

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

A For the 2023 calendar year, or tax year beginning OCT 1, 2023 and ending SEP 30, 2024
B Check if applicable:
C Name of organization: AMERICAN INSTITUTE FOR CANCER RESEARCH
D Employer identification number: 52-1238026
E Telephone number: (202) 328-7744
G Gross receipts \$: 13,516,921.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: X 501(c)(3)
J Website: WWW.AICR.ORG
K Form of organization: X Corporation
L Year of formation: 1981
M State of legal domicile: DC

Part I Summary
Activities & Governance: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Financial metrics
Revenue: 8-12 Contributions, program service, investment, other revenue, total revenue
Expenses: 13-19 Grants, benefits, salaries, fundraising, other expenses, total expenses
Net Assets or Fund Balances: 20-22 Total assets, liabilities, net assets

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.
Sign Here: JOHN MCCALLA, SECRETARY
Paid Preparer: KRISTEN BARNETT
Preparer Use Only: RSM US LLP, 1001 WATER ST. STE. 500, TAMPA, FL 33602

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 CHAMPIONS THE LATEST AND MOST AUTHORITATIVE SCIENTIFIC RESEARCH FROM AROUND THE WORLD ON CANCER PREVENTION AND SURVIVAL THROUGH DIET, WEIGHT AND PHYSICAL ACTIVITY, SO THAT WE CAN HELP PEOPLE MAKE INFORMED LIFESTYLE CHOICES TO REDUCE THEIR CANCER RISK.

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

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

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

4a (Code: ) (Expenses \$ 4,693,345. including grants of \$ 407,044. ) (Revenue \$ 1,263,074. ) SEE SCHEDULE O. EDUCATION

4b (Code: ) (Expenses \$ 1,851,238. including grants of \$ 986,154. ) (Revenue \$ 17,643. ) SEE SCHEDULE O. RESEARCH

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

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

4e Total program service expenses 6,544,583.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body... 1b Enter the number of voting members included on line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on 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? 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on 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
JENNIFER MERCER - (202) 328-7744
1560 WILSON BOULEVARD, 425, ARLINGTON, VA 22209

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNIFER MERCER SENIOR VP DEVELOPMENT	40.00				X		174,399.	0.	35,379.	
(2) DEIRDRE MCGINLEY-GIESER EXECUTIVE VP (THRU 12/29/23)	40.00			X			176,167.	0.	29,755.	
(3) NIGEL BROCKTON VP RESEARCH	40.00				X		146,530.	0.	39,394.	
(4) MICHAEL MCCARN CHIEF INFORMATION OFFICER	40.00				X		146,606.	0.	39,143.	
(5) JERNELL ALEXANDER SR. DIR. FINANCE & OPS (THRU 04/30/2)	40.00				X		142,040.	0.	14,784.	
(6) MELISSA HABEDANK VP EXT. RELATIONS (THRU 01/31/24)	40.00				X		128,094.	0.	0.	
(7) MARILYN GENTRY PRESIDENT	3.00	X		X			0.	0.	0.	
(8) MELVIN HUTSON BOARD CHAIR	2.00	X		X			0.	0.	0.	
(9) SUSAN PEPPER BOARD SEC./TREASURER (THRU 09/28/24)	2.00	X		X			0.	0.	0.	
(10) FRANK JACKSON HILL BOARD TREASURER	2.00	X		X			0.	0.	0.	
(11) JOHN MCCALLA BOARD SECRETARY	2.00	X		X			0.	0.	0.	
(12) GEOFFREY HERALD BOARD MEMBER (THRU 07/03/24)	2.00	X					0.	0.	0.	
(13) JOSEPH SWARTZ BOARD MEMBER	2.00	X					0.	0.	0.	



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>					
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	8,592,095.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....			8,592,095.			
Program Service Revenue	<b>2 a</b>	<b>SERVICE FEES</b>	<b>Business Code</b>					
			900099	1,263,074.	1,263,074.			
	<b>b</b>	<b>BROCHURE SALES</b>	900099	17,643.	17,643.			
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
<b>g</b>	<b>Total.</b> Add lines 2a-2f .....			1,280,717.				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		321,671.			321,671.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses ...	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
				(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	2,606,948.	200,583.			
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	571,810.	-200,583.			
	<b>d</b>	Net gain or (loss) .....			371,227.		371,227.	
	<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
<b>b</b>	Less: direct expenses .....	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events .....							
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b>	Less: direct expenses .....	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b>	<b>MAILING LIST RENTAL</b>	<b>Business Code</b>					
			900099	139,367.			139,367.	
	<b>b</b>	<b>OTHER INCOME</b>	900099	4,313.			4,313.	
	<b>c</b>							
	<b>d</b>	All other revenue .....						
<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			143,680.				
<b>12</b>	<b>Total revenue.</b> See instructions .....			10,709,390.	1,280,717.	0.	836,578.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	659,886.	659,886.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	733,312.	733,312.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	200,437.	200,437.		
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,904,335.	963,411.	731,603.	209,321.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	42,078.	8,605.	26,160.	7,313.
<b>9</b> Other employee benefits .....	224,559.	102,047.	90,063.	32,449.
<b>10</b> Payroll taxes .....	165,478.	84,004.	59,894.	21,580.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	44,356.	24,373.	8,863.	11,120.
<b>c</b> Accounting .....	32,875.	18,718.	9,817.	4,340.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17	484,998.			484,998.
<b>f</b> Investment management fees .....	41,000.		41,000.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	695,836.	512,490.	183,346.	
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	181,127.	93,570.	46,080.	41,477.
<b>14</b> Information technology .....	92,504.	59,967.	27,091.	5,446.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	260,573.	148,361.	77,814.	34,398.
<b>17</b> Travel .....	63,565.	28,619.	30,021.	4,925.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	3,563.	3,330.	70.	163.
<b>20</b> Interest .....	42,636.		42,636.	
<b>21</b> Payments to affiliates .....	61,099.	61,099.		
<b>22</b> Depreciation, depletion, and amortization .....	36,485.	20,797.	10,945.	4,743.
<b>23</b> Insurance .....	20,891.	10,797.	7,042.	3,052.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> POSTAGE & DELIVERY	1,818,553.	1,078,513.	41,977.	698,063.
<b>b</b> PRINTING & PUBLICATION	1,359,992.	850,435.	67,816.	441,741.
<b>c</b> DATA PROCESSING	807,817.	383,300.	180,728.	243,789.
<b>d</b> MAILHOUSE FEES	273,551.	267,144.	6,407.	
<b>e</b> All other expenses	313,383.	231,368.	22,832.	59,183.
<b>25</b> Total functional expenses. Add lines 1 through 24e	10,564,889.	6,544,583.	1,712,205.	2,308,101.
<b>26</b> 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)	3,221,219.	1,972,633.	1,002.	1,247,584.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	10,934.	<b>1</b>	0.
	<b>2</b> Savings and temporary cash investments .....	4,248,954.	<b>2</b>	3,329,472.
	<b>3</b> Pledges and grants receivable, net .....	2,116,604.	<b>3</b>	2,084,946.
	<b>4</b> Accounts receivable, net .....	76,389.	<b>4</b>	104,695.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	274,121.	<b>9</b>	276,476.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 396,500.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 364,373.	250,569.	<b>10c</b> 32,127.
	<b>11</b> Investments - publicly traded securities .....	1,416,722.	<b>11</b>	2,669,918.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	7,205,618.	<b>13</b>	7,944,621.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,318,438.	<b>15</b>	1,477,462.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	17,918,349.	<b>16</b>	17,919,717.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	600,621.	<b>17</b>	693,970.
	<b>18</b> Grants payable .....	1,856,246.	<b>18</b>	1,698,011.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	3,218,880.	<b>25</b>	2,223,533.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	5,675,747.	<b>26</b>	4,615,514.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	4,316,897.	<b>27</b>	5,072,350.
	<b>28</b> Net assets with donor restrictions .....	7,925,705.	<b>28</b>	8,231,853.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	12,242,602.	<b>32</b>	13,304,203.
<b>33</b> Total liabilities and net assets/fund balances .....	17,918,349.	<b>33</b>	17,919,717.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	10,709,390.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	10,564,889.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	144,501.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	12,242,602.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	874,327.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	42,773.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	13,304,203.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? \_\_\_\_\_
- 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 on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		



