

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.

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

OMB No 1545-0047

2017

Open to Public
Inspection

A For the **2017** calendar year, or tax year beginning **OCT 1, 2017** and ending **SEP 30, 2018**

| | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending | C Name of organization AMERICAN INSTITUTE FOR CANCER RESEARCH | | D Employer identification number 52-1238026 | |
| | Doing business as | | | |
| | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1560 WILSON BLVD. 1000 | | E Telephone number (202) 328-7744 | |
| | City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22209 | | G Gross receipts \$ 16,375,951. | |
| | F Name and address of principal officer: MR. KELLY B. BROWNING SAME AS C ABOVE | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 | | | | |
| J Website: ▶ N/A | | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶ | | | L Year of formation: 1981 M State of legal domicile: DC | |

Part I Summary

| | | | |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: AICR EDUCATES THE PUBLIC ABOUT THE RELATIONSHIP OF NUTRITION, PHYSICAL ACTIVITY AND WEIGHT | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 5 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 5 |
| | 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 | 46 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 53236 |
| | 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 | 32,090. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 14,514,448. | 13,906,659. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,268,622. | 1,207,378. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 229,341. | 241,859. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 282,064. | 280,620. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 16,294,475. | 15,636,516. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 1,638,889. | 2,190,288. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 3,621,435. | 3,901,827. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,842,129. | 357,234. | 399,265. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 9,447,201. | 9,179,380. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 15,064,759. | 15,670,760. |
| | 19 Revenue less expenses. Subtract line 18 from line 12 | 1,229,716. | -34,244. |
| 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) | 14,855,031. | 16,857,718. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 5,705,444. | 7,330,668. |
| | | 9,149,587. | 9,527,050. |

Part II Signature Block

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

| | | | | |
|-------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------|-----------------------------------------------------------|
| Sign Here | Signature of officer | | Date | |
| | MR. KELLY B. BROWNING, EXECUTIVE VP | | | |
| Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name YONG ZHANG, CPA | Preparer's signature <i>Yong Zhang</i> | Date 05/06/2019 | Check if self-employed <input type="checkbox"/> |
| | Firm's name ▶ RSM US LLP | Firm's EIN ▶ 42-0714325 | PTIN P01249785 | |
| | Firm's address ▶ 1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102 | Phone no. 703-336-6400 | | |

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

Part III Statement of Program Service Accomplishments

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

☒ X**1** Briefly describe the organization's mission:

AICR EDUCATES THE PUBLIC ABOUT THE RELATIONSHIP OF NUTRITION, PHYSICAL
ACTIVITY AND WEIGHT MANAGEMENT TO CANCER, INTERPRETS THE SCIENTIFIC
DATA AND FUNDS RESEARCH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,718,673. including grants of \$ 426,158.) (Revenue \$ 1,207,378.)
SEE SCHEDULE O.

4b (Code:) (Expenses \$ 2,574,492. including grants of \$ 1,764,130.) (Revenue \$)
SEE SCHEDULE O.

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 10,293,165.

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> | 1 X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | 2 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> | 3 | 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> | 4 | 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> | 5 | 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> | 6 | 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> | 7 | 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> | 8 | 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> | 9 | 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> | 10 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> | 11a 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> | 11b | 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> | 11c 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> | 11d 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> | 11e 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> | 11f 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> | 12a 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> | 12b | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a 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> | 14b 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> | 15 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> | 16 | 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> | 17 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> | 18 | 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> | 19 | X |

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Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | X | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |
| Note. All Form 990 filers are required to complete Schedule O | X | |

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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

☒

| | | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a 162 | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | X | |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 46 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | X | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X | |
| b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | 3b | X | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | X | |
| b If "Yes," enter the name of the foreign country: SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | X |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 Section 501(c)(7) organizations. Enter: | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | |
| 11 Section 501(c)(12) organizations. Enter: | | | |
| a Gross income from members or shareholders | 11a | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | 13a | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | |
| c Enter the amount of reserves on hand | 13c | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

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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 ☒

Section A. Governing Body and Management

| | 1a | 1b | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | 5 | | | |
| b Enter the number of voting members included in line 1a, above, who are independent | | 5 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | | | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | X |
| 6 Did the organization have members or stockholders? | | | | X |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | | | X |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a The governing body? | | | X | |
| b Each committee with authority to act on behalf of the governing body? | | | X | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | | X |

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

| | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 10a Did the organization have local chapters, branches, or affiliates? | | X |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 13 Did the organization have a written whistleblower policy? | X | |
| 14 Did the organization have a written document retention and destruction policy? | X | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | X | |
| b Other officers or key employees of the organization | X | |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► AL, AR, CA, FL, GA, HI, IL, IN, KS, KY, MD, MA

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.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►
MR. KELLY B. BROWNING - (202) 328-7744
1560 WILSON BLVD., NO. 1000, ARLINGTON, VA 22209

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-total | | | | | | | | 1,272,579. | 254,961. | 128,581. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,272,579. | 254,961. | 128,581. |

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 ▶

7

| | | 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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|
| RRDONNELLY PO BOX 538602, ATLANTA, GA 30353 | MAILHOUSE CONSULTANT | 752,880. |
| INFOCISION MGMT CORP 325 SPRINGSIDE DR, AKRON, OH 45431 | TELEMARKETING CONSULTANT | 752,513. |
| THE DATA CENTER 11200 WAPLES MILL RD, FAIRFAX, VA 22030 | DATA PROCESSING CONSULTANT | 525,740. |
| SOUTHWEST PUBLISHING 2600 NW TOPEKA BLVD, TOPEKA, KS 66609 | MAILHOUSE CONSULTANT | 403,245. |
| DIRECT RESPONSE CONSULTING 6849 OLD DOMINON DR, MCLEAN, VA 22101 | FUNDRAISING CONSULTANT | 400,815. |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization | | |

Form **990** (2017)

Part VIII Statement of RevenueCheck 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 | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 13,906,659. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 138,644. | | | | |
| | h Total. Add lines 1a-1f | | 13,906,659. | | | | |
| Program Service Revenue | 2 a SERVICE FEES | Business Code | 900099 | 1,175,530. | 1,175,530. | | |
| | b BROCHURE SALES | | 900099 | 31,848. | 31,848. | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | 1,207,378. | | | | |
| | Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 157,019. | | |
| 4 Income from investment of tax-exempt bond proceeds | | | | | | | |
| 5 Royalties | | | | 814. | | | 814. |
| 6 a Gross rents | | (i) Real | (ii) Personal | | | | |
| b Less: rental expenses | | | | | | | |
| c Rental income or (loss) | | | | | | | |
| d Net rental income or (loss) | | | | | | | |
| 7 a Gross amount from sales of assets other than inventory | | (i) Securities | (ii) Other | | | | |
| b Less: cost or other basis and sales expenses | | | | | | | |
| c Gain or (loss) | | | | | | | |
| d Net gain or (loss) | | | | 84,840. | | | 84,840. |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | | a | | | | | |
| b Less: direct expenses | | b | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | | a | | | | | |
| b Less: direct expenses | | b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | | a | | | | | |
| b Less: cost of goods sold | b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| 11 a MAILING LIST RENTAL | | 900099 | 260,790. | | | 260,790. | |
| b OTHER INCOME | | 900099 | 19,016. | | | 19,016. | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | 279,806. | | | | |
| 12 Total revenue. See instructions. | | | 15,636,516. | 1,207,378. | 0. | 522,479. | |

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 | 1,399,130. | 1,399,130. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 791,158. | 791,158. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 392,019. | 235,391. | 97,780. | 58,848. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 2,751,030. | 1,370,197. | 960,199. | 420,634. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 201,225. | 98,872. | 68,529. | 33,824. |
| 9 Other employee benefits | 335,812. | 171,056. | 114,384. | 50,372. |
| 10 Payroll taxes | 221,741. | 112,273. | 75,924. | 33,544. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 48,170. | 12,581. | 31,863. | 3,726. |
| c Accounting | 93,402. | 8,156. | 82,847. | 2,399. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 399,265. | | | 399,265. |
| f Investment management fees | 47,054. | 24,939. | 15,057. | 7,058. |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 983,475. | 897,158. | 86,317. | |
| 12 Advertising and promotion | 132,403. | 51,174. | 21,361. | 59,868. |
| 13 Office expenses | 197,749. | 95,487. | 63,957. | 38,305. |
| 14 Information technology | 236,573. | 161,291. | 38,384. | 36,898. |
| 15 Royalties | | | | |
| 16 Occupancy | 380,067. | 193,929. | 129,128. | 57,010. |
| 17 Travel | 102,526. | 87,020. | 5,242. | 10,264. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 59,148. | 57,181. | 688. | 1,279. |
| 20 Interest | 105,849. | | 105,849. | |
| 21 Payments to affiliates | 65,749. | 65,749. | | |
| 22 Depreciation, depletion, and amortization | 138,159. | 70,461. | 46,974. | 20,724. |
| 23 Insurance | 19,129. | 9,756. | 6,504. | 2,869. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a POSTAGE & DELIVERY | 2,655,444. | 1,778,186. | 187,227. | 690,031. |
| b PRINTING & PUBLICATION | 1,570,478. | 1,160,118. | 90,196. | 320,164. |
| c MAILHOUSE FEES | 941,315. | 616,931. | 63,056. | 261,328. |
| d DATA PROCESSING | 902,299. | 508,998. | 183,610. | 209,691. |
| e All other expenses | 500,391. | 315,973. | 60,390. | 124,028. |
| 25 Total functional expenses. Add lines 1 through 24e | 15,670,760. | 10,293,165. | 2,535,466. | 2,842,129. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |
| Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 5,399,831. | 3,421,141. | 322,399. | 1,656,291. |

