT RESPONSE CONSULTING	DIRECT MAIL		X	6,426,723.	457,860.	5,968,863.
3 STRATEGIC FUNDRAISING, INC	PHONE		X	78,713.	61,713.	17,000.
4						
5						
6						
7						
8						
9						
10						
Total				9,735,937.	1,602,164.	8,133,773.

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

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

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

Table with 5 columns: (a) Event #1, (b) Event #2, (c) Other events, (d) Total events. Rows include Revenue (Gross receipts, Less: Contributions, Gross income) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, Net income summary).

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

Table with 5 columns: (a) Bingo, (b) Pull tabs/instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue (Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Volunteer labor, Direct expense summary, Net gaming income summary).

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?
b If "No," explain:

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
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 ▶ _____

- 15 a 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 explanation 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).

FUNDRAISERS

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.

- 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 ▶ _____

- 15 a 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 explanation 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).

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

- 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 ▶ _____

- 15 a 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 explanation 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).

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

AMOUNTS.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number

52-1238026

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 non-cash assistance	(h) Purpose of grant or assistance
(1) DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BOSTON, MA 02215-5450	04-2263040	501(C)(3)	165,000.				MATCHING RESEARCH GRANT
(2) UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92023	95-6006144	501(C)(3)	464,308.				MATCHING RESEARCH GRANT
(3) CAREERS THROUGH CULINARY 505 EIGHTH AVE STE 1400 NEW YORK, NY 10018	13-3662917	501(C)(3)	10,000.				DISCRETIONARY GRANT
(4) UAB NUTRITION SCIENCES 1705 UNIVERSITY BLVD BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	14,980.				DISCRETIONARY GRANT
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

Schedule I (Form 990) (2014)

Part III Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

AICR PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U.S.:

SCHEDULE I, PART I, LINE 2

PROGRESS REPORT: AT THE END OF THE FIRST YEAR OF ANY TWO-YEAR GRANT, THE PRINCIPAL INVESTIGATOR MUST SUBMIT A PROGRESS REPORT, INCLUDING ABSTRACTS AND PUBLICATIONS OF RESEARCH SUPPORTED IN WHOLE OR IN PART BY AICR. AT THE DISCRETION OF AICR, FUNDS FOR THE SECOND YEAR OF THE GRANT MAY BE WITHHELD BASED UPON THE PROGRESS REPORT OR IF PROGRESS REPORTS ARE NOT SUBMITTED. FINAL SCIENTIFIC REPORT: WITHIN THREE MONTHS OF THE COMPLETION OF THE GRANT PERIOD, AICR REQUIRES A FINAL COMPREHENSIVE REPORT TO OUTLINE THE PROJECT'S ACCOMPLISHMENTS. FAILURE TO SUBMIT A FINAL REPORT

Part III Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

WILL RESULT IN AUTOMATIC DISQUALIFICATION FROM SUBMITTING A GRANT APPLICATION TO AICR FOR TWO YEARS. FINAL FINANCIAL REPORT: A FINAL REPORT OF EXPENDITURES MUST BE SUBMITTED WITHIN THREE MONTHS OF THE TERMINATION OF THE GRANT, TOGETHER WITH THE REFUND OF ANY UNSPENT FUNDS. UNSPENT FUNDS FROM AN EXISTING GRANT MAY ONLY BE CARRIED FORWARD AS A NO-COST EXTENSION OF THE GRANT TERM WITH THE WRITTEN PERMISSION OF AICR. BEFORE GRANT RECOMMENDATIONS ARE PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL, ALL APPLICANTS ARE CHECKED AND CLEARED AGAINST THE FOLLOWING TERRORIST WATCH LISTS: SPECIALLY DESIGNATED NATIONALS (SDN), STATE DEPARTMENT TERRORIST EXCLUSIONS LIST, UNITED NATIONS CONSOLIDATED LIST

Part III Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

EUROPEAN UNION TERRORIST LIST.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" 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.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

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 in 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 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 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 (e.g., 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 in 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 type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment? **4a**
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
 - c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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 in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2014

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

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

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

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

Part III Supplemental Information

Complete this part to 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.

SUPPLEMENTAL RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4(B)

EFFECTIVE JANUARY 1, 2001, AICR'S BOARD OF DIRECTORS ADOPTED A

SUPPLEMENTAL RETIREMENT BENEFIT ARRANGEMENT FOR THE INSTITUTE'S PRESIDENT

AND CHIEF EXECUTIVE OFFICER IN RECOGNITION OF THEIR LONG TERM SERVICE AND

CONTINUING COMMITMENT TO THE CHARITABLE ACTIVITIES OF AICR. THE

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

THE SINGLE LIFE ANNUITY IN THE AMOUNT OF 1% OF AVERAGE COMPENSATION FOR

EACH YEAR OF SERVICE WITH AICR AND VESTED OVER A FIVE- YEAR PERIOD. BOTH

EXECUTIVES ARE FULLY VESTED.

SUPPLEMENT RETIREMENT BENEFIT FOR 2014:

KELLY B BROWNING (CHIEF EXECUTIVE OFFICER): \$4,112

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

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

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

EMPLOYEES FOR:

MARILYN GENTRY (PRESIDENT, WCRF INTERNATIONAL): 303,417

Part III Supplemental Information

Complete this part to 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.