**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	12,226,058.	10,837,807.	12,273,935.	10,094,745.	8,592,095.	54,024,640.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	12,226,058.	10,837,807.	12,273,935.	10,094,745.	8,592,095.	54,024,640.
<b>5</b> 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) .....						2,757,517.
<b>6 Public support.</b> Subtract line 5 from line 4.						51,267,123.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	12,226,058.	10,837,807.	12,273,935.	10,094,745.	8,592,095.	54,024,640.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	240,918.	208,468.	275,814.	237,474.	321,671.	1,284,345.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	253,743.	1,555,351.	203,990.	155,338.	143,680.	2,312,102.
<b>11 Total support.</b> Add lines 7 through 10						57,621,087.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	6,377,367.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	88.97 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	86.22 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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 5 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. 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 - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>	<b>1</b>	
<b>2</b> 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>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> 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>	<b>2</b>	
<b>3</b> By reason of the relationship described on line 2, above, 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>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<b>2a</b>		
<b>b</b> Did the activities described on line 2a, above, 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>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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>If "Yes" or "No" provide details in Part VI.</i>	<b>3a</b>		
<b>b</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>	<b>3b</b>		

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

**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

2019 AMOUNT: \$ 253,743.

2020 AMOUNT: \$ 1,555,351.

2021 AMOUNT: \$ 203,990.

2022 AMOUNT: \$ 155,338.

2023 AMOUNT: \$ 143,680.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

AMERICAN INSTITUTE FOR CANCER RESEARCH

Employer identification number

52-1238026

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

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

Schedule B (Form 990) (2023)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 694,962.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 307,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 225,000.	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.)

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

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

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

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

2023

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and others), and several yes/no questions about monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

**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 make 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 program
  - 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 in 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	2,190,339.	2,084,888.	2,504,791.	2,045,005.	2,123,034.
b Contributions	31,525.	18,145.	290,307.	297,100.	3,365.
c Net investment earnings, gains, and losses	524,382.	261,636.	-537,422.	367,867.	242,611.
d Grants or scholarships	0.				
e Other expenditures for facilities and programs	196,894.	174,330.	172,788.	205,181.	324,005.
f Administrative expenses	0.				
g End of year balance	2,549,352.	2,190,339.	2,084,888.	2,504,791.	2,045,005.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 16.0000 %
  - b Permanent endowment 30.0000 %
  - c Term endowment 54.0000 %
- 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:
- |                              | Yes                                 | No                       |
|------------------------------|-------------------------------------|--------------------------|
| (i) Unrelated organizations? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
- 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		3,625.	173.	3,452.
d Equipment		312,317.	298,732.	13,585.
e Other		74,658.	65,468.	9,190.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				32,127.

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) CHARITABLE GIFT ANNUITIES	1,207,758.	END-OF-YEAR MARKET VALUE
(2) CHARITABLE REMAINDER UNITRUSTS	874,545.	END-OF-YEAR MARKET VALUE
(3) CANCER RESEARCH FUND	5,862,318.	END-OF-YEAR MARKET VALUE
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))	7,944,621.	

**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	371,329.
(2) DUE FROM AFFILIATES	469,843.
(3) RIGHT OF USE ASSETS	636,290.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,477,462.

**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) LIABILITY CHARITABLE GIFT ANNUITIES	719,040.
(3) LIABILITY CHARITABLE REMAINDER	359,942.
(4) RIGHT OF USE LIABILITIES	644,551.
(5) DEFERRED RENT	500,000.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,223,533.

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 FASB 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	11,615,435.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 874,327.		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 72,718.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	947,045.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	10,668,390.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 41,000.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	41,000.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	10,709,390.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	10,523,889.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	10,523,889.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 41,000.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	41,000.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	10,564,889.

**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, 2024 AND 2023, SINCE THE INSTITUTE HAD NO UNRELATED BUSINESS INCOME. THE INSTITUTE HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE

**Part XIII** Supplemental Information (continued)

AS A PUBLICLY SUPPORTED ORGANIZATION AND IS THEREFORE NOT A PRIVATE

FOUNDATION. MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITION AND HAS

DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE

RECOGNITION IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT LIABILITY -

ANNUITIES -21,512.

LOSS ON FOREIGN EXCHANGE TRANSACTIONS -22,757.

NET GAIN ON INTEREST IN PERPETUAL TRUST 116,987.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 72,718.



**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	326,268.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	EDUCATION	407,044.	WIRE	0.		

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

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



**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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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

**PART I, LINE 2:**

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

**FINAL SCIENTIFIC REPORT:**

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

**FINAL FINANCIAL REPORT:**

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

BEFORE GRANT RECOMMENDATIONS ARE PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL, ALL APPLICANTS ARE CHECKED AND CLEARED AGAINST THE FOLLOWING TERRORIST WATCH LISTS: SPECIALLY DESIGNATED NATIONALS (SDN), STATE DEPARTMENT TERRORIST EXCLUSIONS LIST, UNITED NATIONS CONSOLIDATED LIST WITH RESPECT TO AL-QAEDA, THE TALIBAN, AND THE EUROPEAN UNION TERRORIST

**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.

LIST.

PART I, LINE 3:

GRANTMAKING EXPENDITURES ARE RECORDED ON THE ACCRUAL BASIS.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <b>AMERICAN INSTITUTE FOR CANCER RESEARCH</b>	Employer identification number <b>52-1238026</b>
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**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |   |
|---|---|
| <p><b>a</b> <input checked="" type="checkbox"/> Mail solicitations</p> <p><b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations</p> <p><b>c</b> <input checked="" type="checkbox"/> Phone solicitations</p> <p><b>d</b> <input checked="" type="checkbox"/> In-person solicitations</p> | <p><b>e</b> <input type="checkbox"/> Solicitation of non-government grants</p> <p><b>f</b> <input type="checkbox"/> Solicitation of government grants</p> <p><b>g</b> <input type="checkbox"/> Special fundraising events</p> |
|---|---|
- 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 - 7918 JONES BRANCH DRIVE, INFOCISION MANAGEMENT CORP - 325 SPRINGSIDE DR, AKRON, OH	DIRECT MAIL  PHONE		X	3,151,455.	245,724.	2,905,731.
			X	53,950.	239,274.	-185,324.
<b>Total</b> .....				3,205,405.	484,998.	2,720,407.