Part X Balance SheetCheck 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 | 24,997. | 1 | 10,140. |
| | 2 Savings and temporary cash investments | 3,997,131. | 2 | 5,512,906. |
| | 3 Pledges and grants receivable, net | 1,645,724. | 3 | 1,211,298. |
| | 4 Accounts receivable, net | 442,327. | 4 | 369,309. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 569,541. | 9 | 462,558. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,044,340. | | |
| | b Less: accumulated depreciation | 10b 303,122. | | |
| | 11 Investments - publicly traded securities | 842,900. | 10c | 741,218. |
| | 12 Investments - other securities. See Part IV, line 11 | 944,904. | 11 | 1,271,118. |
| | 13 Investments - program-related. See Part IV, line 11 | 5,548,705. | 12 | |
| | 14 Intangible assets | | 13 | 6,368,386. |
| | 15 Other assets. See Part IV, line 11 | 838,802. | 14 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 14,855,031. | 15 | 910,785. | |
| Liabilities | 17 Accounts payable and accrued expenses | 552,525. | 16 | 16,857,718. |
| | 18 Grants payable | 1,209,296. | 17 | 726,140. |
| | 19 Deferred revenue | | 18 | 2,274,667. |
| | 20 Tax-exempt bond liabilities | | 19 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 20 | |
| | 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 | | 21 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 22 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 23 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 3,943,623. | 24 | |
| | 26 Total liabilities. Add lines 17 through 25 | 5,705,444. | 25 | 4,329,861. |
| | 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. | | 26 |
| 27 Unrestricted net assets | | 4,400,364. | | |
| 28 Temporarily restricted net assets | | 3,902,616. | 27 | 5,235,159. |
| 29 Permanently restricted net assets | | 846,607. | 28 | 3,445,230. |
| Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | 29 | 846,661. |
| 30 Capital stock or trust principal, or current funds | | | | |
| 31 Paid-in or capital surplus, or land, building, or equipment fund | | | 30 | |
| 32 Retained earnings, endowment, accumulated income, or other funds | | | 31 | |
| 33 Total net assets or fund balances | | 9,149,587. | 32 | |
| 34 Total liabilities and net assets/fund balances | | 14,855,031. | 33 | 9,527,050. |

Form 990 (2017)

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 | 15,636,516. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 15,670,760. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -34,244. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 9,149,587. |
| 5 | Net unrealized gains (losses) on investments | 5 | 204,131. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | 17,212. |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 190,364. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 9,527,050. |

Part XII Financial Statements and Reporting

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

☒

| | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | <input checked="" type="checkbox"/> |
| 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | <input checked="" type="checkbox"/> | |
| 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. | <input checked="" type="checkbox"/> | |
| 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? | | <input checked="" type="checkbox"/> |
| 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 | | |

Form **990** (2017)

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number

52-1238026

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

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

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 20,718,885. | 16,472,392. | 13,027,341. | 14,514,448. | 13,906,659. | 78,639,725. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 20,718,885. | 16,472,392. | 13,027,341. | 14,514,448. | 13,906,659. | 78,639,725. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 2,078,967. |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 76,560,758. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| 7 Amounts from line 4 | 20,718,885. | 16,472,392. | 13,027,341. | 14,514,448. | 13,906,659. | 78,639,725. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 614,032. | 513,229. | 452,040. | 396,851. | 418,623. | 2,394,775. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 114,919. | 139,870. | 27,435. | 3,774. | 19,016. | 305,014. |
| 11 Total support. Add lines 7 through 10 | | | | | | 81,339,514. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 6,306,666. |

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

Section C. Computation of Public Support Percentage

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | 94.12 % |
| 15 Public support percentage from 2016 Schedule A, Part II, line 14 | 15 | 95.65 % |
| 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/> | | |

Schedule A (Form 990 or 990-EZ) 2017

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|-------------------------------------------------------------------------------------------------------|-----------|---|
| 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2017. 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 - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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. | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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). | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. | | |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | | |

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? | | |
| 11a | | |
| b A family member of a person described in (a) above? | | |
| 11b | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |
| 11c | | |

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 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 (see instructions). | | | |
| 2 Activities Test. Answer (a) and (b) below. | | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | | |
| 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 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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 2017 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-2017 | (iii) Distributable Amount for 2017 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1 Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| a | | | |
| b From 2013 | | | |
| c From 2014 | | | |
| d From 2015 | | | |
| e From 2016 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2017 distributable amount | | | |
| i Carryover from 2012 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2017 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2018. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2013 | | | |
| b Excess from 2014 | | | |
| c Excess from 2015 | | | |
| d Excess from 2016 | | | |
| e Excess from 2017 | | | |

Schedule A (Form 990 or 990-EZ) 2017

Part VI

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

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

OTHER INCOME

2013 AMOUNT: \$ 114,919.

2014 AMOUNT: \$ 139,870.

2015 AMOUNT: \$ 27,435.

2016 AMOUNT: \$ 3,774.

2017 AMOUNT: \$ 19,016.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

Employer identification number

AMERICAN INSTITUTE FOR CANCER RESEARCH

52-1238026

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

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 | | \$ 2,600,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | | \$ 400,000. | 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.) |
| | | \$ | 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.) |

Employer identification number

52-1238026

Part II

[illegible]

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

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ► \$

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number

52-1238026

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

| | |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

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.

| | Held at the End of the Tax Year |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 1,433,491. | 1,275,896. | 1,270,102. | 1,379,345. | 1,380,036. |
| b Contributions | 505,778. | 123,928. | 14,533. | 17,022. | 11,979. |
| c Net investment earnings, gains, and losses | 131,638. | 142,984. | 100,229. | -14,069. | 107,487. |
| d Grants or scholarships | | | 108,968. | 112,196. | 120,157. |
| e Other expenditures for facilities and programs | 159,861. | 109,317. | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 1,911,046. | 1,433,491. | 1,275,896. | 1,270,102. | 1,379,345. |

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

a Board designated or quasi-endowment ☒ 28.76 %

b Permanent endowment ☒ 24.65 %

c Temporarily restricted endowment ☒ 46.59 %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | 5,900. | | | 5,900. |
| b Buildings | | | | |
| c Leasehold improvements | | 513,031. | 50,147. | 462,884. |
| d Equipment | | 525,409. | 252,975. | 272,434. |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ☒ 741,218.

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---------------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---------------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1) CHARITABLE GIFT ANNUITIES | 2,301,234. | END-OF-YEAR MARKET VALUE |
| (2) CHARITABLE REMAINDER UNITRUSTS | 2,037,229. | END-OF-YEAR MARKET VALUE |
| (3) CANCER RESEARCH FUND | 2,029,923. | END-OF-YEAR MARKET VALUE |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | 6,368,386. | |

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|-----------------------------------------------------------------------------|----------------|
| (1) BENEFICIAL INT. IN PERPETUAL TRUST | 375,433. |
| (2) DUE FROM AFFILIATES | 535,352. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 910,785. |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|-----------------------------------------------------------------------------|----------------|
| (1) Federal income taxes | |
| (2) ACCRUED BENEFIT COST | 858,571. |
| (3) DUE TO AFFILIATES | 356,569. |
| (4) DEFERRED RENT | 1,093,366. |
| (5) LIABILITY CHARITABLE GIFT ANNUITIES | 1,161,802. |
| (6) LIABILITY CHARITABLE REMAINDER | 859,553. |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 4,329,861. |

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

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

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

| | | | |
|---|---------------------------------------------------------------------------------|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 16,030,818. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 204,131. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 190,171. |
| e | Add lines 2a through 2d | 2e | 394,302. |
| 3 | Subtract line 2e from line 1 | 3 | 15,636,516. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 15,636,516. |

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

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

| | | | |
|---|----------------------------------------------------------------------------------|----|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 15,653,355. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 15,653,355. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 17,212. |
| b | Other (Describe in Part XIII.) | 4b | 193. |
| c | Add lines 4a and 4b | 4c | 17,405. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 15,670,760. |

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT FUNDS ARE ESTABLISHED TO FURTHER THE MISSION

OF THE AMERICAN INSTITUTE FOR CANCER RESEARCH. THE PERSON ESTABLISHING THE

FUND DESIGNATED THE PURPOSE OF THEIR FUND, (I.E., CANCER RESEARCH,

EDUCATION OR GENERAL OPERATING).

PART X, LINE 2:

THE INSTITUTE IS RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ON INCOME OTHER THAN

UNRELATED BUSINESS INCOME. NO PROVISION FOR INCOME TAXES IS REQUIRED AS OF

SEPTEMBER 30, 2018 AND 2017, SINCE THE INSTITUTE HAD NO UNRELATED BUSINESS

INCOME. THE INSTITUTE HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE

Part XIII Supplemental Information (continued)

AS A PUBLICLY SUPPORTED ORGANIZATION AND IS THEREFORE NOT A PRIVATE

FOUNDATION. MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITION AND HAS

DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE

RECOGNITION IN THE FINANCIAL STATEMENTS.