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): 19,085

MR. BROWNING RECEIVES THE ABOVE COMPENSATION FROM WCRF INTERNATIONAL.
AICR IS REQUIRED TO REPORT ALL COMPENSATION PAID TO MR. BROWNING BY ALL
OF AICR'S AFFILIATES. AICR DOES NOT PAY FOR THIS COMPENSATION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number

52-1238026

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7.	80,471.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2014)

JSA

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PAGE 50

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

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.**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number

52-1238026

PART III, LINE 4A - EDUCATION

EDUCATION PROGRAMS

THE AMERICAN INSTITUTE FOR CANCER RESEARCH (AICR) CHAMPIONS THE LATEST
AND MOST AUTHORITATIVE SCIENTIFIC RESEARCH ON CANCER PREVENTION AND
SURVIVAL THROUGH DIET, WEIGHT AND PHYSICAL ACTIVITY SO THAT WE CAN HELP
PEOPLE MAKE INFORMED LIFESTYLE CHOICES TO REDUCE THEIR RISK.

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

RESEARCH: THE WORK WE FUND

AICR WAS THE FIRST ORGANIZATION TO DEVOTE ITSELF TO STUDYING THE ROLE OF
DIET AND OTHER LIFESTYLE FACTORS IN LOWERING CANCER RISK. THE RESEARCH WE
HAVE FUNDED HAS HELPED TRANSFORM THE ONCE-RADICAL NOTION THAT EVERYDAY
CHOICES CAN DRAMATICALLY REDUCE CANCER RISK INTO A UNIVERSALLY ACCEPTED
MEDICAL FACT.

RESEARCH IS THE BASIS OF ALL PROGRAMS AT AICR.

INTERPRETATION: REPORTS AND CONTINUOUS UPDATES

IN 2007, AICR AND ITS INTERNATIONAL AFFILIATES IN THE WORLD CANCER
RESEARCH FUND (WCRF) GLOBAL NETWORK PUBLISHED OUR SECOND EXPERT REPORT,

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

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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7. LIMIT CONSUMPTION OF SALTY FOODS AND FOODS PROCESSED WITH SALT (SODIUM).

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

SPECIAL POPULATION RECOMMENDATIONS

9. IT'S BEST FOR MOTHERS TO BREASTFEED EXCLUSIVELY FOR SIX MONTHS AND THEN ADD OTHER LIQUIDS AND FOODS.

10. AFTER TREATMENT, CANCER SURVIVORS SHOULD FOLLOW THE RECOMMENDATIONS FOR CANCER PREVENTION.

AND ALWAYS REMEMBER-

DO NOT SMOKE OR CHEW TOBACCO.

AICR AND WCRF SUBSEQUENTLY PUBLISHED "POLICY AND ACTION FOR CANCER PREVENTION," AN EVIDENCE-BASED REPORT THAT PLACES OUR RECOMMENDATIONS IN A HEALTH POLICY CONTEXT. AICR AND THE AMERICAN PUBLIC HEALTH ASSOCIATION (APHA) PUBLISHED AN EXECUTIVE SUMMARY OF THIS POLICY REPORT.

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.

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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ONGOING REVIEW OF THE EVIDENCE

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

THE PROCESS OF UPDATING THE CUP ON A ROLLING BASIS IS WELL UNDERWAY, ADDING SYSTEMATIC LITERATURE REVIEWS OF NEW EVIDENCE, CANCER SITE BY CANCER SITE. AS OF THE END OF FY15, WE HAVE PUBLISHED CUP REPORTS COVERING:

- " BREAST CANCER: 2010
- " COLORECTAL CANCER: 2011
- " PANCREATIC CANCER: 2012
- " ENDOMETRIAL CANCER: 2013
- " OVARIAN CANCER: 2014
- " BREAST CANCER SURVIVORSHIP: 2014
- " LIVER CANCER: 2015
- " GALLBLADDER CANCER: 2015
- " KIDNEY CANCER: 2015

CUP REPORTS ON CANCERS OF THE PROSTATE, STOMACH, ESOPHAGUS, LUNG, MOUTH, CERVIX AND SKIN ARE SCHEDULED TO BE PUBLISHED IN FY16 AND FY17. ALL OF

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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THIS DATA WILL BE FED INTO THE PROCESS THAT WILL LEAD TO UPDATED
RECOMMENDATIONS FOR CANCER PREVENTION, NOW SCHEDULED FOR FY17.

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 FY15, AICR DISTRIBUTED ALMOST 2.2 MILLION COPIES OF ITS NEWSLETTER TO
SUPPORTERS. EACH QUARTERLY ISSUE IS FILLED WITH PRACTICAL TIPS, RECIPES,
PROFILES OF THE CUTTING-EDGE RESEARCH MADE POSSIBLE BY AICR SUPPORTERS.
EACH ISSUE IS REVIEWED BY AN ADVISORY GROUP OF CLINICIANS, REGISTERED
DIETITIANS, RECIPE DEVELOPERS AND CANCER RESEARCHERS.