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO  
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

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

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

(I) NAME OF FUNDRAISER: DIRECT RESPONSE CONSULTING

(I) ADDRESS OF FUNDRAISER: 7918 JONES BRANCH DRIVE, MCLEAN, VA 22102

(I) NAME OF FUNDRAISER: INFOCISION MANAGEMENT CORP

(I) ADDRESS OF FUNDRAISER: 325 SPRINGSIDE DR, AKRON, OH 44144

SCHEDULE G, PART I:

**Part IV** Supplemental Information (continued)

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BOSTON, MA 02215	04-2263040	501(C)(3)	82,500.	0.			RESEARCH
MEMORIAL SLOAN KETTERING CANCER CENTER - 1133 NEW YORK AVENUE - NEW YORK, NY 10065	13-1624082	501(C)(3)	247,500.	0.			RESEARCH
PENNINGTON BIOMEDICAL RESEARCH CENTER - 6400 PERKINS ROAD - BATON ROUGE, LA 70808	58-1767810	501(C)(3)	164,886.	0.			RESEARCH
UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN - 901 W. ILLINOIS STREET - URBANA, IL 61801	37-6000051	501(C)(3)	165,000.	0.			RESEARCH

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

**3** Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2023

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

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

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

PART I, LINE 2:

PROGRESS REPORT:

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

FINAL SCIENTIFIC REPORT:

**Part IV Supplemental Information**

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

FINAL COMPREHENSIVE REPORT TO OUTLINE THE PROJECT'S ACCOMPLISHMENTS.

FAILURE TO SUBMIT A FINAL REPORT WILL RESULT IN AUTOMATIC DISQUALIFICATION

FROM SUBMITTING A GRANT APPLICATION TO AICR FOR TWO YEARS.

FINAL FINANCIAL REPORT:

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

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

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

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

BEFORE GRANT RECOMMENDATIONS ARE PRESENTED TO THE BOARD OF DIRECTORS FOR

APPROVAL, ALL APPLICANTS ARE CHECKED AND CLEARED AGAINST THE FOLLOWING

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

DEPARTMENT TERRORIST EXCLUSIONS LIST, UNITED NATIONS CONSOLIDATED LIST WITH

RESPECT TO AL-QAEDA, THE TALIBAN, 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (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 organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JENNIFER MERCER SENIOR VP DEVELOPMENT	(i)	174,160.	0.	239.	5,485.	29,894.	209,778.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEIRDRE MCGINLEY-GIESER EXECUTIVE VP (THRU 12/29/23)	(i)	175,115.	0.	1,052.	5,485.	24,270.	205,922.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NIGEL BROCKTON VP RESEARCH	(i)	146,236.	0.	294.	4,703.	34,691.	185,924.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHAEL MCCARN CHIEF INFORMATION OFFICER	(i)	145,026.	0.	1,580.	4,612.	34,531.	185,749.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JERNELL ALEXANDER SR. DIR. FINANCE & OPS (THRU 04/30/2	(i)	141,786.	0.	254.	0.	14,784.	156,824.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE L**  
**(Form 990)**

**Transactions With Interested Persons**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

**2023**

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization <b>AMERICAN INSTITUTE FOR CANCER RESEARCH</b>	Employer identification number <b>52-1238026</b>
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**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b> .....							\$						

**Part III Grants or Assistance Benefiting Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

**Part IV Business Transactions Involving Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DIRECT RESPONSE CONSULTI	100% CONTROLLED ENT	245,724.	FUNDRAISING		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DIRECT RESPONSE CONSULTING SERVICES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

100% CONTROLLED ENTITY OF ONE OF THE FOUNDERS OF AICR

(D) DESCRIPTION OF TRANSACTION: FUNDRAISING CONSULTANT

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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:

CANCER IS REDUCED BY HEALTHY FOOD AND NUTRITION, PHYSICAL ACTIVITY, AND  
WEIGHT MANAGEMENT, THE CAUSES AND TREATMENT OF CANCER IN GENERAL, AND  
TO FUND, SUPPORT, AND ENCOURAGE INNOVATIVE SCIENTIFIC RESEARCH AS TO  
THE CAUSES, PREVENTION, AND TREATMENT OF CANCER.

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 THESE FINDINGS WE PRODUCE EDUCATIONAL MATERIALS TO MEET A  
WIDE VARIETY OF NEEDS, ACROSS ALL STAGES OF THE CANCER CONTINUUM.

BROCHURES AND FACT SHEETS

DEVELOPED TO PUT THE LATEST CANCER RESEARCH FINDINGS IN A CONCISE

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

Schedule O (Form 990) 2023

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FORMAT, AICR'S BROCHURES, LEAFLETS AND FACT SHEETS OFFER MANY DIFFERENT AUDIENCES OUR EMPOWERING MESSAGE THAT WE CAN TAKE STEPS TO REDUCE OUR OWN CANCER RISK. FOLLOWING THE LAUNCH OF OUR THIRD EXPERT REPORT IN MAY 2018, ALL THESE RESOURCES WERE REVIEWED AND UPDATED TO REFLECT THE MOST CURRENT SCIENTIFIC EVIDENCE.

INDIVIDUALS CAN ORDER SINGLE FREE COPIES; HEALTH PROFESSIONALS AND MEDICAL CENTERS (E.G., HOSPITALS, CANCER CLINICS, ETC.) CAN MAKE BULK PURCHASES. AICR ALSO DISTRIBUTES BROCHURES AT CONFERENCES, EVENTS AND HEALTH FAIRS.

#### HEALTH AIDS

AICR PRODUCES HEALTH AIDS, INCLUDING INFOGRAPHICS, DOWNLOADABLES INFORMATION CARDS, MAGNETS AND MORE TO TURN LOWERING CANCER RISK INTO A "HANDS-ON" EXPERIENCE.

INDIVIDUALS CAN ORDER SINGLE FREE COPIES; HEALTH PROFESSIONALS AND MEDICAL CENTERS (HOSPITALS, CANCER CLINICS, ETC.) CAN MAKE BULK PURCHASES. AICR ALSO DISTRIBUTES HEALTH AIDS AT CONFERENCES, EVENTS AND HEALTH FAIRS.

#### AICR WEBSITE

THE GOAL OF THE AICR WEBSITE (WWW.AICR.ORG) IS TO INSPIRE USERS TO TAKE CONTROL OF THEIR HEALTH USING RESEARCH-BACKED CANCER PREVENTION AND SURVIVORSHIP RESOURCES. THE WEBSITE OFFERS UPDATED INFORMATION ON AICR RESEARCH; HEALTHY, CANCER-PROTECTIVE RECIPES AND FITNESS TIPS; AND A

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HOST OF INTERACTIVE TOOLS AND RESOURCES ON THE SCIENCE OF LOWERING

CANCER RISK.