ON DECEMBER 22, 2017, THE PRESIDENT OF THE UNITED STATES OF AMERICA SIGNED

INTO LAW THE TAX CUTS AND JOBS ACT TAX REFORM LEGISLATION. THIS

LEGISLATION MAKES SIGNIFICANT CHANGES TO THE U.S. TAX LAW, INCLUDING A

REDUCTION IN THE CORPORATE TAX RATES, CHANGES TO NET OPERATING LOSS

CARRYFORWARDS AND CARRYBACKS, AND A REPEAL OF THE CORPORATE ALTERNATIVE

MINIMUM TAX. THE LEGISLATION DID REDUCE THE U.S. CORPORATE TAX RATE FROM

THE CURRENT RATE OF 35% TO 21%. AMONG OTHER THINGS, THE LEGISLATION

ENACTED A 21% TAX RATE ON CERTAIN FRINGE BENEFITS PROVIDED TO EMPLOYEES.

MANAGEMENT ESTIMATES THAT THE TAXES RELATED TO THESE FRINGE BENEFITS IS

NOT MATERIAL TO FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

| | |
|-------------------------------------------------------|----------|
| CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT LIABILITY | 88,233. |
| PENSION RELATED CHANGES | 102,818. |
| NET GAIN ON INTEREST IN PERPETUAL TRUST | -880. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 190,171. |

PART XII, LINE 4B - OTHER ADJUSTMENTS:

| | |
|-----------------------------|------|
| REFUND OF PRIOR YEAR GRANTS | 193. |
|-----------------------------|------|

SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017Open to Public
Inspection

Name of the organization

Employer identification number

AMERICAN INSTITUTE FOR CANCER RESEARCH

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 the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 1 | GRANTMAKING | | 626,158. |
| NORTH AMERICA - CANADA AND MEXICO | 0 | 1 | GRANTMAKING | | 165,000. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Sub-total | 0 | 2 | | | 791,158. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 2 | | | 791,158. |

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

Schedule F (Form 990) 2017

Part IV Foreign Forms

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

Schedule F (Form 990) 2017

Part V Supplemental Information

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

PART I, LINE 2:**PROGRESS REPORT:**

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

INVESTIGATOR MUST SUBMIT A PROGRESS REPORT, INCLUDING ABSTRACTS AND

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

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

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

SUBMITTED.

FINAL SCIENTIFIC REPORT:

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

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

FAILURE TO SUBMIT A FINAL REPORT WILL RESULT IN AUTOMATIC

DISQUALIFICATION FROM SUBMITTING A GRANT APPLICATION TO AICR FOR TWO

YEARS.

FINAL FINANCIAL REPORT:

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

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

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

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

AICR.

BEFORE GRANT RECOMMENDATIONS ARE PRESENTED TO THE BOARD OF DIRECTORS FOR

APPROVAL, ALL APPLICANTS ARE CHECKED AND CLEARED AGAINST THE FOLLOWING

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

DEPARTMENT TERRORIST EXCLUSIONS LIST, UNITED NATIONS CONSOLIDATED LIST

Part V Supplemental Information

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

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

EUROPEAN UNION TERRORIST LIST.

PART I, LINE 3:

GRANTMAKING EXPENDITURES ARE RECORDED ON THE ACCRUAL BASIS.

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number

52-1238026

Part I

Fundraising Activities.

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ No

- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|------------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|-------------------------------------------------------------------|---------------------------------------------------|
| | | Yes | No | | | |
| DIRECT RESPONSE CONSULTING SERVICES - 6849 OLD DOMINION | DIRECT MAIL | | X | 4,688,418. | 425,800. | 4,262,618. |
| INFOCISION MANAGEMENT CORP - 325 SPRINGSIDE DR., AKRON, OH | PHONE | | X | 1,132,265. | 685,824. | 446,441. |
| THOMPSON, HABIB, DENNISON - 80 HAYDEN AVE., LEXINGTON, MA | EMAIL | | X | 179,333. | 185,477. | -6,144. |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | 6,000,016. | 1,297,101. | 4,702,915. |

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO

MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2017

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

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

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

- 16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17 Mandatory distributions:

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

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

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

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

(I) NAME OF FUNDRAISER: DIRECT RESPONSE CONSULTING SERVICES

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

(I) NAME OF FUNDRAISER: INFOCISION MANAGEMENT CORP

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

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

Part IV Supplemental Information (continued)

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

SCHEDULE G, PART I:

PAYMENTS TO INFOCISION MANAGEMENT CORPORATION INCLUDE FEES FOR

PROFESSIONAL FUNDRAISING SERVICES PLUS FUNDRAISING EXPENSES - LIST

DEVELOPMENT, DATA PROCESSING, PRINTING AND MAILHOUSE FEES. INVOICES

CLEARLY DISTINGUISH FUNDRAISING FEES FROM FUNDRAISING EXPENSES.

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

AND POSTAGE ASSOCIATED WITH PHONE SOLICITATIONS ARE PAID DIRECTLY TO

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

AMOUNTS.

PAYMENTS TO DIRECT RESPONSE CONSULTING SERVICES ARE FOR PROFESSIONAL

FUNDRAISING SERVICES ONLY. ALL OTHER FUNDRAISING EXPENSES ASSOCIATED

WITH DIRECT MAIL FUNDRAISING ARE PAID DIRECTLY TO THE VENDOR PROVIDING

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

AMOUNTS.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number
52-1238026

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| UNIVERSITY OF CONNECTICUT HEALTH CENTER - 263 FARMINGTON AVE - FARMINGTON, CT 06030 | 52-1725543 | 501(C)(3) | 330,000. | 0. | | | RESEARCH GRANT |
| THE UNIVERSITY OF ALABAMA AT BIRMINGHAM - 701 20TH STREET SOUTH ADM. BLDG. ROOM 990 - BIRMINGHAM, AL 35294 | 63-6001138 | 501(C)(3) | 247,499. | 0. | | | RESEARCH GRANT |
| JOHN HOPKINS UNIVERSITY - SCHOOL OF MEDICINE - 3910 KESWICK ROAD, NORTH BUILDING N5145 - BALTIMORE, MD 21211 | 52-0595110 | 501(C)(3) | 165,000. | 0. | | | RESEARCH GRANT |
| UNIVERSITY OF NOTRE DAME 940 GRACE HALL NOTRE DAME, IN 46556 | 35-0868188 | 501(C)(3) | 165,000. | 0. | | | RESEARCH GRANT |
| THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN - 1901 S. FIRST ST., SUITE A - CHAMPAIGN, IL 61820 | 37-6000511 | 501(C)(3) | 165,000. | 0. | | | RESEARCH GRANT |
| PRESIDENT AND FELLOWS OF HARVARD COLLEGE, HARVARD T.H. CHAN SCHOOL OF PUBLIC - 677 HUNTINGTON AVENUE - BOSTON, MA 02115 | 04-2103580 | 501(C)(3) | 165,000. | 0. | | | RESEARCH GRANT |

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

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

7.
0.

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

Schedule I (Form 990) (2017)

Part IV Supplemental Information

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

FINAL COMPREHENSIVE REPORT TO OUTLINE THE PROJECT'S ACCOMPLISHMENTS.

FAILURE TO SUBMIT A FINAL REPORT WILL RESULT IN AUTOMATIC DISQUALIFICATION

FROM SUBMITTING A GRANT APPLICATION TO AICR FOR TWO YEARS.

FINAL FINANCIAL REPORT:

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

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

UNSPENT FUNDS FROM AN EXISTING GRANT MAY ONLY BE CARRIED FORWARD AS A

NO-COST EXTENSION TO THE GRANT TERM WITH THE WRITTEN PERMISSION OF AICR.

BEFORE GRANT RECOMMENDATIONS ARE PRESENTED TO THE BOARD OF DIRECTORS FOR

APPROVAL, ALL APPLICANTS ARE CHECKED AND CLEARED AGAINST THE FOLLOWING

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

DEPARTMENT TERRORIST EXCLUSIONS LIST, UNITED NATIONS CONSOLIDATED LIST WITH

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

EUROPEAN UNION TERRORIST LIST.

**SCHEDULE J
(Form 990)**

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.**

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

OMB No. 1545-0047

2017

**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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Travel for companions

☒ Tax indemnification and gross-up payments

☐ Discretionary spending account

☒ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (such as, maid, chauffeur, chef)

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

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

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

☒ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2017

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE PRESIDENT (MS. MARILYN GENTRY) RECEIVES A HOUSING ALLOWANCE AND GROSS

UP PAYMENTS. ALL AMOUNTS ARE CONSIDERED TAXABLE AND INCLUDED ON SCHEDULE J,

PART II, COLUMN B(III).

PART I, LINE 4B:

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, AND AMOUNTS ARE CONSIDERED TAXABLE AND

INCLUDED ON SCHEDULE J, PART II, COLUMN B(III).

SUPPLEMENT RETIREMENT BENEFIT FOR 2017:

KELLY B BROWNING (EXECUTIVE VICE PRESIDENT): \$187,702

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

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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

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

EMPLOYEES FOR:

MARILYN GENTRY (PRESIDENT, WCRF INTERNATIONAL): \$240,108

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 (EXECUTIVE VICE PRESIDENT): \$14,853

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

2017

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

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 | 2,797 | 138,644 | 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

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 isn't required to be used for
exempt purposes for the entire holding period?