BROCHURES AND FACT SHEETS

DEVELOPED TO 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 FY15, WE OFFERED SEVEN BROCHURE SERIES:

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

" HEALTHY EATING ANYTIME (TIPS TO PREVENT OBESITY, A MAJOR CANCER CAUSE)

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

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

INDIVIDUALS ORDER SINGLE FREE COPIES OR 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 FY15, AICR DISTRIBUTED OVER 103,000 BROCHURES.

HEALTH AIDS

AICR PRODUCES HEALTH AIDS - INCLUDING RECIPE CARDS, CHARTS, TEARSHEETS, MAGNETS AND MORE - TO TURN LOWERING CANCER RISK INTO A "HANDS-ON"

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

INDIVIDUALS ORDER SINGLE FREE COPIES; HEALTH PROFESSIONALS AND MEDICAL CENTERS (HOSPITALS, CANCER CLINICS ETC.) MAKE BULK PURCHASES AT SIGNIFICANT DISCOUNTS. AICR ALSO DISTRIBUTES HEALTH AIDS AT CONFERENCES, EVENTS AND HEALTH FAIRS. IN FY15, AICR DISTRIBUTED ALMOST 20,000 HEALTH AIDS.

SCIENCE NOW NEWSLETTER

FOR SUPPORTERS AND HEALTH PROFESSIONALS LOOKING FOR DEEPER UNDERSTANDING OF AICR'S CANCER RESEARCH, THE QUARTERLY SCIENCE NOW NEWSLETTER EXAMINES THE STUDY OF DIET, PHYSICAL ACTIVITY AND WEIGHT IN CANCER PREVENTION, TREATMENT AND SURVIVORSHIP. IN FY15, NEARLY 70,000 COPIES OF SCIENCE NOW WERE DISTRIBUTED TO SUPPORTERS.

AICR ON THE WEB

AICR'S WEBSITE (WWW.AICR.ORG) OFFERS CONTINUALLY UPDATED INFORMATION ON AICR RESEARCH; HEALTHY, CANCER-PROTECTIVE RECIPES AND FITNESS TIPS; AND A HOST OF INTERACTIVE TOOLS AND RESOURCES ON THE SCIENCE OF LOWERING CANCER RISK.

IN FY15, AICR'S WEBSITE RECEIVED OVER 1.1 MILLION UNIQUE VISITORS; TOTAL PAGE VIEWS FOR FY15 EXCEEDED 3.5 MILLION. THE NEW, STREAMLINED, MORE

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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INTERACTIVE MINI-SITE CANCER PREVENTION, (PREVENT50.COM) LAUNCHED AT THE BEGINNING OF FY15 AS PART OF A NEW PUBLIC AWARENESS CAMPAIGN. (SEE CAN PREVENT CAMPAIGN, BELOW).

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.

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 2015, OVER 655,000 PEOPLE SUBSCRIBED TO ENEWS.

HEALTH-E-RECIPE IS FOR THOSE LOOKING FOR WAYS TO BRING THE RESEARCH HOME WITH QUICK, EASY AND DELICIOUS CANCER-PROTECTIVE MEALS. ALL WEEKLY RECIPES COME FROM AICR'S TEST KITCHEN AND FOLLOW AICR'S GUIDELINES. AS OF

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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SEPTEMBER 2015, HEALTH-E-RECIPE HAD OVER 83,000 SUBSCRIBERS.

THOSE LOOKING TO DIG DEEPER INTO THE RESEARCH CAN DO SO BY SUBSCRIBING TO CANCER RESEARCH UPDATE. AT THE CLOSE OF FY15 THIS BIWEEKLY DIGEST OF BREAKING NEWS AND CURRENT RESEARCH IN THE FIGHT AGAINST CANCER REACHED OVER 52,000 READERS INTERESTED IN THE SCIENCE OF CANCER RISK, AS WELL AS HEALTH PROFESSIONALS LOOKING TO STAY CURRENT. THIS IS MORE THAN DOUBLE THE NUMBER OF SUBSCRIBERS THAN THE PREVIOUS YEAR.

HEALTH AT WORK IS A QUARTERLY E-PUBLICATION THAT ADAPTS AICR'S CANCER PREVENTION MESSAGE TO THE WORKPLACE. BY THE CLOSE OF FY15, NEARLY 13,000 HUMAN RESOURCE MANAGERS AND WELLNESS PROFESSIONALS RECEIVED AICR'S HEALTH AT WORK.

PART III, LINE 4A - EDUCATION (CONTINUED)

AICR MULTIMEDIA

THE AICR BLOG (WWW.AICRBLOG.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 FY15, THE AICR BLOG RECEIVED OVER 73,000 UNIQUE VISITORS AND NEARLY 127,000 PAGE VIEWS.

FACEBOOK AND TWITTER (@AICRTWEETS) ARE IMPORTANT VEHICLES FOR AICR TO

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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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 FY15, OVER 3,300 INDIVIDUALS AND ORGANIZATIONS FOLLOWED AICR ON TWITTER, AND THEY FREQUENTLY SHARE OUR CONTENT WITH THEIR SOCIAL MEDIA CIRCLES; IN AN AVERAGE MONTH, 75,000 TO 100,000 SEE OUR TWEETS.