AICR'S WEBSITE ALSO INCLUDES INSPIRING STORIES OF IMPACT. THESE ARE

TESTIMONIALS BY HEALTH PROFESSIONALS WHO REGULARLY USE AICR'S VARIOUS

RESOURCES TO BUILD HEALTHIER COMMUNITIES THROUGH CANCER CENTERS,

SURVIVORSHIP PROGRAMS AND MORE.

ONE ONCOLOGY NUTRITIONIST AT THE DEMPSEY CENTER IN MAINE PROVIDES

NUTRITION CONSULTATIONS TO PEOPLE WITH A CANCER DIAGNOSIS AND THEIR

CARE PARTNERS; A REGISTERED DIETITIAN AT THE VCU MASSEY CANCER CENTER

IN VIRGINIA USES AICR'S RESOURCES TO PROVIDE CANCER PATIENTS AND

SURVIVORS WITH INFORMATION ABOUT WHAT TO EAT AND WHY WE EAT FOR

WELLNESS. AND YET ANOTHER REGISTERED DIETITIAN AT PENN MEDICINE'S

ABRAMSON CANCER CENTER IN PENNSYLVANIA HELPS CANCER PATIENTS NAVIGATE

THE RELATIONSHIP BETWEEN NUTRITION, TREATMENT AND POST-TREATMENT

QUALITY OF LIFE.

THERE ARE ALSO TESTIMONIALS BY PEOPLE WHO HAVE BEEN DIRECTLY AFFECTED

BY CANCER OR KNOW SOMEONE WHO HAS BEEN AFFECTED BY CANCER, AND HOW THEY

HAVE USED AICR'S RESOURCES TO HELP THEMSELVES OR OTHERS NAVIGATE CANCER

FROM DIAGNOSIS THROUGH SURVIVORSHIP. ONE INSPIRING STORY IS FROM A

BREAST CANCER SURVIVOR WHO WAS DIAGNOSED WHILE PREGNANT. AFTER SURGERY,

CHEMO, RADIATION AND DELIVERING A HEALTHY BABY, SHE JOINED TEAM AICR

AND RAN THE LONDON MARATHON TO RAISE AWARENESS OF AICR'S MESSAGE ABOUT

THE IMPORTANCE OF PHYSICAL ACTIVITY AND TO RAISE FUNDS IN SUPPORT OF

CANCER RESEARCH AT AICR.

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## E-PUBLICATION

AICR'S MONTHLY NEWSLETTER, CANCER FOCUS, ENCOMPASSES THREE AREAS: HOW TO START LIVING FOR LOWER CANCER RISK TODAY; BREAKING NEWS AND CURRENT RESEARCH IN THE FIGHT AGAINST CANCER; AND RESEARCH, RECIPES AND FOODS THAT HELP SURVIVORS NAVIGATE THEIR CANCER JOURNEY. AS OF SEPTEMBER 2024, NEARLY 1.5 MILLION COPIES OF CANCER FOCUS HAVE BEEN DISTRIBUTED.

## AICR BLOG AND SOCIAL MEDIA

THE AICR BLOG (AICR.ORG/RESOURCES/BLOG) SPEAKS TO SUPPORTERS; CANCER PATIENTS, SURVIVORS AND CAREGIVERS; HEALTH PROFESSIONALS; THE MEDIA AND THE GENERAL PUBLIC. THE AICR BLOG IS ONE WAY AICR ENGAGES IN AN ONGOING DISCUSSION ABOUT RESEARCH AND SEPARATES CANCER MYTHS FROM CANCER FACTS, ESPECIALLY THOSE THAT ARE HOT TOPICS IN THE MEDIA. IT IS WHERE WE SHARE OUR TAKE ON CURRENT NEWS AND ENCOURAGE READERS TO POST COMMENTS. IN FY24, THE AICR BLOG RECEIVED NEARLY 548,000 PAGE VIEWS.

FACEBOOK AND TWITTER HAVE HISTORICALLY BEEN IMPORTANT COMMUNICATION CHANNELS FOR AICR TO SHARE MESSAGES WITH A WIDE AND DIVERSE AUDIENCE. IN ADDITION TO FACEBOOK AND TWITTER, AICR INCREASED SOCIAL MEDIA EFFORTS IN FY24 TO HELP GROW OUR BRAND ON INSTAGRAM, LINKEDIN, PINTEREST AND YOUTUBE. AT THE END OF FY24, AICR HAD A TOTAL OF 66,279 SOCIAL MEDIA FOLLOWERS FOR 10.9% GROWTH COMPARED TO FY23. OVER THE COURSE OF FY24 AICR SOCIAL MEDIA CHANNELS HAD A TOTAL OF 1,273,118 IMPRESSIONS AND 62,122 ENGAGEMENTS, 21.8% MORE ENGAGEMENTS OVER FY23.

AT THE CLOSE OF FY24, AICR'S FACEBOOK PAGE HAD 27,157 FOLLOWERS.

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TWITTER (@AICRTWEETS) HAD 7,956 FOLLOWERS AND LINKEDIN HAD 17,910.

CANCER PREVENTION MONTH

FEBRUARY IS CANCER PREVENTION MONTH TO RAISE AWARENESS THAT 40% OF  
CANCERS CAN BE PREVENTED AND PROVIDE EMPOWERING MESSAGES TO HELP CANCER  
SURVIVORS TAKE CONTROL OF THEIR HEALTH.

WE ENCOURAGED PEOPLE TO "TAKE THE TEN" AN ONLINE TOOL (AICR'S HEALTHY10  
CHALLENGE) TO HELP PEOPLE CHANGE THEIR LIFESTYLE HABITS AND PUT AICR'S  
CANCER PREVENTION RECOMMENDATIONS INTO ACTION. THE HEALTHY10 CHALLENGE  
IS A FREE, 10-WEEK INTERACTIVE PROGRAM DESIGNED TO HELP INDIVIDUALS  
IMPROVE THEIR DIET, NUTRITION, PHYSICAL ACTIVITY AND WEIGHT FOR LOWER  
CANCER RISK AND BETTER OVERALL HEALTH. AT THE END OF SEPTEMBER 2024,  
ALMOST 6,000 INDIVIDUALS HAD SIGNED UP FOR THE CHALLENGE.

IN FEBRUARY 2024, AICR'S WEBSITE HAD OVER 103,343 USERS, 443 PEOPLE  
TOOK THE CANCER HEALTH CHECK AND AICR ACQUIRED OVER 774 NEW EMAIL  
ADDRESSES. AICR'S SOCIAL MEDIA PLATFORMS GAINED 639 NEW FOLLOWERS,  
EARNED OVER 96,002 IMPRESSIONS AND RECEIVED NEARLY 4,900 ENGAGEMENTS.

HEALTHY10 CHALLENGE

AICR'S EVIDENCE-BASED MATERIALS HELP PEOPLE LEARN ABOUT WHAT THEY CAN  
DO TO PROTECT THEMSELVES FROM CANCER, BUT WE ALSO SUPPLY THEM WITH  
TOOLS THAT SUPPORT THE KIND OF REAL, LASTING BEHAVIOR CHANGE THAT LEADS  
TO LOWER RISK.