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | X | |
| 32a | | 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 nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

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

Schedule M (Form 990) 2017

Part II

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

[illegible]

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number
52-1238026

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

MANAGEMENT TO CANCER, INTERPRETS THE SCIENTIFIC DATA AND FUNDS RESEARCH

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

EDUCATION PROGRAMS

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

AND MOST AUTHORITATIVE SCIENTIFIC RESEARCH ON CANCER PREVENTION AND

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

PEOPLE MAKE INFORMED LIFESTYLE CHOICES TO REDUCE THEIR RISK.

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

EDUCATION: AICR'S MESSAGE

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

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

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

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

AICR NEWSLETTER

IN FY18, AICR DISTRIBUTED ALMOST 2 MILLION COPIES OF ITS NEWSLETTER TO

SUPPORTERS. EACH QUARTERLY ISSUE IS FILLED WITH ARTICLES ON RESEARCH,

PHYSICAL ACTIVITY, WEIGHT MANAGEMENT AND NUTRITION, INCLUDING RECIPES

RELATED TO REDUCING CANCER RISK. THE PRACTICAL TIPS, ADVICE AND

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number

52-1238026

FEATURED STORIES ARE ALL 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. DUE TO THE

LAUNCH OF OUR THIRD EXPERT REPORT IN MAY 2018, ALL OF THESE RESOURCES

WERE REVIEWED AND UPDATED TO REFLECT THE MOST CURRENT SCIENTIFIC

EVIDENCE.

IN FY18, WE OFFERED SIX BROCHURE SERIES:

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

GUIDELINES)

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

CANCER RISK)

-FACTS ON PREVENTING CANCER (ANSWERS TO COMMON QUESTIONS)

-STOPPING CANCER (INFORMATION ON PREVENTING SPECIFIC CANCERS)

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

AND CAREGIVERS)

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

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

INDIVIDUALS CAN ORDER SINGLE FREE COPIES FROM THE AICR WEBSITE; HEALTH

PROFESSIONALS AND MEDICAL CENTERS (HOSPITALS, CANCER CLINICS ETC.) MAKE

Name of the organization

AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number

52-1238026

BULK PURCHASES AT SIGNIFICANT DISCOUNTS. AICR ALSO DISTRIBUTES

BROCHURES AT CONFERENCES, EVENTS AND HEALTH FAIRS. IN FY18, AICR

DISTRIBUTED ALMOST 65,000 BROCHURES AND PUBLICATIONS.

HEALTH AIDS

AICR PRODUCES HEALTH AIDS INCLUDING RECIPE CARDS, CHARTS, TEAR SHEETS,

MAGNETS, A CALENDAR AND MORE TO TURN LOWERING CANCER RISK INTO A

"HANDS-ON" EXPERIENCE.

INDIVIDUALS ORDER SINGLE FREE COPIES; HEALTH PROFESSIONALS AND MEDICAL

CENTERS (HOSPITALS, CANCER CLINICS ETC.) MAKE BULK PURCHASES AT

SIGNIFICANT DISCOUNTS. AICR ALSO DISTRIBUTES HEALTH AIDS AT

CONFERENCES, EVENTS AND HEALTH FAIRS. IN FY18, AICR DISTRIBUTED ALMOST

14,000 HEALTH AIDS.

FOODS THAT FIGHT CANCER CALENDAR

IN FY18 WE PRODUCED AND DISTRIBUTED 4,500 PHOTOGRAPHIC "FOODS THAT

FIGHT CANCER" CALENDARS, WITH 12 MONTHLY MESSAGES ON PREVENTING CANCER,

AND 12 RECIPES.

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. FOLLOWING THE LAUNCH OF OUR THIRD EXPERT REPORT IN MAY

Name of the organization

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52-1238026

2018, WE UPDATED, EDITED AND ADDED CONTENT, ENSURING IT ALL REFLECTED

THE LATEST SCIENTIFIC EVIDENCE. A NEW SECTION ON THE THIRD EXPERT

REPORT SHOWCASED OUR LAUNCH EVENT AND PROVIDES EASY ACCESS TO KEY

INFORMATION FROM THE REPORT. WE ADDED MORE VIDEOS, WHICH ARE AVAILABLE

VIA YOUTUBE, TO SHARE OUR MESSAGE IN ACCESSIBLE MEDIA. PERFORMANCE

IMPROVED AND IN FY18, AICR'S WEBSITE RECEIVED OVER 1.1 MILLION UNIQUE

VISITORS; TOTAL PAGE VIEWS FOR FY18 EXCEEDED 3.9 MILLION, WHICH IS A

5.5% IMPROVEMENT ON LAST YEAR.

A SECTION ON "AICR'S IMPACT" OUTLINES RESULTS FROM INDEPENDENTLY

CONDUCTED SCIENTIFIC STUDIES THAT ARE NOW PUTTING AICR'S

RECOMMENDATIONS FOR CANCER PREVENTION TO THE TEST. THESE STUDIES

CONSISTENTLY DEMONSTRATE THAT FOLLOWING AICR RECOMMENDATIONS PROTECT

AGAINST CANCER, REDUCE ALL-CAUSE MORTALITY AND FOR CANCER SURVIVORS

IMPROVE QUALITY OF LIFE. MORE STUDIES WERE ADDED TO THIS SECTION

DURING FY18 AND 21 JOURNAL ARTICLES HAVE BEEN PUBLISHED TO DATE.

IN FY18, WE HAVE DEVELOPED AND ADDED NEW VIDEOS TO THE AICR YOUTUBE

CHANNEL. THERE COVER A RANGE OF TOPICS ABOUT SCIENCE, RESEARCH, FOODS,

RECIPES, AND IMPROVING YOUR HEALTH.

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.

Name of the organization

AMERICAN INSTITUTE FOR CANCER RESEARCH

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"ENEWS" IS A MONTHLY E-NEWSLETTER EMPHASIZING THE "TAKE-HOME" MESSAGE:

HOW CAN I START LIVING FOR LOWER CANCER RISK TODAY? AS OF SEPTEMBER

2018, OVER 178,000 PEOPLE SUBSCRIBED TO ENEWS.

"HEALTH E-RECIPE" IS FOR THOSE LOOKING FOR WAYS TO BRING THE RESEARCH

HOME WITH QUICK, EASY AND DELICIOUS CANCER-PROTECTIVE MEALS. ALL

BIWEEKLY RECIPES COME FROM AICR'S TEST KITCHEN AND FOLLOW AICR'S

GUIDELINES. AS OF SEPTEMBER 2018, HEALTH-E-RECIPE HAD OVER 24,000

SUBSCRIBERS.

THOSE LOOKING TO DIG DEEPER INTO THE RESEARCH CAN DO SO BY SUBSCRIBING

TO "CANCER RESEARCH UPDATE". AT THE CLOSE OF FY18 THIS MONTHLY DIGEST

OF BREAKING NEWS AND CURRENT RESEARCH IN THE FIGHT AGAINST CANCER

REACHED OVER 17,300 READERS INTERESTED IN THE SCIENCE OF CANCER RISK,

AS WELL AS HEALTH PROFESSIONALS LOOKING TO STAY CURRENT.

DURING FY18, AICR'S NEWEST E-PUBLICATION AIMED AT CANCER SURVIVORS,

"RECHARGE" REACHED OVER 10,000 SUBSCRIBERS. THIS CONTENT COVERS RECENT

STUDIES, RECIPES AND FOODS TO HELP CANCER PATIENTS THROUGH THEIR

TREATMENT AND OFFERS INSIGHT INTO OTHER AREAS OF SURVIVOR WELLNESS SUCH

AS MINDFULNESS AND STRESS RELIEF.

AICR MULTIMEDIA

THE AICR BLOG (BLOG.AICR.ORG) SPEAKS TO SUPPORTERS; CANCER PATIENTS,

SURVIVORS AND CAREGIVERS; HEALTH PROFESSIONALS; THE MEDIA AND THE

GENERAL PUBLIC. THE AICR BLOG IS A MEANS BY WHICH AICR ENGAGES IN AN

ONGOING DISCUSSION ABOUT THE RESEARCH, SEPARATING CANCER MYTHS FROM

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

CANCER FACTS. IT IS WHERE WE SHARE OUR TAKE ON THE CURRENT NEWS AND

ENCOURAGE READERS TO POST COMMENTS. IN FY18, THE AICR BLOG RECEIVED

OVER 126,000 UNIQUE VISITORS AND NEARLY 163,000 PAGE VIEWS.

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

SHARE OUR MESSAGE WITH NEW AND WIDER AUDIENCES. AICR POSTS FREQUENT

UPDATES ON RESEARCH, RECIPES, MEDIA STATEMENTS, FEATURES, CAMPAIGNS AND

PROGRAMS. AT THE END OF FY18, OVER 5,500 INDIVIDUALS AND ORGANIZATIONS

FOLLOWED AICR ON TWITTER, AND THEY FREQUENTLY SHARE OUR CONTENT WITH

THEIR SOCIAL MEDIA CIRCLES; IN AN AVERAGE MONTH, ABOUT 130,000 SEE OUR

TWEETS.

THE AICR FACEBOOK PAGE HAD ABOUT 20,700 FOLLOWERS AT THE CLOSE OF FY18.