THE AICR FACEBOOK PAGE HAD NEARLY 12,000 FOLLOWERS AT THE CLOSE OF FY15, A 25% INCREASE OVER THE PRIOR YEAR. IN AN AVERAGE MONTH, OVER 3,300 INDIVIDUALS ENGAGE WITH OUR FACEBOOK CONTENT.

CAN PREVENT AWARENESS CAMPAIGN

IN FEBRUARY 2015, AICR LAUNCHED A NEW 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 DAY-BY-DAY PLANNER WITH ACTIVITIES FOR LOWERING RISK, AND TO SHARE THE SITE'S INTERACTIVE CONTENT WITH THEIR SOCIAL NETWORKS.

AS OF SEPTEMBER 2015 THE PSA AIRED NEARLY 31,000 TIMES ON 10 NATIONAL NETWORKS (INCLUDING ESPN, CNN, CNN AIRPORT, GOLF, FOX NEWS AND DISCOVERY) AND OVER 400 LOCAL CHANNELS IN 90 OF THE NATION'S TOP 100 MEDIA MARKETS. OF THE 1300 PSAS ON THE AIR IN 2015, IT WAS THE 30TH-MOST-WATCHED. THE ESTIMATED MEDIA VALUE OF THIS PSA - THE AMOUNT OF MONEY AICR WOULD HAVE

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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OTHERWISE HAD TO SPEND ON ADVERTISING TO REACH THE NUMBER OF AMERICANS
THIS PSA REACHED -- IS OVER \$4 MILLION.

THE CAMPAIGN GENERATED PRESS COVERAGE BY THE ASSOCIATED PRESS, HEALTHDAY,
MSN.COM, WEBMD AND MANY MORE NATIONAL AND LOCAL OUTLETS. OVER 100,000
UNIQUE VISITORS CAME TO THE CAMPAIGN'S WEBSITE BETWEEN FEBRUARY AND
SEPTEMBER 2015.

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
TRACK THEIR DIET, ACTIVITY AND WEIGHT LOSS WITH ONLINE METRICS AND
PARTICIPATE IN DISCUSSION FORUMS TO SHARE THEIR SUCCESSES. AN AVERAGE OF
2,000 PEOPLE SIGN UP FOR THIS INNOVATIVE PROGRAM EACH TIME IT IS OFFERED,
AND THE NAPC WEBPAGES (WWW.NAPCHALLENGED.ORG) HAVE RECEIVED OVER 300,000
VISITS.

CANCERRESOURCE PROGRAM

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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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 QUICKLY AS POSSIBLE.

FOOD FOR THE FIGHT DVD

TO PROVIDE CANCER PATIENTS, SURVIVORS AND CAREGIVERS WITH COMPREHENSIVE YET EASY-TO-USE INFORMATION, AICR PARTNERED WITH NEW YORK PRESBYTERIAN HOSPITAL TO PRODUCE THIS 2-PART, 57-MINUTE DVD. HUNDREDS OF HOSPITALS AND CANCER CENTERS NOW PLAY AICR'S FOOD FOR THE FIGHT DVD IN THEIR TREATMENT ROOMS, WHILE OTHERS GIVE IT TO PATIENTS SO THEY CAN WATCH IT AT HOME AT THEIR LEISURE, AND SHARE ITS VITAL INFORMATION WITH THEIR LOVED ONES.

AICR HEALTH PROFESSIONALS PROGRAM

TO HELP GET AICR'S MESSAGE INTO THE HANDS OF THOSE WHO NEED IT, WE OFFER

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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HEALTH PROFESSIONALS(HPS)OUR MATERIALS AT A SIGNIFICANT DISCOUNT. WITH THE AICR HEALTH EDUCATION CATALOG, WHICH REACHED OVER 50,000 DIETITIANS, NURSES, DOCTORS, HEALTH EDUCATORS, AND COMMUNITY GROUPS IN FY15, 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 ECOMMUNITY

AICR'S HPE ECOMMUNITY PROVIDES AN ONLINE DESTINATION FOR HEALTH PROFESSIONALS, FEATURING A WEALTH OF INTERACTIVE TOOLS, WEBINARS, AICR IN-DEPTH BACKGROUND PAPERS, ONE-SHEET Q-AND-A'S, PRACTICAL EVIDENCE-BASED ADVICE FOR PATIENTS AND CLIENTS AND SPECIAL DISCOUNTS ON BULK PURCHASES. IN FY15, AICR'S ECOMMUNITY HELPED ITS OVER 4,500 ACTIVE MEMBERS (DIETITIANS, NURSES, HEALTH EDUCATORS, PHYSICIANS, RESEARCHERS, WELLNESS PROFESSIONALS AND OTHERS) CONNECT WITH AICR - AND WITH EACH OTHER - AT HOSPITALS, CLINICS, CANCER CENTERS, UNIVERSITIES AND DEPARTMENTS OF HEALTH.

TOLL-FREE PHONE SERVICES

VIA AICR'S TOLL-FREE NUMBER, 1-800-843-8114, MEMBERS OF THE PUBLIC CAN ORDER BROCHURES AND HEALTH AIDS, REQUEST A FREE CANCERRESOURCE TOOLKIT FOR CANCER PATIENTS, GET ADVICE FROM A REGISTERED DIETITIAN (VIA AICR'S "NUTRITION HOTLINE") AND MUCH MORE.