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THE HEALTHY10 CHALLENGE IS A 10-WEEK, FREE, INTERACTIVE, ONLINE PROGRAM

TO HELP USERS IMPROVE THEIR DIET, NUTRITION, PHYSICAL ACTIVITY AND

WEIGHT FOR LOWER CANCER RISK AND BETTER OVERALL HEALTH. IT IS BASED ON

AICR'S EVIDENCE-BASED CANCER PREVENTION RECOMMENDATIONS AND IS INTENDED

FOR ADULTS WANTING TO REDUCE THEIR CANCER RISK (INCLUDING RECURRENCE

AND SECONDARY CANCER). ITS MOTIVATIONAL CHALLENGES ALTERNATE BETWEEN

DIET AND PHYSICAL ACTIVITY TO HELP USERS EAT SMARTER AND MOVE MORE.

EACH WEEK USERS WILL BE GIVEN A GOAL AS WELL AS TIPS AND TOOLS TO HELP

CONQUER EACH CHALLENGE. THIS IS A SIMPLE AND FUN WAY TO BECOME

HEALTHIER AND TAKE ACTION TO REDUCE CANCER RISK AT ANY STAGE OF LIFE

AND MEETS INDIVIDUALS WHERE THEY ARE AT IN THEIR HEALTH JOURNEY. THERE

WAS A TOTAL OF OVER 5,870 EMAILS COLLECTED AND INDIVIDUALS WHO SIGNED

UP FOR THE HEALTHY10 CHALLENGE IN FY24.

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

CANCER HEALTH CHECK

AN ONLINE ASSESSMENT TOOL TO HELP INDIVIDUALS UNDERSTAND HOW THE

LIFESTYLE CHOICES THEY MAKE EVERY DAY CAN REDUCE THEIR RISK FOR CANCER.

THIS SIMPLE AND EASY TOOL MEASURES INDIVIDUAL LIFESTYLE CHOICES, LIKE

DIET AND EXERCISE HABITS, AGAINST AICR'S EVIDENCE-BASED 10 CANCER

PREVENTION RECOMMENDATIONS. AFTER USERS ANSWER A BRIEF SERIES OF

QUESTIONS, THEY IMMEDIATELY RECEIVE A SUMMARY OF RESULTS THAT SHOW

AREAS WHERE THEY ARE DOING WELL AND WHERE THERE ARE AREAS FOR

IMPROVEMENT. THIS IS AN APPROACHABLE TOOL THAT IS USED BY BOTH THE

GENERAL PUBLIC AND BY HEALTH-CARE PROVIDERS. THIS INNOVATIVE TOOL

LAUNCHED IN FEBRUARY 2020 WAS AWARDED GOLD/FIRST PLACE IN THE DIGITAL

HEALTH RESOURCES/TOOL CATEGORY IN THE 2020 FALL DIGITAL HEALTH AWARDS.

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THERE WAS A TOTAL OF 4,613 USERS/E-MAILS COLLECTED IN FY2024

LIVING WITH CANCER AND BEYOND: CANCER RESOURCE PROGRAM

AICR OFFERS A FREE BOOKLET OF ADVICE FOR NEWLY DIAGNOSED CANCER PATIENTS AND THEIR LOVED ONES. DEVELOPED WITH A TEAM OF PHYSICIANS, NURSES, DIETITIANS, PSYCHOLOGISTS AND CANCER PATIENTS, CANCER RESOURCE LAYS OUT INFORMATION PATIENTS NEED, INCLUDING QUESTIONS TO ASK YOUR DOCTOR, TREATMENT OPTIONS, WHERE TO FIND HELP, NUTRITION DURING TREATMENT AND MUCH MORE.

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

CANCER RESOURCE IS ALSO AVAILABLE IN SPANISH, WHICH INCREASES ACCESS TO THIS INFORMATION EVEN FURTHER AS A FREE DOWNLOADABLE ON AICR'S ONLINE STORE. IN FY24 THERE WERE A TOTAL OF 123 CANCER RESOURCE BOOKS SOLD.

AICR'S HEALTH PROFESSIONAL AND EDUCATOR COMMUNITY

AICR'S HP COMMUNITY PROVIDES AN ONLINE DESTINATION FOR HEALTH PROFESSIONALS, FEATURING A WEALTH OF INTERACTIVE TOOLS, CONTINUING EDUCATION OPPORTUNITIES AND PRACTICAL EVIDENCE-BASED RESOURCES FOR PATIENTS AND CLIENTS.

PROGRAMS FOR CANCER SURVIVORS

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THE OVERALL AGING OF THE UNITED STATES POPULATION AND CHANGING PREVALENCE OF RISK FACTORS, INCLUDING OBESITY, HAVE INCREASED THE INCIDENCE OF MANY TYPES OF CANCER WHILE ADVANCES IN THE EARLY DETECTION AND TREATMENT OF CANCER HAVE LED TO REDUCED CANCER MORTALITY. THESE FACTORS HAVE COMBINED TO DRAMATICALLY INCREASE THE NUMBER OF CANCER SURVIVORS. NEARLY 18.3 MILLION PEOPLE IN THE US WERE LIVING WITH A HISTORY OF A CANCER DIAGNOSIS AS OF JANUARY 2022. THIS NUMBER IS PROJECTED TO GROW TO MORE THAN 26 MILLION BY 2040.

DURING FY24, AICR PROACTIVELY FUNDED RESEARCH, DEVELOPED EVIDENCE-BASED INFORMATION AND CONTRIBUTED TOOLS, RESOURCES AND PROGRAMS THAT ARE ATTUNED TO THIS GROWING POPULATION.

CONFERENCES AND EXHIBITS

IN FY24, AICR STAFF ATTENDED, PRESENTED, NETWORKED, EXHIBITED AND/OR DISTRIBUTED MATERIALS AT VARIOUS IN-PERSON AND VIRTUAL CONFERENCES AND ANNUAL MEETINGS.

EXTERNAL RELATIONS

IN FY24, AICR BUILT DEEPER RELATIONSHIPS WITH KEY NATIONAL, REGIONAL AND LOCAL STAKEHOLDER ORGANIZATIONS TO LEVERAGE THESE PARTNERSHIPS AND ENSURE OUR EVIDENCE-BASED MESSAGES AND EDUCATIONAL RESOURCES ARE UNDERSTOOD AND UTILIZED. AICR PROACTIVELY JOINED ADDITIONAL ORGANIZATIONS' COMMITTEES AND SERVED ON ADVISORY PANELS, WORK GROUPS AND EXPERT FORUMS TO BUILD VISIBILITY AND AWARENESS OF OUR MISSION.

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MEDIA PROGRAM

AICR HAD SOLID MEDIA COVERAGE IN NATIONAL PRINT AND ONLINE OUTLETS AS WELL AS TV AND RADIO STATIONS.