IN AN AVERAGE MONTH, OUR POSTS REACH ABOUT 87,000 INDIVIDUALS.

CAN PREVENT AWARENESS CAMPAIGN

IN FEBRUARY 2018, AICR RAN OUR ANNUAL AWARENESS CAMPAIGN CANCER

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

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

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

DOWNLOAD A 30 DAY CAN PREVENT CHECKLIST, WITH ACTIVITIES FOR LOWERING

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

NETWORKS.

AS OF SEPTEMBER 2018, THE PSA AIRED ON OVER 25 NATIONAL NETWORKS

(INCLUDING TNT, BRAVO, ESPN, CNN, CNN AIRPORT, GOLF, FOX BUSINESS NEWS,

AND DISCOVERY), AND ON 270 STATIONS. THE PSA AVERAGED 1,000 AIRINGS

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

PER WEEK. OF THE 1,019 PSAS IN THE NEILSON RANKINGS DURING 2018, IT

WAS THE 38TH MOST-AIRED WHICH IS IN THE TOP 4%.

OVER 32,000 UNIQUE VISITORS CAME TO THE CAMPAIGN'S WEBSITE BETWEEN

FEBRUARY AND SEPTEMBER AND OVER 3,000 INDIVIDUALS DOWNLOADED THE 30 DAY

CAN PREVENT CHECKLIST IN THAT PERIOD.

LEADING WITH A STORY ON ALCOHOL AND CANCER, THERE WERE OVER 150 MEDIA

ARTICLES WHICH REACHED OVER 200 MILLION IMPRESSIONS.

IN FY18, OUR OUTREACH TO PARTNERS TO SUPPORT THE CAMPAIGN REACHED OVER

50 DIFFERENT CANCER, HEALTH AND WELLNESS ORGANIZATIONS WHO JOINED US BY

SIGNING A PLEDGE AND BEING ACTIVE ON SOCIAL MEDIA. AN ADDITIONAL 30

ORGANIZATIONS, ALTHOUGH NOT OFFICIALLY PARTNERS, WERE ALSO ENGAGED AND

SPREAD OUR MESSAGES DURING THE MONTH, SHARING THE MESSAGE OF CANCER

PREVENTION THROUGHOUT THEIR COMMUNITIES. OUR FACEBOOK POSTS HAD OVER

650,000 IMPRESSIONS AND OVER 15,000 INDIVIDUALS ENGAGED WITH OUR PAGE.

OVER 2,500 PEOPLE PARTICIPATED IN TWITTER WITH OVER 20 MILLION

IMPRESSIONS.

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

NEW AMERICAN PLATE CHALLENGE

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

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

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

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

PLATE CHALLENGE (NAP) IS ONE SUCH TOOL: A FREE, ONLINE WEIGHT LOSS

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PROGRAM FOR THE PUBLIC, CONSISTING OF A SERIES OF WEEKLY EMAILS AND REMINDERS THAT ISSUE SPECIFIC GOAL-ORIENTED CHALLENGES RELATED TO AICR'S RECOMMENDATIONS. PARTICIPANTS ENGAGE IN THE WEEKLY CHALLENGES, AND CAN TRACK THEIR DIET, ACTIVITY AND WEIGHT LOSS ON THE CHALLENGE WEBSITE. THEY CAN ALSO JOIN AND PARTICIPATE IN A PRIVATE, MEMBER'S ONLY FACEBOOK GROUP TO GIVE AND GET SUPPORT FROM EACH OTHER AND NAP CHALLENGE DIETITIANS. THE CHALLENGE IS RUN TWICE A YEAR AND OVER 5,000 PEOPLE PARTICIPATE EACH TIME IT IS OFFERED AND DURING FY18, THERE WERE OVER 15,000 NEW USERS OF NAPC WEBPAGES. (WWW.NAPCHALLENGE.ORG).

NEW AMERICAN PLATE CHALLENGE FOR OLDER ADULTS

IN FY18, AICR RECEIVED A SECOND GRANT FROM SAFEWAY TO CONTINUE THE PILOT PROGRAM STARTED IN 2017 WHICH IS AN ADAPTION OF THE NAPC AS AN ONSITE PROGRAM FOR OLDER ADULTS IN A LOWER-INCOME, CULTURALLY DIVERSE COMMUNITY. THIS INNOVATIVE PROJECT IS UNDERWAY AND IS BEING CONDUCTED INDEPENDENTLY BY FACULTY AND GRADUATE STUDENTS AT THE MILKEN INSTITUTE SCHOOL OF PUBLIC HEALTH, GEORGE WASHINGTON UNIVERSITY.

USING KEY FEEDBACK FROM THIS PROJECT AND NEW DATA FROM THE 2018 THIRD EXPERT REPORT, AICR IS FINALIZING AND UPDATING THE COMPREHENSIVE CURRICULUM FOR THE NEW AMERICAN PLATE CHALLENGE FOR OLDER ADULTS. WITHIN THE NEXT YEAR, THIS PROGRAM WILL BE MADE AVAILABLE TO DIETETICS AND NUTRITION HEALTH PROFESSIONALS. THE PROGRAM INCLUDES EVIDENCE BACKGROUND, PROGRAM OVERVIEW, COMPLETE LESSON PLANS, HANDOUTS, EVALUATION TOOLS AND PROMOTIONAL MATERIALS.

CANCERRESOURCE PROGRAM

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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.

AICR STAFF CREATE CUSTOMIZED PACKETS FOR ANY CANCER BY INCLUDING SPECIFIC, DETAILED AND UP TO DATE PRINT OUTS ABOUT THE RELEVANT CANCER. REQUESTS FOR EACH PACKET ARE FILLED IMMEDIATELY, TO GET THIS VITAL INFORMATION TO THOSE WHO NEED IT AS QUICKLY AS POSSIBLE.

IN FY18, WE MADE CANCERRESOURCE INTO A DOWNLOADABLE TOOL FROM OUR WEBSITE AND THIS HAS INCREASED ACCESS TO THIS IMPORTANT INFORMATION WITH DOWNLOADS AT A RATE OF 28 A MONTH.

AICR HEALTH PROFESSIONAL (HP) AND EDUCATOR COMMUNITY

AICR'S HP COMMUNITY PROVIDES AN ONLINE DESTINATION FOR HEALTH PROFESSIONALS, FEATURING A WEALTH OF INTERACTIVE TOOLS, CONTINUING EDUCATION OPPORTUNITIES, AND PRACTICAL EVIDENCE-BASED RESOURCES FOR PATIENTS AND CLIENTS, AND SPECIAL DISCOUNTS ON BULK PURCHASES. IN FY18, AICR SENT MONTHLY RESEARCH AND PRACTICE UPDATES TO MORE THAN 5,000 PLUS ACTIVE MEMBERS (DIETITIANS, NURSES, HEALTH EDUCATORS, PHYSICIANS, RESEARCHERS, WELLNESS PROFESSIONALS AND OTHERS) SO MEMBERS COULD CONNECT WITH AICR AND WITH EACH OTHER - AT HOSPITALS, CLINICS, CANCER CENTERS, UNIVERSITIES AND DEPARTMENTS OF HEALTH. IN FY18, WE

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INTRODUCED NEW FACT SHEETS THAT HPS CAN DOWNLOAD ON HOT TOPICS SUCH AS
PLANT-BASED DIETS.

IN FY18, WE OFFERED A NEW WEBINAR ABOUT THE NEW THIRD EXPERT REPORT.

OVER 960 HEALTH PROFESSIONALS REGISTERED AND 886 ATTENDED ON THE DAY
WITH ANOTHER 404 WATCHING IT ON DEMAND LATER.

COPING WITH CANCER IN THE KITCHEN

COPING WITH CANCER IN THE KITCHEN (CCK) IS AN EXPERIENTIAL NUTRITION
AND COOKING EDUCATION PROGRAM IN A HEALTH EDUCATION SETTING FOR CANCER

SURVIVORS DESIGNED TO INCREASE ACCEPTANCE AND CONSUMPTION OF A MOSTLY
PLANT FOOD DIET. FOLLOWING THE SUCCESS OF TWO TEST PROGRAMS LAST YEAR,

AICR PARTNERED WITH THE CANCER SUPPORT COMMUNITY (CSC) OF CENTRAL NEW

JERSEY TO DEVELOP THE NEXT PHASE OF THE PILOT. WE WILL BE DOING THE

PROGRAM AT TWO MORE SITES WITH CHANGES MADE BASED ON FEEDBACK FROM THE

FIRST PILOT. PROGRAM CONTENT IS BASED ON AICR'S RECOMMENDATIONS FOR

CANCER PREVENTION, THE NEW AMERICAN PLATE AND FOODS THAT FIGHT CANCER.

CSC'S PSYCHOSOCIAL APPROACH INFORMED THE BEHAVIOR CHANGE COMPONENT,

INCLUDING GROUP COUNSELING AND SUPPORT. THE PILOT PROJECT RESEARCH

SHOWED THAT SURVIVORS EXPERIENCED POSITIVE COGNITIVE AND BEHAVIORAL

CHANGES AFTER THE 7-WEEK PROGRAM. AICR AND CSC ARE IN PROCESS OF

PREPARING A LIMITED LAUNCH OF THE PROGRAM FOR ADDITIONAL RESEARCH AND

DEVELOPMENT.