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

IN MAY 2015, AICR LED A TOWN HALL MEETING BY PHONE, IN WHICH CALLERS WERE INVITED TO ASK AICR CANCER EXPERTS QUESTIONS ABOUT MODIFYING THEIR BEHAVIOR TO REDUCE CANCER RISK.

PROFESSIONAL PUBLICATIONS

AICR REACHES OUT TO THE MEDICAL, SCIENTIFIC AND HEALTH POLICY COMMUNITIES WITH OUR EXPERT REPORTS, POLICY REPORT AND OTHER MEDIA. IN FY15, NEARLY 1,000 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.

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 68,000 COPIES HAVE BEEN SOLD, AND ALL ROYALTIES SUPPORT AICR CANCER RESEARCH.

THE AICR/C-CAP RECIPE CONTEST

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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AICR PARTNERS WITH C-CAP, A PROGRAM THAT TEACHES CULINARY SKILLS TO UNDERSERVED YOUTH AND HELPS THEM LAUNCH CAREERS IN HOSPITALITY AND THE CULINARY ARTS. OVER 2000 STUDENTS PARTICIPATE IN AN ANNUAL RECIPE CONTEST TO CREATE AND PREPARE DELICIOUS, HEALTHY OFFERINGS ACCORDING TO AICR CANCER PREVENTION GUIDELINES AND WIN SCHOLARSHIPS TOTALING \$10,000. BY INSTILLING MESSAGES ABOUT CANCER PREVENTION IN A NEW GENERATION OF CULINARY PROFESSIONALS TODAY, AICR IS WORKING TO MAKE DINING OUT HEALTHIER.

HEALTHY KIDS 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 AND TEACHERS. THE AICR HEALTHY KIDS TODAY MINI-SITE [HTTP://WWW.AICR.ORG/CAN-PREVENT/HEALTHY-KIDS/](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.

PART III, LINE 4A - EDUCATION (CONTINUED)

SEMINARS, EXHIBITS AND CONFERENCES

IN FY15, AICR STAFF ATTENDED, PRESENTED, NETWORKED AND DISTRIBUTED MATERIALS AT VARIOUS CONFERENCES AND ANNUAL MEETINGS, INCLUDING:

" AMERICAN ASSOCIATION FOR CANCER RESEARCH

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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" AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY
REHABILITATION

" AMERICAN ASSOCIATION OF NURSE PRACTITIONERS

" AMERICAN SOCIETY OF CLINICAL ONCOLOGY

" AMERICAN SOCIETY FOR NUTRITION

" AMERICAN SOCIETY OF PREVENTIVE ONCOLOGY

" CARDIO METABOLIC RISK SUMMIT

" COUNTRY AND CITY HEALTH OFFICIALS

" FEDERATION OF AMERICAN SOCIETIES FOR EXPERIMENTAL BIOLOGY

" FOOD AND NUTRITION CONFERENCE AND EXPO (FNCE)

" NATIONAL PHYSICAL ACTIVITY PLAN CONGRESS

" NUTRITION ENTREPRENEURS DIETETIC PRACTICE GROUP

" OBESITY SOCIETY

" SAN ANTONIO BREAST CANCER SYMPOSIUM

" SOCIETY OF BEHAVIORAL MEDICINE

" TODAY'S DIETITIAN SYMPOSIUM

" WAR ON CANCER CONFERENCE

MEDIA PROGRAMS

PRESS RELEASES

IN FY15, AICR DISTRIBUTED 29 PRESS RELEASES, STATEMENTS, FEATURES AND
ADVISORIES DISTRIBUTED TO ITS MEDIA CONTACTS ON A HOST OF TOPICS RANGING
FROM NEWLY PUBLISHED RESEARCH TO PRACTICAL, HANDS-ON TIPS FOR MOVING

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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MORE, STAYING LEAN AND EATING SMART.

AS A RESULT, US MEDIA OUTLETS CARRIED AICR NEWS ITEMS OVER 6,600 TIMES DURING FY15. ON AVERAGE, 128,000 AMERICANS PER MONTH READ ABOUT AICR'S RESEARCH IN NEWSPAPERS LIKE THE WASHINGTON POST, USA TODAY, THE CHICAGO TRIBUNE, AND NEW YORK NEWSDAY; ON THE NBC EVENING NEWS, FOX NEWS, CNN AND PBS; ON WEBSITES LIKE THE HUFFINGTON POST, MEDSCAPE, WEBMD, HEALTHDAY, AND MSN, AND IN MAGAZINES LIKE TIME, US NEWS AND WORLD REPORT, SELF, PREVENTION AND MANY MORE. COMBINED, THE TOTAL REACH OF AICR'S MEDIA PROGRAM IN 2015 EXCEEDED 1.5 BILLION IMPRESSIONS.

AICR HEALTH FEATURES PROGRAM

EVERY MONTH, AICR PROVIDES READY-TO-USE CONTENT TO SMALL (<20,000 CIRCULATION) MEDIA OUTLETS THAT FEATURE AICR'S CANCER-PREVENTION MESSAGE. COLUMNS INCLUDE AICR HEALTHTALK (A QUESTION-AND-ANSWER COLUMN) AND TWO RECIPE COLUMNS (FROM THE AICR TEST KITCHEN). IN FY15, OVER 500 MEDIA OUTLETS WERE SUBSCRIBED.