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

RESEARCH PROGRAMS

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

AICR IS UNIQUE IN ITS FOCUS ON PREVENTING CANCER AND IMPROVING SURVIVAL THROUGH DIET, NUTRITION, BODY COMPOSITION AND PHYSICAL ACTIVITY. WE COLLATE AND INTERPRET THE LATEST AND MOST AUTHORITATIVE GLOBAL SCIENTIFIC RESEARCH ON THE LINKS BETWEEN CANCER AND DIET, NUTRITION, BODY COMPOSITION AND PHYSICAL ACTIVITY. WE THEN TRANSLATE OUR FINDINGS INTO PRACTICAL, CLEAR, EVIDENCE-BASED RECOMMENDATIONS ON CANCER PREVENTION FOR USE BY HEALTH PROFESSIONALS, INDIVIDUALS AND GOVERNMENTS

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WORLDWIDE.

IN TOTAL, THROUGH FY24, AICR HAS COMMITTED MORE THAN \$112 MILLION FOR HUNDREDS OF INDIVIDUAL RESEARCH PROJECTS AT UNIVERSITIES, HOSPITALS AND RESEARCH CENTERS.

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

OUR MULTI-FACETED INVESTMENT IN RESEARCH CONTINUES ACROSS SEVERAL CORE ACTIVITIES.

AICR GRANT PROGRAMS

THE AICR GRANT PROGRAMS ARE DEDICATED TO FUNDING RESEARCH ON CANCER PREVENTION, TREATMENT AND SURVIVAL RELATED TO DIET, NUTRITION, BODY COMPOSITION AND PHYSICAL ACTIVITY. ALL APPLICATIONS ARE SUBJECTED TO RIGOROUS PEER REVIEW.

INSPIRE RESEARCH CHALLENGE: IN 2023, AICR INITIATED A NEW GRANT PROGRAM, THE "INSPIRE RESEARCH CHALLENGE," IN ADDITION TO OUR EXISTING INVESTIGATOR-INITIATED RESEARCH GRANT PROGRAM. THE INSPIRE RESEARCH CHALLENGE IS A PARTNERSHIP WITH THE WORLD CANCER RESEARCH FUND (WCRF) INTERNATIONAL WITH THE GOAL OF SUPPORTING INNOVATIVE IDEAS FROM EARLY

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CAREER RESEARCHERS WITHIN 2-6 YEARS OF PHD COMPLETION.

2024 SAW THE FUNDING OF THE FIRST ROUND OF APPROVED INSPIRE RESEARCH

CHALLENGE GRANTS, AND THE CONTINUATION OF THE PROGRAM. THE 2024 GRANT

REVIEW PANEL WAS CHAIRED BY DR. RICHARD SIMPSON (UNIVERSITY OF ARIZONA)

AND DR. AMANDA CROSS (IMPERIAL COLLEGE LONDON) WITH WRITTEN REVIEW

INLCUDED DR. YIKYUNG PARK (WASHINGTON UNIVERSITY), DR. KATHRYN BECK

(MASSEY UNIVERSITY), DR. CHRISTINA DAHM (AARHUS UNIVERSITY), DR.

RICHARD SIMPSON (ARIZONA UNIVERSITY), DR. ELLEN KAMPMAN

(WAGENINGENUNIVERSITY), AND DR. JAMES TURNER (UNIVERSITY OF

BIRMINGHAM). REPORTS PROVIDED FROM EXTERNAL INDEPENDENT CONTENT

EXPERTS.

INVESTIGATOR-INITIATED RESEARCH GRANT (IIG) PROGRAM: FOR THE 2024 CYCLE

OF THE INVESTIGATOR-INITIATED RESEARCH GRANT PROGRAM GRANT CYCLE, WE

RECEIVED 125 LETTERS OF INTENT: 47 ON CANCER PREVENTION, 62 ON CANCER

SURVIVORSHIP AND 16 COVERING BOTH AREAS. WE INVITED 32 APPLICANTS TO

SUBMIT FULL APPLICATIONS AND RECEIVED 27 FOR OUR GRANT PANEL TO REVIEW

AND DISCUSS.

FOR THE 2024 GRANT CYCLE, WE WELCOMED CO-CHAIRS DR. LINDA COOK (CANCER

CENTER ASSOCIATE DIRECTOR FOR POPULATION SCIENCE, TENURED PROFESSOR IN

THE DEPARTMENT OF EPIDEMIOLOGY, COLORADO SCHOOL OF PUBLIC HEALTH) AND

DR. PAUL SPAGNUOLO (ASSOCIATE PROFESSOR IN THE DEPARTMENT OF FOOD

SCIENCE, UNIVERSITY OF GUELPH). THE GRANT REVIEW PANEL INCLUDED 11

ADDITIONAL EXPERTS WITH THE DEPTH AND BREADTH OF EXPERTISE TO EVALUATE

THE SCIENTIFIC MERIT AND IMPACT OF THE PROPOSED RESEARCH. THE GRANT

REVIEW PANEL MEETING WAS CONDUCTED IN A HYBRID FORMAT WITH THE TWO

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CO-CHAIRS JOINING US IN-PERSON AND THE OTHER REVIEWERS ATTENDING BY

VIDEO CONFERENCE.

REVIEWERS

- CHRISTINA DIELI-CONWRIGHT, PHD, MPH, DANA-FARBER CANCER INSTITUTE

- DANIEL HALL, PHD, MASSACHUSETTS GENERAL HOSPITAL

- DONG-WOO KANG, PHD, DANA-FARBER CANCER INSTITUTE

- EMILY LAVOY, PHD, UNIVERSITY OF HOUSTON

- YUE LIAO, PHD, MPH, CPH, UNIVERSITY OF TEXAS, ARLINGTON

- GERARDO MACKENZIE, PHD, UNIVERSITY OF CALIFORNIA, DAVIS

- CONNIE ROGERS, PHD, PENNSYLVANIA STATE UNIVERSITY

- KERI SCHADLER, PHD, UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER

- PATRICIA WOLF, PHD, RDN, PURDUE UNIVERSITY

FUNDED GRANTS

IIG

1. REFINEMENT AND PROOF-OF-CONCEPT TESTING OF A "FOOD IS MEDICINE"

INTERVENTION FOR CHILDHOOD CANCER SURVIVORS. RAHELA AZIZ-BOSE, MD, MPH,

DANA-FARBER CANCER INSTITUTE

2. EFFECTS OF GLYCEMIC CONTROL DURING COLON CANCER TREATMENT MEASURED

USING CONTINUOUS GLUCOSE MONITORING. JUSTIN BROWN, PHD, LOUISIANA STATE

UNIVERSITY

3. MECHANISMS RESPONSIBLE FOR THE BENEFICIAL EFFECTS OF

RESISTANCE/ENDURANCE EXERCISE TRAINING IN CANCER CACHEXIA, MICHAEL DE

LISIO, PHD, UNIVERSITY OF OTTAWA

4. DIGITAL LIFESTYLE INTERVENTION TO IMPROVE NORMAL WEIGHT OBESITY IN

PRIMARY BREAST CANCER. NEIL IYENGAR, MD, MEMORIAL SLOAN KETTERING

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5. A PROBIOTIC APPROACH TO ALTER FARNESOID X RECEPTOR SIGNALING IN

IMMUNE CELLS AND THUS TREAT METASTATIC BREAST CANCER. ERIK NELSON, PHD,

UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

INSPIRE (FUNDED BY THE WCRF/AICR NETWORK)