TOLL-FREE PHONE SERVICES

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

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ORDER BROCHURES AND HEALTH AIDS, REQUEST A FREE CANCER RESOURCE TOOLKIT

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

"NUTRITION HOTLINE") AND MUCH MORE.

PROFESSIONAL PUBLICATIONS

AICR REACHES OUT TO THE MEDICAL, SCIENTIFIC AND HEALTH POLICY

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

FY18, NEARLY 1,200 INDIVIDUALS AT NON-PROFIT, PRIVATE AND PUBLIC HEALTH

ORGANIZATIONS, GOVERNMENT AGENCIES AND BOARDS OF HEALTH, HOSPITALS AND

RESEARCH CENTERS RECEIVED OUR PROFESSIONAL PUBLICATIONS, INCLUDING

THREE NEW CONTINUOUS UPDATE PROJECT (CUP) REPORTS AND THE 2018 EXPERT

REPORT.

THE NEW AMERICAN PLATE COOKBOOK

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

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

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

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

SUPPORT AICR CANCER RESEARCH.

HEALTHY KIDS TODAY, PREVENT CANCER TOMORROW

AICR ALSO PARTNERS WITH SUPERKIDS NUTRITION, A PROVIDER OF RELIABLE

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

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

AND TEACHERS. THE AICR HEALTHY KIDS TODAY WEB PAGES

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

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

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

TEACHERS. DURING FY18, OVER 1,100 VISITORS CAME TO THE CAMPAIGN WEB

PAGES.

SEMINARS, EXHIBITS AND CONFERENCES

IN FY18, AICR STAFF ATTENDED, PRESENTED, NETWORKED AND DISTRIBUTED

MATERIALS AT VARIOUS CONFERENCES AND ANNUAL MEETINGS, INCLUDING:

-FOOD AND NUTRITION CONFERENCE AND EXPO (FNCE)

-ONCOLOGY NUTRITION DIETETICS PRACTICE GROUP

-AMERICAN COLLEGE FOR PREVENTIVE MEDICINE

-SCAN SYMPOSIUM

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

-NATIONAL CANCER INSTITUTE

MEDIA PROGRAMS

PRESS RELEASES

IN FY18, AICR DISTRIBUTED 14 PRESS RELEASES, STATEMENTS, FEATURES AND

ADVISORIES DISTRIBUTED TO ITS MEDIA CONTACTS ON A HOST OF TOPICS

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

MOVING MORE, STAYING LEAN AND EATING SMART.

PRESS CONFERENCES

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IN FY18, WE LAUNCHED OUR THIRD EXPERT REPORT, THE MOST COMPREHENSIVE REVIEW OF THE SCIENCE ON DIET, NUTRITION, PHYSICAL ACTIVITY, WEIGHT AND CANCER RISK. THE NATIONAL PRESS LAUNCH WAS HELD AT THE NATIONAL PRESS CLUB IN WASHINGTON DC. THE EVENT WAS LIVESTREAMED AND REACHED OVER 300 ON THE DAY, WITH OVER 500 VIEWING IT ON OUR WEBSITE DURING THE YEAR.

THE LAUNCH OF THE THIRD EXPERT REPORT RAN IN 1,025 OUTLETS ACROSS PRINT, ONLINE, TV, AND RADIO, EXCEEDING 216 MILLION IMPRESSIONS.

INTERVIEWS WERE CONDUCTED WITH 15 NETWORKS AND STATIONS ACROSS THE COUNTRY WITH COMBINED LISTENERSHIP OF MORE THAN 12 MILLION PEOPLE. THE INTERVIEWS AIRED 2,286 TIMES, INCLUDING ON NBC NEWS RADIO, AND THE TOP RADIO STATIONS IN LOS ANGELES, PHILADELPHIA, ATLANTA, DETROIT, SACRAMENTO, AND SAN ANTONIO. A PRE-RECORDED SOUND BYTE AND INFORMATION ON THE REPORT WAS PICKED UP BY MORE THAN 100 STATIONS REACHING MORE THAN 16.6 MILLION LISTENERS ON THE ASSOCIATED PRESS, ABC NEWS NETWORK AND CBS RADIO NETWORK, AMONG OTHERS.

IN ADDITION TO A LIVE, IN-STUDIO INTERVIEW WHICH AIRED ON WJLA (GOOD MORNING WASHINGTON, ABC AFFILIATE), STORIES ABOUT THE THIRD EXPERT REPORT AIRED 49 TIMES ON 24 TELEVISION AFFILIATES IN 20 MARKETS, INCLUDING LOS ANGELES, DALLAS, TAMPA, BOSTON, AND CHICAGO, AMONG OTHERS FOR A TOTAL REACH OF MORE THAN 1.6 MILLION.

US MEDIA OUTLETS CARRIED AICR NEWS ITEMS OVER 5,724 TIMES DURING FY18. AICR'S RESEARCH WAS COVERED IN A RANGE OF MEDIA OUTLETS INCLUDING SEVERAL TV AND RADIO STATIONS. LEADING MEDIA OUTLETS SUCH AS: CNN, CBS, ABC, NBC, ASSOCIATED PRESS, NEWSWEEK, THE WASHINGTON POST, THE NEW

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YORK TIMES, WALL STREET JOURNAL, NBC TODAY, US NEWS AND WORLD REPORT,
 BUSINESS INSIDER, NBC EVENING NEWS, FOX, MEDSCAPE, NEWS-MEDICAL, WEBMD,
 NEWSMAX HEALTH, HEALTH DAY, MSN HEALTH, YAHOO NEWS, AND READER'S
 DIGEST. COMBINED, THE TOTAL REACH OF AICR'S MEDIA PROGRAM IN FY2018
 EXCEEDED 6.4 BILLION IMPRESSIONS.

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

RESEARCH PROGRAMS

RESEARCH: THE WORK WE FUND

SCIENTIFIC STUDY OF THE RELATIONSHIP OF DIET, PHYSICAL ACTIVITY, AND
 WEIGHT MANAGEMENT TO CANCER RISK AND SURVIVORSHIP CONTINUES TO BE AN
 IMPORTANT AREA OF CANCER RESEARCH. EVIDENCE SHOWS THAT WEIGHT
 MANAGEMENT, PHYSICAL ACTIVITY, FOOD, AND NUTRITION PLAY IMPORTANT ROLES
 IN CANCER PREVENTION, TREATMENT, AND SURVIVORSHIP. RESEARCH SHOWS THAT
 APPROXIMATELY 40% OF ALL CANCERS COULD BE PREVENTED IF EVERYONE REACHED
 AND MAINTAINED A HEALTHY WEIGHT, FOLLOWED THE RECOMMENDATIONS FOR
 REGULAR PHYSICAL ACTIVITY, CONSUMED A HEALTHY DIET, AVOIDED USE OF
 TOBACCO PRODUCTS, AND FOLLOWED APPROPRIATE SCREENING AND VACCINATION
 GUIDELINES.

IN TOTAL THROUGH FY18, AICR HAS COMMITTED OVER \$ 108 MILLION FOR
 HUNDREDS OF INDIVIDUAL RESEARCH PROJECTS AT UNIVERSITIES, HOSPITALS AND
 RESEARCH CENTERS THROUGHOUT THE UNITED STATES AND THE WORLD.

THE AMERICAN INSTITUTE FOR CANCER RESEARCH (AICR) PIONEERED THE FUNDING
 OF RESEARCH EXAMINING DIET AND CANCER AND WAS THE FIRST ORGANIZATION TO

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DEVOTE ITSELF TO STUDYING THE ROLE OF DIET AND OTHER LIFESTYLE FACTORS

IN LOWERING CANCER RISK. THE RESEARCH THAT WE HAVE FUNDED HAS HELPED

TRANSFORM THE ONCE-RADICAL NOTION, THAT EVERYDAY CHOICES CAN

DRAMATICALLY REDUCE CANCER RISK, INTO A UNIVERSALLY ACCEPTED MEDICAL

FACT.

INTERPRETATION: REPORTS AND CONTINUOUS UPDATES

REPORTS

DIET, NUTRITION, PHYSICAL ACTIVITY AND CANCER: A GLOBAL PERSPECTIVE

THIRD EXPERT REPORT

IN 2018, AICR AND ITS INTERNATIONAL AFFILIATES IN THE WORLD CANCER

RESEARCH FUND (WCRF) GLOBAL NETWORK PUBLISHED THE THIRD EXPERT REPORT.

BUILDING ON THE FIRST AND SECOND EXPERT REPORTS, RELEASED IN 1997 AND

2007, OUR PANEL HAS REVIEWED THE LATEST EVIDENCE FROM THE PAST DECADE

AND DEVELOPED THE MOST RELIABLE CANCER PREVENTION ADVICE CURRENTLY

AVAILABLE.

BASED ON A REVIEW OF DATA FROM 51 MILLION PEOPLE, INCLUDING 3.5 MILLION

CANCER CASES IN 17 CANCERS, THE EVIDENCE REMAINS CONSISTENT WITH

EARLIER COMPREHENSIVE ANALYSES CONDUCTED IN 1997 AND 2007 ON WHAT

ACTIONS PEOPLE CAN TAKE TO DRAMATICALLY CUT PERSONAL CANCER RISKS.

THE EXPERT PANEL ISSUED 10 RECOMMENDATIONS FOR CANCER PREVENTION:

1. BE A HEALTHY WEIGHT.

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2. BE PHYSICALLY ACTIVE.