PART III, LINE 4B - RESEARCH

RESEARCH PROGRAMS

SCIENTIFIC STUDY OF THE RELATIONSHIP OF DIET, PHYSICAL ACTIVITY, AND WEIGHT MANAGEMENT TO CANCER RISK AND SURVIVORSHIP CONTINUES TO BE ONE OF THE MOST PROMISING AREAS OF CANCER RESEARCH. A SUBSTANTIAL BODY OF EVIDENCE SHOWS THAT FOOD, NUTRITION, AND PHYSICAL ACTIVITY PLAY IMPORTANT

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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ROLES IN CANCER PREVENTION, TREATMENT, AND SURVIVORSHIP. RESEARCH SHOWS THAT ABOUT ONE-THIRD OF THE CASES OF SOME OF THE MOST COMMON CANCERS COULD BE PREVENTED BY APPROPRIATE FOOD, NUTRITION, WEIGHT MANAGEMENT, AND PHYSICAL ACTIVITY, AND NEARLY HALF OF ALL CANCERS WOULD BE PREVENTED IF, IN ADDITION, NO ONE USED TOBACCO PRODUCTS.

THE AMERICAN INSTITUTE FOR CANCER RESEARCH (AICR) PIONEERED THE FUNDING OF RESEARCH EXAMINING DIET AND CANCER. IN TOTAL THROUGH FY15, AICR HAS COMMITTED OVER \$ 104 MILLION FOR HUNDREDS OF INDIVIDUAL RESEARCH PROJECTS AT UNIVERSITIES, HOSPITALS AND RESEARCH CENTERS THROUGHOUT THE UNITED STATES AND THE WORLD.

AICR ANNUAL RESEARCH CONFERENCE

STARTING IN 1990, AICR HAS HOSTED AN ANNUAL RESEARCH CONFERENCE TO ENCOURAGE AND FACILITATE THE EXCHANGE OF IDEAS AND INFORMATION AND TO PROVIDE A FORUM FOR CONSTRUCTIVE DEBATE ON TIMELY DIET AND CANCER RESEARCH TOPICS. THE CONFERENCE PROVIDES A VENUE FOR RESEARCHERS, SCIENTISTS, MEDICAL AND HEALTH PROFESSIONALS, AND OTHERS TO PRESENT AND DISCUSS THEIR WORK. THIS YEAR'S RESEARCH CONFERENCE WAS HELD OCTOBER 29-31, 2014 AT THE CAPITAL HILTON HOTEL, IN WASHINGTON, D.C. THE CONFERENCE INCLUDED SCIENTIFIC SESSIONS ON MICRONUTRIENTS IN CANCER PREVENTION; NUTRITION CARE OF THE CANCER PATIENT; PHYSICAL ACTIVITY AND CANCER SURVIVORSHIP; OBESITY AND BREAST CANCER IN MINORITY POPULATIONS; CHILDHOOD CANCER AND SURVIVORSHIP; SURROGATE MARKERS FOR CANCER

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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INTERVENTION TRIALS; THE CONTINUOUS UPDATE PROJECT; AND DIETARY PATTERNS
AND CANCER RISK. THE SCIENTIFIC PROGRAM FOR THE CONFERENCE WAS PLANNED BY
THE AICR CONFERENCE PROGRAM COMMITTEE, MADE UP OF THE FOLLOWING
INDIVIDUALS:

CHERYL L. ROCK PHD, RD (CHAIR)
UNIVERSITY OF CALIFORNIA, SAN DIEGO
LA JOLLA, CALIFORNIA

ELISA V. BANDERS, MD, PHD
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY
NEW BRUNSWICK, NEW JERSEY

JOHN W. ERDMAN, JR., PHD
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN
URBANA, ILLINOIS

CHRISTINE FRIEDENREICH, PHD
UNIVERSITY OF CALGARY
CALGARY, ALBERTA
CANADA

SUSAN HIGGINBOTHAM, PHD, RD
AMERICAN INSTITUTE FOR CANCER RESEARCH
WASHINGTON, DC

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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JOEL B. MASON, MD

USDA HUMAN NUTRITION RESEARCH CENTER AT TUFTS UNIVERSITY
BOSTON, MASSACHUSETTS

SHARON A. ROSS, PHD, MPH

NATIONAL CANCER INSTITUTE
BETHESDA, MARYLAND

CYNTHIA A. THOMSON, PHD, RD

THE UNIVERSITY OF ARIZONA
TUCSON, ARIZONA

AICR ALSO PARTICIPATES IN A VARIETY OF MEETINGS, SEMINARS, SYMPOSIUMS AND
CONFERENCES THROUGHOUT THE COURSE OF THE YEAR.

MARILYN GENTRY FELLOWSHIPS AT UNC

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

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

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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PHYSICAL ACTIVITY AND WEIGHT MANAGEMENT AS THEY RELATE TO CANCER, AND HAS LED TO HUNDREDS OF ARTICLES IN PEER REVIEWED SCIENTIFIC PUBLICATIONS.