6. EARLY LIFE INFECTIONS: PATHWAYS TO PREVENT ADULT CANCERS? JULIE

AARESTRUP, MS, PHD, BISPEBJERG AND FREDERIKSBERG HOSPITAL, KBENHAVN,

DENMARK

7. IMPACT OF SLEEP ON THE DEVELOPMENT OF REPRODUCTIVE SYSTEM CANCERS.

CHRISTOS CHALITSIOS, PHD, MSC, UNIVERSITY OF IOANNINA, IOANNINA, GREECE

8. LIFE-S-CAN: CLINICAL TOOL TO SCREEN AND IMPROVE CANCER SURVIVORSHIP

CARE AND QUALITY OF LIFE. ALICE CHAPLIN, PHD, MSC, CONSORCIO CENTRO DE

INVESTIGACION BIOMEDICA EN RED, MADRID, SPAIN

9. EXPLORING THE MECHANISMS LINKING SLEEP PATTERNS AND BREAST CANCER

RISK. SHAN LUO, PHD, MPH, UNIVERSITY OF HONG KONG, POK FU LAM, HONG

KONG

10. HOW HIGH-INTENSITY EXERCISE AND FIBER AFFECT IMMUNOTHERAPY OUTCOMES

FOR PATIENTS WITH MELANOMA. DONG-WOO KANG, PHD, CEP/CET, DANA-FARBER

CANCER INSTITUTE, BOSTON, MA

11. USING AI CHATBOTS TO SUPPORT FAMILIES OF CHILDREN WITH CANCER.

MICAH SKEENS, PHD, APRN, FAAN, RESEARCH INSTITUTE AT NATIONWIDE

CHILDREN'S HOSPITAL, COLUMBUS, OH

AICR EXPERT REPORTS

SINCE 2007, AICR AND ITS INTERNATIONAL AFFILIATE, THE WORLD CANCER

RESEARCH FUND (WCRF), HAVE WORKED TOGETHER ON THE CONTINUOUS UPDATE

PROJECT (CUP). THE CUP HAS BUILT ON THE SYSTEMATIC LITERATURE REVIEW

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CONDUCTED FOR OUR 2007 SECOND EXPERT REPORT FOOD, NUTRITION, PHYSICAL  
ACTIVITY, AND THE PREVENTION OF CANCER: A GLOBAL PERSPECTIVE. IN 2018,  
AICR AND WCRF PUBLISHED DIET, NUTRITION, PHYSICAL ACTIVITY AND CANCER:  
A GLOBAL PERSPECTIVE, THE THIRD EXPERT REPORT TO UPDATE BOTH THE  
ASSESSMENT OF THE EVIDENCE FOR THE IMPACT OF EACH FACTOR ON CANCER RISK  
AND REVISE THE CANCER PREVENTION RECOMMENDATIONS THE CUP PROVIDES  
THROUGH TIMELY REVIEWS AND EXPERT PANEL ASSESSMENTS OF THE AVAILABLE  
PEER-REVIEWED EVIDENCE. THE CUP REPORTS HAVE IDENTIFIED EMERGING  
RESEARCH AREAS AND KNOWLEDGE GAPS THAT COULD BE ADDRESSED WITHIN OUR  
GRANT PROGRAM. EQUALLY, NEW DATA GENERATED FROM STUDIES FUNDED THROUGH  
OUR GRANT PROGRAM ARE INCLUDED IN THE CUP REVIEWS. THUS, AICR'S  
RESEARCH GRANT PROGRAMS AND THE CUP ACT SYNERGISTICALLY TO STRENGTHEN  
THE SCIENTIFIC EVIDENCE ON THE IMPACT OF DIET, NUTRITION, BODY  
COMPOSITION AND PHYSICAL ACTIVITY ON CANCER PREVENTION AND CONTROL.

IN 2020, THE CUP EMBARKED ON A PROCESS OF EVALUATION AND STRATEGIC  
PLANNING, TERMED THE CUP TRANSITION, WITH A PANEL OF INTERNATIONAL  
EXPERTS TO DETERMINE THE OPTIMAL DIRECTIONS FOR FUTURE RESEARCH IN THIS  
FIELD. THIS PROCESS CONTINUED THROUGH 2021, CONCLUDING WITH THE  
DEVELOPMENT OF A NEW STRATEGY THAT WAS OPERATIONALIZED IN 2022.  
CONCURRENTLY, THE CUP TRANSITION PANEL REVIEWED THE COMPLETED  
SYSTEMATIC LITERATURE REVIEWS ON MEDICAL OUTCOMES AND QUALITY OF LIFE  
IN BREAST CANCER SURVIVORS AND SUBMITTED SEVERAL MANUSCRIPTS FOR  
PUBLICATION IN PEER-REVIEWED JOURNALS.

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

EXTERNAL EVENTS

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2023 PRESENT: CO-CHAIR OF CANCER MIG, AMERICAN COLLEGE OF LIFESTYLE

MEDICINE (ACLM)

2022 PRESENT: CHAIR OF INTERNATIONAL CANCER RESEARCH PARTNERSHIP

(ICRP)

PRESENTATIONS

2024/03/16: "GLOBAL EVIDENCE ON PHYSICAL ACTIVITY AND RELATED HEALTH

BEHAVIORS ON QUALITY OF LIFE AND SURVIVAL IN CANCER SURVIVORS" SOCIETY

OF BEHAVIORAL MEDICINE 45TH ANNUAL MEETING, PHILADELPHIA, PENNSYLVANIA,

UNITED STATES

2024/03/15: "MEET THE FUNDERS - MOVING BEHAVIORAL SCIENCE UPSTREAM"

SOCIETY OF BEHAVIORAL MEDICINE 45TH ANNUAL MEETING, PHILADELPHIA,

PENNSYLVANIA, UNITED STATES

2024/03/14: "PRAGMATISM VS PERFECTION: WHEN IS RESEARCH EVIDENCE GOOD

ENOUGH TO GIVE ADVICE?" CO-PRESENTERS: KATHRYN SCHMITZ, PHD, MPH,

MONICA BASKIN, PHD, CLAUDIO NIGG, PHD SANDRA MITCHELL, PHD, CRNP.

SOCIETY OF BEHAVIORAL MEDICINE 45TH ANNUAL MEETING, PHILADELPHIA,

PENNSYLVANIA, UNITED STATES

2023/11/09: UNDERSTANDING THE ROLE OF LIFESTYLE ACROSS THE CANCER CARE

CONTINUUM (PANEL DISCUSSION). FUTURE OF CANCER CARE SUMMIT, TAMPA

FLORIDA, UNITED STATES AICR RESEARCH PROGRAMS MANAGER PRESENTED ABOUT

THE AICR/WCRF CANCER RECOMMENDATIONS AT THE CANCER SURVIVORSHIP

RESEARCH MEETING (VIRTUAL), UNIVERSITY OF SOUTH CAROLINA, MARCH 22,

2024

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AICR RESEARCH PROGRAMS MANAGER PRESENTED ABOUT  
THE INSPIRE GRANT CHALLENGE AT THE INTERNATIONAL  
CANCER RESEARCH PARTNERSHIP, MAY 15, 2024