3. EAT A DIET RICH IN WHOLEGRAINS, VEGETABLES, FRUIT AND BEANS.

4. LIMIT CONSUMPTION OF 'FAST FOODS' AND OTHER PROCESSED FOODS HIGH IN
FAT, STARCHES OR SUGARS.

5. LIMIT CONSUMPTION OF RED AND PROCESSED MEAT.

6. LIMIT CONSUMPTION OF SUGAR SWEETENED DRINKS.

7. LIMIT ALCOHOL CONSUMPTION.

8. DO NOT USE SUPPLEMENTS FOR CANCER PREVENTION.

9. FOR MOTHERS: BREASTFEED YOUR BABY, IF YOU CAN.

10. AFTER A CANCER DIAGNOSIS, FOLLOW OUR RECOMMENDATIONS, IF YOU CAN.

NOT SMOKING AND AVOIDING OTHER EXPOSURES TO TOBACCO AND EXCESS SUN ARE

ALSO IMPORTANT IN REDUCING CANCER RISK. FOLLOWING THESE

RECOMMENDATIONS IS LIKELY TO REDUCE INTAKES OF SALT, SATURATED AND

TRANS FATS, WHICH TOGETHER WILL HELP PREVENT OTHER NON COMMUNICABLE

DISEASES.

CONTINUOUS UPDATES

THE CONTINUOUS UPDATE PROJECT (CUP) IS AN ONGOING ANALYSIS OF THE

GLOBAL RESEARCH FOCUSED ON THE INTERSECTION OF DIET, WEIGHT AND

PHYSICAL ACTIVITY WITH CANCER PREVENTION AND SURVIVAL AND IS A TRUSTED

SCIENTIFIC RESOURCE USED BY EXPERTS TO SHAPE GUIDELINES AND POLICY FOR

CANCER PREVENTION. THE RIGOROUS PROCESS USED TO COLLECT, COLLATE AND

ANALYZE THE WORLDWIDE RESEARCH ON CANCER IS UNPARALLELED AND ENSURES A

SYSTEMATIC APPROACH FOR ANY CANCER BEING STUDIED.

DURING FY18, THREE NEW CUP REPORTS WERE PUBLISHED, ADDING TO THE 15

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PREVIOUSLY PRODUCED:

-BREAST CANCER: 2009

-COLORECTAL CANCER: 2011

-PANCREATIC CANCER: 2012

-ENDOMETRIAL CANCER: 2013

-PROSTATE CANCER: 2014

-OVARIAN CANCER: 2014

-BREAST CANCER SURVIVORSHIP: 2014

-LIVER CANCER: 2015

-GALLBLADDER CANCER: 2015

-KIDNEY CANCER: 2015

-BLADDER CANCER: 2015

-STOMACH CANCER: 2016

-ESOPHAGEAL CANCER: 2016

-BREAST CANCER: 2017

-COLORECTAL CANCER: 2017

-LUNG CANCER: 2018

-MOUTH, PHARYNX AND LARYNX CANCERS: 2018

-ENERGY BALANCE AND BODY FATNESS: 2018

CUP REPORTS ON CANCERS OF THE CERVIX AND SKIN ARE DUE TO BE PUBLISHED

IN FY19.

FUTURE RESEARCH DIRECTIONS

AS PART OF THE THIRD EXPERT REPORT, AICR INCLUDES A CHAPTER ON FUTURE

RESEARCH DIRECTIONS AS CALL TO ACTION NOT ONLY FOR AICR FUNDING BUT

ALSO FOR OTHER SCIENTISTS AND FUNDERS. THERE IS A NEED TO FOCUS ON SIX

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CRITICAL AREAS OF RESEARCH IN ORDER TO ADVANCE OUR UNDERSTANDING OF THE

COMPLEXITY OF THE CANCER PROCESS AND HOW DIET, NUTRITION AND PHYSICAL

ACTIVITY CAN DISRUPT OR PREVENT CANCER FROM STARTING.

AICR RESEARCH SYMPOSIA

EACH YEAR, AICR ORGANIZES AND HOSTS SEVERAL RESEARCH SYMPOSIA TO BRING

THE RESEARCHERS WORKING IN THE FIELD TOGETHER, TO SHARE NEW DATA AND

EXPLORE NEW INNOVATIONS.

BECAUSE OF THE LAUNCH OF THE THIRD EXPERT REPORT IN FY18, AICR

ORGANIZED A WIDE VARIETY OF SYMPOSIA, PRESENTATIONS AND LECTURES FOR

THE SCIENTIFIC COMMUNITY.

IN FY18, AICR STAFF ATTENDED, PRESENTED, NETWORKED AND DISTRIBUTED

MATERIALS AT:

-ICN/IUNS INTERNATIONAL CONGRESS OF NUTRITION

-AMERICAN ASSOCIATION FOR CANCER RESEARCH ANNUAL CONFERENCE

-THE OBESITY SOCIETY'S OBESITY WEEK 2017

-POSTER PRESENTATION

-BREAST CANCER AND THE ENVIRONMENT RESEARCH PROGRAM

-POSTER PRESENTATION

-SAN ANTONIO BREAST CANCER SYMPOSIUM

-POSTER PRESENTATION

-AMERICAN SOCIETY OF PREVENTIVE ONCOLOGY 42ND ANNUAL CONFERENCE

-PANEL PRESENTATION

-JOHN HOPKINS SEMINAR

-PRESENTATION

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-THE NATIONAL CANCER INSTITUTE'S JOHN MILNER PRACTICUM

-PRESENTATION

-AMERICAN COLLEGE OF NUTRITION'S "DISRUPTING CANCER: THE ROLE OF
PERSONALIZED NUTRITION"

-AACR SPECIAL MEETING ON OBESITY AND CANCER: MECHANISMS UNDERLYING
ETIOLOGY AND OUTCOMES

-POSTER PRESENTATION

-ALCOHOL CONTROL AS CANCER CONTROL: A POLICY AND PRACTICE SYMPOSIUM

-PANEL PRESENTATION

-THE INTERNATIONAL CANCER RESEARCH PARTNERSHIP'S ANNUAL MEETING

-PRESENTATION

-THE SOCIETY OF BEHAVIORAL MEDICINE ANNUAL MEETING

-THE ALCOHOL POLICY CONFERENCE

-AMERICAN SOCIETY FOR NUTRITION 2018 CONFERENCE

-SYMPOSIUM

-NCI DIET AND CANCER FORUM

-AACR SPECIAL MEETING ON METABOLISM AND CANCER

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 STRUCTURED MENTORING WHILE PLANNING AND CONDUCTING
RESEARCH. THEY DEVELOP A BODY OF DATA THAT WILL HELP THEM COMPETE
SUCCESSFULLY FOR GRANT FUNDING IN THE FUTURE. THIS PROGRAM HAS PRODUCED
SEVERAL GRADUATES WHO HAVE ENTERED THE NUTRITION CANCER FIELD.

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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

THE AICR RESEARCH GRANT PROGRAM HAS FACILITATED AND 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, PHYSICAL ACTIVITY, BODY WEIGHT AND CANCER. RESEARCH GRANTS ARE PEER-REVIEWED AND AWARDED ON AN OPEN, COMPETITIVE BASIS.

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

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, PHYSICAL ACTIVITY AND WEIGHT MANAGEMENT AS THEY RELATE TO CANCER, AND HAS LED TO HUNDREDS OF ARTICLES IN PEER REVIEWED SCIENTIFIC PUBLICATIONS.

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MATCHING GRANT PROGRAM

THE AICR'S MATCHING GRANTS PROGRAM IS DESIGNED TO FUND HIGH-QUALITY, PEER-REVIEWED RESEARCH ON DIET, NUTRITION PHYSICAL ACTIVITY AND BODY WEIGHT RELATED TO CANCER, THAT MEETS THE OBJECTIVES OF BOTH AICR AND POTENTIAL MATCHING FUNDERS. MATCHING FUNDS MAY COME FROM CORPORATIONS OR INDIVIDUALS. RESEARCH GRANT APPLICATIONS WITHIN THIS PROGRAM ARE SUBJECT TO THE SAME RIGOROUS PEER REVIEW AS ALL OTHER RESEARCH GRANT PROPOSAL.

AICR GRANT REVIEW PANELS

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

PEER REVIEWERS ARE SELECTED FOR THEIR RESEARCH EXPERTISE AND THEIR ABILITY TO BRING A WIDE SCOPE OF SCIENTIFIC EXPERIENCE TO THE REVIEW PROCESS. EACH REVIEWER PROVIDES WRITTEN ASSESSMENTS AND SCORES FOR THE APPLICATION THAT THEY ARE SELECTED TO REVIEW. THE PANEL THEN MEETS IN-PERSON TO DISCUSS EACH APPLICATION AND REACH A CONSENSUS SCORE FOR

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EACH APPLICATION.

RECOMMENDATIONS FROM THE GRANT REVIEW PANELS ARE FORWARDED TO THE AICR

BOARD OF DIRECTORS, WHICH MAKES THE FINAL DECISIONS ON GRANT AWARDS.