MATCHING GRANTS

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

AICR GRANT REVIEW PANELS

ALL RESEARCH GRANT APPLICATIONS UNDERGO A PEER REVIEW PROCESS MODELED AFTER THE GRANT REVIEW PROCESS DEVELOPED BY THE NATIONAL INSTITUTES OF HEALTH. AICR'S GRANT REVIEW PROCESS IS ONE OF ONLY A FEW IN THE NATION THAT MEET THE STANDARDS OF THE NATIONAL CANCER INSTITUTE.

THE AICR GRANT PANELS REVIEW APPLICATIONS FOR THEIR SCIENTIFIC MERIT; THE QUALIFICATIONS, EXPERIENCE AND PRODUCTIVITY OF THE INVESTIGATORS; THE FACILITIES AVAILABLE; AND THE PROMISE FOR ELUCIDATING THE ROLES OF FOOD, NUTRITION, PHYSICAL ACTIVITY AND WEIGHT MANAGEMENT IN CANCER PREVENTION, TREATMENT, AND SURVIVORSHIP. THE REVIEW PROCESS IS STRICTLY CONTROLLED, INCLUDING PROCEDURES TO AVOID POTENTIAL CONFLICTS OF INTEREST.

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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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 ON THE 2015 AICR GRANT REVIEW PANEL ARE AS FOLLOWS:

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

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

CINDY D. DAVIS, PHD

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

AH-NG TONY KONG, PHD

RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY

PISCATAWAY, NJ

KIM ROBIEN, PHD, RD, CSO, FAND

GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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DANIEL W. ROSENBERG, PHD

UNIVERSITY OF CONNECTICUT HEALTH CENTER

FARMINGTON, CT

KATHRYN H. SCHMITZ, PHD, MPH, FACSM

UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE

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

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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AICR RESEARCH GRANTS FOR FISCAL YEAR 2015

DURING FISCAL YEAR 2015, AICR COMMITTED \$654,288 FOR PEER-REVIEWED CANCER RESEARCH AND EDUCATION PROJECTS.

RESEARCH GRANTS AWARDED:

WALNUT CONSUMPTION IN A WEIGHT LOSS INTERVENTION: EFFECTS ON WEIGHT CHANGE, SATIETY AND POTENTIAL MEDIATING FACTORS

CHERYL ROCK, PHD, RD

UNIVERSITY OF CALIFORNIA, SAN DIEGO

LA JOLLA, CALIFORNIA

IMPACT OF PHYSICAL ACTIVITY ON TUMOR GENE EXPRESSION IN WOMEN WITH NEWLY DIAGNOSED BREAST CANCER

JENNIFER LIGIBEL, MD

DANA-FARBER CANCER INSTITUTE

BOSTON, MASSACHUSETTS

TARGETED DISRUPTION OF CANCER CELL METABOLISM AND GROWTH THROUGH MODIFICATION OF DIET QUALITY

BARBARA GOWER, PHD

UNIVERSITY OF ALABAMA AT BIRMINGHAM

BIRMINGHAM, ALABAMA

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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PART III, LINE 4B - RESEARCH (CONTINUED)

EDUCATION GRANTS:

HARVEST FOR HEALTH STUDY

WENDY DEMARK-WAHNEFRIED, PHD, RD

UNIVERSITY OF ALABAMA COMPREHENSIVE CANCER CENTER

BIRMINGHAM, ALABAMA

PART VI GOVERNANCE

FORM 990, PART VI, LINE 11B

THE 990 FORM IS PREPARED AND REVIEWED IN DETAIL BY KEY STAFF IN THE AICR ACCOUNTING DEPARTMENT. THE 990 FORM IS THEN REVIEWED BY AICR EXECUTIVE MANAGEMENT, KPMG AND THE LAW FIRM STEPTOE & JOHNSON. KPMG AND STEPTOE & JOHNSON BOTH CONDUCT DETAILED REVIEWS OF THE 990 FORM.

ONCE THE 990 FORM AND ACCOMPANYING SCHEDULES ARE IN FINAL DRAFT FORM, THE AICR BOARD OF DIRECTORS ARE ASKED TO REVIEW AND PROVIDE FEEDBACK PRIOR TO THE FILING.

FORM 990, PART VI, LINE 12C

THE INSTITUTE'S BOARD OF DIRECTORS HAS A CONFLICT OF INTEREST POLICY IN EFFECT.

A COPY OF THE POLICY IS PROVIDED TO EACH DIRECTOR, OFFICER AND STAFF MEMBER OF AICR WHO IS PRESENTLY SERVING IN A CAPACITY WHERE A CONFLICT OF INTEREST COULD ARISE.

THE POLICY IS REVIEWED ANNUALLY. IF THE BOARD DETERMINES THAT CHANGES DO NOT NEED TO BE MADE, THE POLICY IS REAFFIRMED. NEW DIRECTORS, OFFICERS,

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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AND STAFF MEMBERS ARE ADVISED OF THE POLICY IN EFFECT UPON TAKING OFFICE OR UPON THE START OF EMPLOYMENT, AS THE CASE MAY BE. SINCE FISCAL YEAR 2010, DIRECTORS, OFFICERS, EXECUTIVES, AND SENIOR LEVEL MANAGEMENT STAFF HAVE BEEN REQUIRED TO SIGN A "DECLARATION OF LACK OF CONFLICT OF INTEREST."