WEBINARS/PODCASTS

2023/10/17: DIET & LIFESTYLE FOR CANCER PREVENTION AND SURVIVORSHIP

EVIDENCE OVER OPINION. OLDWAYS PRESERVATION TRUST SPECIAL WEBINAR

01/25/2024: BLUE CURE PODCAST WITH GABE CANALES ("OBESITY AND CANCER  
RISK")

02/15/2024: DHL CANCER PREVENTION MONTH WEBINAR (PANELISTS DRS  
BROCKTON & PADEN)

PEER-REVIEWED PUBLICATIONS

TSILIDIS K, MARKOZANNES G, BECERRA-TOMS N, CARIOLOU M, BALDUCCI K,  
VIEIRA AR, KISS S, AUNE D, GREENWOOD D, DOSSUS L, GONZALEZ GIL E,  
GUNTER MJ, ALLEN K, BROCKTON NT, CROKER H, GORDON-DSEAGU V, MITROU P,  
MUSUWO N, WISEMAN MJ, COPSON E, RENEHAN AG, BOURS M, DEMARK-WAHNEFRIED  
W, HUDSON M, MAY AM, ODEDINA FT, SKINNER R, STEINDORF K, TJONNELAND A,  
VELIKOVA G, BASKIN ML, CHOWDHURY R, HILL L, LEWIS S, SEIDELL J,  
WEIJENBERG M, KREBS J, CROSS A, CHAN D. POST-DIAGNOSIS ADIPOSITY,  
PHYSICAL ACTIVITY, SEDENTARY BEHAVIOUR, DIETARY FACTORS, SUPPLEMENT USE  
AND COLORECTAL CANCER PROGNOSIS: GLOBAL CANCER UPDATE PROGRAMME (CUP  
GLOBAL) INTERNATIONAL JOURNAL OF CANCER. 2024, 155(3), 471485. (AUGUST)

BOOK CHAPTER

Name of the organization AMERICAN INSTITUTE FOR CANCER RESEARCH	Employer identification number 52-1238026
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COMANDER A, SULLIVAN C, BROCKTON N. CANCER. IN: FRATES B, HIVERT M,

DUGGAN CP. EDS. ESSENTIALS OF CLINICAL NUTRITION IN HEALTHCARE. MCGRAW

HILL; 2024. (JUNE)

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

UNITED KINGDOM, NETHERLANDS, HONG KONG, FRANCE

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

THE 990 FORM IS REVIEWED 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.

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

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

EFFECT.

A COPY OF THE POLICY IS PROVIDED TO EACH DIRECTOR, OFFICER AND STAFF MEMBER

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

COULD ARISE.

THE POLICY IS REVIEWED ANNUALLY. IF THE BOARD DETERMINES THAT CHANGES DO

NOT NEED TO BE MADE, THE POLICY IS REAFFIRMED. NEW DIRECTORS, OFFICERS, AND

STAFF MEMBERS ARE ADVISED OF THE POLICY IN EFFECT UPON TAKING OFFICE OR

UPON THE START OF EMPLOYMENT, AS THE CASE MAY BE. SINCE FISCAL YEAR 2010,

DIRECTORS, OFFICERS, EXECUTIVES, AND SENIOR LEVEL MANAGEMENT STAFF HAVE

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BEEN REQUIRED TO SIGN A "DECLARATION OF LACK OF CONFLICT OF INTEREST."

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

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

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

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

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

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

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

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

DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. THE

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

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

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

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

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

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

EXCLUDING THE INTERESTED PERSON.

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

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

DIRECTORS, IS RESPONSIBLE FOR SETTING THE COMPENSATION OF THE PRINCIPAL

OFFICERS. THIS COMMITTEE CONDUCTS AN ANNUAL REVIEW OF PERFORMANCE AT THE

END OF EACH CALENDAR YEAR AGAINST THE GOALS AND OBJECTIVES ESTABLISHED IN

THE YEARLY BUDGETS, THE YEARLY OPERATION PLAN AND THE LONG-TERM STRATEGIC

PLANS.

INFORMATION UTILIZED IN DETERMINING COMPENSATION ADJUSTMENTS FOR THIS

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REPORTING PERIOD INCLUDE: 1) REPORT FROM THE EXECUTIVE TEAM FOR THE  
CALENDAR YEAR; 2) FISCAL YEAR PERFORMANCE AND EFFECTIVENESS ASSESSMENT  
REPORT; 3) HRA-NCA COMPENSATION SURVEY; 4) AMERICAN SOCIETY OF ASSOCIATION  
EXECUTIVES ASSOCIATION COMPENSATION AND BENEFITS REPORT; 5) GUIDESTAR  
COMPENSATION REPORT 5) NONPROFIT TIMES NONPROFIT 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.

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  
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	-21,512.
NET GAIN ON INTEREST IN PERPETUAL TRUST	116,987.
CURRENCY LOSS	-22,757.

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LOSS ON TERMINATION OF LEASE -29,945.

TOTAL TO FORM 990, PART XI, LINE 9 42,773.

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization <p align="center">AMERICAN INSTITUTE FOR CANCER RESEARCH</p>	Employer identification number <p align="center">52-1238026</p>
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
WORLD CANCER RESEARCH FUND 140 PENTONVILLE RD LONDON, UNITED KINGDOM N1 9FW	AFFILIATED CHARITY	UNITED KINGDOM			AICR	X	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
WCRF (TRADING) LTD. 1 BLOSSOM YARD, FOURTH FLOOR LONDON, UNITED KINGDOM E1 6RS	LIST RENTAL	UNITED KINGDOM	WORLD CANCER RESEARCH FUND	C CORP	0.	0.	.00%		X
CHARITABLE REMAINDER TRUST 1560 WILSON BOULEVARD, SUITE 1000 ARLINGTON, VA 22209	UNITRUST	CA	N/A	TRUST					X
PERPETUAL TRUST 1560 WILSON BOULEVARD, SUITE 1000 ARLINGTON, VA 22209	PERPETUAL TRUST	PA	N/A	TRUST					X

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

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

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

- 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) .....

	Yes	No
<b>1a</b>		X
<b>1b</b>	X	
<b>1c</b>		X
<b>1d</b>		X
<b>1e</b>		X
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X
<b>1k</b>		X
<b>1l</b>		X
<b>1m</b>		X
<b>1n</b>		X
<b>1o</b>		X
<b>1p</b>		X
<b>1q</b>	X	
<b>1r</b>		X
<b>1s</b>		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> WORLD CANCER RESEARCH FUND	Q	94,144.	CASH
<b>(2)</b> WORLD CANCER RESEARCH FUND	B	326,268.	CASH
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			



**Part VII Supplemental Information**

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

SCHEDULE R, PART IV, COLUMN (C):

A CHARITABLE REMAINDER TRUST IS DOMICILED IN CALIFORNIA.

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

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

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.

**Part I - Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions.  AMERICAN INSTITUTE FOR CANCER RESEARCH	Taxpayer identification number (TIN)  52-1238026
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1560 WILSON BOULEVARD, 425	
	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 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of JENNIFER MERCER  
1560 WILSON BOULEVARD, 425 - 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 TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until AUGUST 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 \_\_\_\_\_ or  
 tax year beginning OCT 1, 20 23, and ending SEP 30, 20 24

**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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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