THE SCIENTISTS WHO PARTICIPATED IN THE AICR GRANT REVIEW PANEL WHICH

REVIEWED THE GRANTS FUNDED IN FY18 ARE:

ROBERT S. CHAPKIN, PHD (CHAIR)

TEXAS A&M UNIVERSITY

COLLEGE STATION, TEXAS

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

FRED HUTCHINSON CANCER RESEARCH CENTER

SEATTLE, WA

CARRIE DANIEL MACDOUGALL, PHD

UNIVERSITY OF TEXAS M.D. ANDERSON CANCER CENTER

AUSTIN, TX

CYNTHIA DAVIS, PHD

NATIONAL INSTITUTE OF HEALTH

BETHESDA, MD

MICHAEL DE LISIO, PHD

UNIVERSITY OF OTTAWA

OTTAWA, ON, CANADA

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ZORA DJURIC, PHD

UNIVERSITY OF MICHIGAN

ANN ARBOR, MI

RICHARD ECKERT, PHD

UNIVERSITY OF MARYLAND

COLLEGE PARK, MD

JOANNE ELENA

NATIONAL INSTITUTES OF HEALTH

BETHESDA, MD

JENNIFER LIGIBEL, MD

DANA-FARBER CANCER INSTITUTE

BOSTON, MA

YIKYUNG PARK, SCD

WASHINGTON UNIVERSITY SCHOOL OF MEDICINE IN ST. LOUIS

ST LOUIS, MO

KIMBERLY ROBIEN, PHD, RD

GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC

CONNIE ROGERS, PHD

PENNSYLVANIA STATE UNIVERSITY

STATE COLLEGE, PA

Name of the organization

AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number

52-1238026

DANIEL ROSENBERG, PHD

UNIVERSITY OF CONNECTICUT HEALTH CENTER

FARMINGTON, CT

JACKILEN SHANNON, PHD

OREGON HEALTH SCIENCES UNIVERSITY

PORTLAND, OR

KATHLEEN STURGEON, PHD

PENNSYLVANIA STATE UNIVERSITY

STATE COLLEGE, PA

MICHAEL WARGOVICH, PHD

UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER

SAN ANTONIO, TX

JOELLEN WELSH, PHD

RESEARCH FOUNDATION OF SUNY- UNIVERSITY AT ALBANY

ALBANY, NY

AICR RESEARCH GRANTS FOR FISCAL YEAR 2018

DURING FISCAL YEAR 2018, AICR COMMITTED \$1,564,130.00 FOR PEER-REVIEWED

CANCER RESEARCH PROJECTS.

RESEARCH GRANTS AWARDED:

THE IMPACT OF A CHOLESTEROL METABOLITE ON BREAST CANCER DORMANCY AND

Name of the organization

AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number

52-1238026

RECURRENCE

ERIK NELSON, PHD

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

URBANA, IL

AN ADAPTIVE WEIGHT LOSS PROGRAM FOR BREAST CANCER SURVIVORS

VERED STEARNS, MD

JOHNS HOPKINS UNIVERSITY

BALTIMORE, MD

STARVING PERITONEAL METASTASES TO IMPACT OVARIAN CANCER OUTCOMES

SHARON STACK, PHD

UNIVERSITY OF NOTRE DAME

NOTRE DAME, IN

HIGH-INTENSITY INTERVAL TRAINING TO IMPROVE COGNITIVE FUNCTION IN

BREAST CANCER SURVIVORS UNDERGOING CHEMOTHERAPY

CHRISTINA DIELI-CONWRIGHT, PHD

UNIVERSITY OF SOUTHERN CALIFORNIA

LOS ANGELES, CA

AVOCADO CONSUMPTION FOR THE PREVENTION OF RELAPSE IN ACUTE MYELOID

LEUKEMIA

PAUL SPAGNUOLO, PHD

UNIVERSITY OF GUELPH

GUELPH, ONTARIO, CANADA

BEVERAGE CONSUMPTION AND BREAST CANCER SURVIVAL BY MOLECULAR SUBTYPES

Name of the organization

AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number

52-1238026

AND HORMONE RECEPTOR STATUS

FARVID MARYAM, PHD

HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH

BOSTON, MA

DAUGHTERS, MOTHERS AND OTHERS AGAINST CANCER

WENDY DEMARK-WAHNEFRIED, PHD, RD

UNIVERSITY OF ALABAMA AT BIRMINGHAM

BIRMINGHAM, AL

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

UNITED KINGDOM, NETHERLANDS, HONG KONG, BELGIUM,

FRANCE

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

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

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

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

STEPTOE & JOHNSON BOTH CONDUCT DETAILED REVIEWS OF THE 990 FORM.

ONCE THE 990 FORM AND ACCOMPANYING SCHEDULES ARE IN FINAL DRAFT FORM, THE

AICR BOARD OF DIRECTORS ARE ASKED TO REVIEW AND PROVIDE FEEDBACK PRIOR TO

THE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

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

EFFECT.

Name of the organization

AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number

52-1238026

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

THE POLICY IS REVIEWED ANNUALLY. IF THE BOARD DETERMINES THAT CHANGES DO
NOT NEED TO BE MADE, THE POLICY IS REAFFIRMED. NEW DIRECTORS, OFFICERS,
AND STAFF MEMBERS ARE ADVISED OF THE POLICY IN EFFECT UPON TAKING OFFICE OR
UPON THE START OF EMPLOYMENT, AS THE CASE MAY BE. SINCE FISCAL YEAR 2010,
DIRECTORS, OFFICERS, EXECUTIVES, AND SENIOR LEVEL MANAGEMENT STAFF HAVE
BEEN REQUIRED TO SIGN A "DECLARATION OF LACK OF CONFLICT OF INTEREST."

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

Name of the organization

AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number

52-1238026

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

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

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

AFTER REVIEWING COMPENSATION STUDIES AND OTHER INDUSTRY INFORMATION, COMPENSATION IS DETERMINED AND AWARDED. INCREASES ARE CONSISTENT WITH COMPENSATION PAID BY ORGANIZATIONS SIMILAR TO AICR HAVING COMPARABLE RESPONSIBILITY AND DUTIES. INCREASES ARE DOCUMENTED AND A MEMO IS DRAFTED FROM THE COMPENSATION COMMITTEE TO THE SENIOR VICE PRESIDENT OF FINANCE, HUMAN RESOURCE FILE AND TO THE EXECUTIVES RECEIVING THE REVIEW INCLUDING THE INSTRUCTIONS AND DETAILS FOR THE COMPENSATION CHANGES.

PRINCIPLE OFFICER OR SENIOR MANAGEMENT RECEIVED A 3% SALARY INCREASE IN FY2018.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, HI, IL, IN, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN

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

UT, VA, WV, WI

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

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

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

| | |
|-------------------------------------------------------|----------|
| CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT LIABILITY | 88,233. |
| PENSION RELATED CHANGES | 102,818. |
| NET GAIN ON INTEREST IN PERPETUAL TRUST | -880. |
| REFUND PRIOR YEAR GRANTS | 193. |
| TOTAL TO FORM 990, PART XI, LINE 9 | 190,364. |

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND
SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL
STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Name of the organization

AMERICAN INSTITUTE FOR CANCER RESEARCH

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

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

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

Schedule R (Form 990) 2017

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|----------------------------------------------|-------------------------------|------------------------|----------------------------------------------|
| (1) WORLD CANCER RESEARCH FUND INTERNATIONAL | B | 200,000. CASH | |
| (2) WORLD CANCER RESEARCH FUND UK | B | 426,159. CASH | |
| (3) WORLD CANCER RESEARCH FUND INTERNATIONAL | L | 1,175,530. CASH | |
| (4) WORLD CANCER RESEARCH FUND INTERNATIONAL | P | 65,749. CASH | |
| (5) WORLD CANCER RESEARCH FUND INTERNATIONAL | Q | 118,952. CASH | |
| (6) WORLD CANCER RESEARCH FUND INTERNATIONAL | S | 751,174. CASH | |

Part VII Supplemental Information.

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

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:**NAME AND ADDRESS OF RELATED ORGANIZATION:**

WCRF (TRADING) LTD.

THE BROADGATE TOWER, THIRD FLOOR

20 PRIMROSE STREET, LONDON EC2A 2RS, UNITED KINGDOM

SCHEDULE R, PART IV, COLUMN (C):

THREE OF THE CHARITABLE REMAINDER TRUSTS ARE DOMICILED IN CALIFORNIA,

ONE IN NEW YORK, AND ONE IN MAINE.

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at** www.irs.gov/form8868.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on *e-file for Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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 |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| 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. 1560 WILSON BLVD., NO. 1000 | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARLINGTON, VA 22209 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

| 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 |

MR. KELLY B. BROWNING

- The books are in the care of ► **1560 WILSON BLVD., NO. 1000 - ARLINGTON, VA 22209**

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 6-month extension of time until **AUGUST 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year _____ or
 ► ☒ tax year beginning **OCT 1, 2017**, and ending **SEP 30, 2018**

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 Forms 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 Forms 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.

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at** www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on *e-file for Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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 |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| 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. 1560 WILSON BLVD., NO. 1000 | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARLINGTON, VA 22209 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

| 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 |

MR. KELLY B. BROWNING

- The books are in the care of ► **1560 WILSON BLVD., NO. 1000 - ARLINGTON, VA 22209**

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 6-month extension of time until **AUGUST 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or

► ☒ tax year beginning **OCT 1, 2017**, and ending **SEP 30, 2018**

- 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 Forms 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 Forms 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.