THE POLICY PROVIDES THAT IN THE EVENT OF A CONFLICT OF INTEREST RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD, THE PERSON SHALL CALL IT TO THE ATTENTION OF THE BOARD (OR COMMITTEE OF THE BOARD, AS THE CASE MAY BE), AND SUCH PERSON SHALL NOT VOTE ON THE MATTER. THE PERSON HAVING A CONFLICT OF INTEREST SHALL PROVIDE THE BOARD (OR COMMITTEE OF THE BOARD, AS THE CASE MAY BE), WITH ANY AND ALL RELEVANT INFORMATION, AND SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD (OR COMMITTEE OF THE BOARD, AS THE CASE MAY BE) IS MEETING CONCERNING SUCH MATTER, AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. THE MINUTES OF THE MEETING OF THE BOARD (OR COMMITTEE OF THE BOARD, AS THE CASE MAY BE) SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED PERSON WAS NOT PRESENT DURING THE FINAL DISCUSSION OF SUCH MATTER OR VOTE AND DID NOT VOTE ON SUCH MATTER. WHEN THERE IS A DOUBT AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER SHALL BE RESOLVED BY VOTE OF THE BOARD OF DIRECTORS (OR COMMITTEE OF THE BOARD, AS THE CASE MAY BE), EXCLUDING THE INTERESTED PERSON.

FORM 990, PART VI, LINE 15B

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

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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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 THE AICR HAVING COMPARABLE RESPONSIBILITY AND DUTIES. INCREASES ARE DOCUMENTED AND A MEMO IS DRAFTED FROM THE COMPENSATION COMMITTEE TO THE SENIOR VICE PRESIDENT OF FINANCE, HUMAN RESOURCE FILE AND TO THE EXECUTIVES RECEIVING THE REVIEW INCLUDING THE INSTRUCTIONS AND DETAILS FOR THE COMPENSATION CHANGES.

THERE HAVE BEEN NO SALARY INCREASES FOR PRINCIPLE OFFICERS OR SENIOR MANAGEMENT SINCE FY2014.

FORM 990, PART VI, LINE 19

ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PENSION RELATED CHANGES OTHER THAN NET 107,565

PERIODIC BENEFIT COSTS:

CHANGE IN VALUE OF SPLIT-INTEREST -46,598

AGREEMENT LIABILITY:

GRANT REFUNDS FROM PRIOR YEAR 2,903

.....

TOTAL: 63,870

ATTACHMENT 1

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

UNITED KINGDOM

HONG KONG

NETHERLANDS

FRANCE

BELGIUM

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CT,

FL, GA, HI, IL, IN, KS, KY, MD, MA, MI,

MN, MS, MO, NH, NJ, NM, NY, NC, OR, PA,

RI, SC, TN, UT, VA, WV, WI,

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
INFOCISION MANAGEMENT CORPORATION 325 SPRINGSIDE DRIVE AKRON, OH 44333	TM CONSULTANT	2,108,881.
SOUTHWEST PUBLISHING 2600 NW TOPEKA BLVD TOPEKA, KS 66617	MAILHOUSE CONSULTANT	772,238.
THE DATA CENTER 11200 WAPLES MILL RD FAIRFAX, VA 22030	DP CONSULTANT	568,260.
DIRECT RESPONSE CONSULTING 6849 OLD DOMINION DR MCLEAN, VA 22101	FR CONSULTANT	500,613.
FISHER GROUP 1250 NORTH CENTER POINT RD HIAWATHA, IA 52233	MAILHOUSE CONSULTANT	385,011.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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.

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WORLD CANCER RESEARCH FUND UK 22 BEDFORD SQUARE WC1B 3HH LONDON, UK	AFFLD CHARITY	UK			AICR	X	
(2) WORLD CANCER RESEARCH FUND HONG KONG 145 HENNESSY ROAD ROOM 1302 WANCHAI, HK	AFFLD CHARITY	HK			AICR	X	
(3) WORLD CANCER RESEARCH FUND FRANCE ALLEE DE L'ARCHE 9-11 COURBEVOIE, FR	AFFLD CHARITY	FR			WCRF INTL	X	
(4) WORLD CANCER RESEARCH FUND INTERNATIONAL 22 BEDFORD SQUARE WC1B 3HH LONDON, UK	AFFILIATE	BE			AICR	X	
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2014

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	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) WCRF (TRADING) LIMITED BROADGATE TOWER PRIMROSE ST EC2A 2RS LONDON, UK	LIST RENTAL	UK	UK	C CORP					X
(2) CHARITABLE REMAINDER TRUST (5) 1759 R STREET NW WASHINGTON, DC 20009	UNITRUST		N/A	TRUST				X	
(3) PERPETUAL TRUST (1) 1759 R STREET NW WASHINGTON, DC 20009	PERPETUAL TRU		N/A	TRUST				X	
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		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)		
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	Q	121,488.	CASH
(2) WORLD CANCER RESEARCH FUND INTERNATIONAL	L	1,058,616.	CASH
(3) WORLD CANCER RESEARCH FUND INTERNATIONAL	B	403,617.	CASH
(4) WORLD CANCER RESEARCH FUND INTERNATIONAL	P	84,091.	CASH
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
