** PUBLIC DISCLOSURE COPY **

Form **990**(Rev. January 2020)

(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

2019
Open to Public Inspection

OMB No. 1545-0047

ΑF	or the	2019 calendar year, or tax year beginning and e	ending		
	Check if applicable	C Name of organization		D Employer identific	cation number
Г	Addres	AIM AT MELANOMA			
F	Name			56-24278	05
	Initial return		Room/suite	E Telephone numbe	r
	⊥return/ termin ated			G Gross receipts \$	2,674,866.
Г	Ameno	, , , , , , , , , , , , , , , , , , , ,		H(a) Is this a group re	
	Application	F Name and address of principal officer: SAMANTHA GUILD		for subordinates	
	pendin	9 3040 CUTTING BLVD, RICHMOND, CA 94804		H(b) Are all subordinates in	cluded? Yes No
1 7	Гах-ехе	empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) o	r 527	If "No," attach a	list. (see instructions)
		e: WWW.AIMATMELANOMA.ORG		H(c) Group exemptio	
	orm of	organization: X Corporation	L Year	of formation: 2004 N	1 State of legal domicile: CA
_	1	Briefly describe the organization's mission or most significant activities: ${ t TO }$ SU	JPPORT	MELANOMA RI	ESEARCH; TO
Governance		PROMOTE PREVENTION AND EDUCATION AMONG TH			
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	
ove	3			3	5
ত জ	1 -	Number of independent voting members of the governing body (Part VI, line 1b)			4
Activities &		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			8
Ĭ		Total number of volunteers (estimate if necessary)			0
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 39	·····		0.
		Contributions and greats (Doct VIII line 16)		Prior Year 2,540,964.	Current Year 2,552,720.
ne	1	Contributions and grants (Part VIII, line 1h)		2,340,904.	0.
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,344.	18,928.
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,544,308.	2,571,648.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		323,850.	175,000.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		816,495.	856,641.
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 51,61			
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,229,183.	1,006,121.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,369,528.	2,037,762.
	19	Revenue less expenses. Subtract line 18 from line 12		174,780.	533,886.
Net Assets or			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		2,572,698.	3,228,161.
t As	21	Total liabilities (Part X, line 26)		0.	121,577.
	22	Net assets or fund balances. Subtract line 21 from line 20		2,572,698.	3,106,584.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	nas any knowledge.	
C:	_	Signature of officer		I Date	
Sig:		SAMANTHA GUILD, PRESIDENT			
Hei	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	X PTIN
Paid	i	CHARLES M. MOCHE CHARLES M. MOCHE	: lo	8/24/20 if self-employ	
	arer	Firm's name CHARLES M. MOCHE CPA			80-0682248
-	Only	Firm's address 2050 CENTER AVENUE SUITE 435		5 Em	
	-	FORT LEE, NJ 07024		Phone no. 20	1-465-1800
May	/ the IF	RS discuss this return with the preparer shown above? (see instructions)	<u></u>	······································	X Yes No

Form	990 (2019) AIM AT MELANOMA	56-2427805	Page 2
	t 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:		
•	AIM AT MELANOMA IS GLOBALLY ENGAGED AND LOCALLY INVESTED	TN ADVANCTN	<u>a</u>
	THE BATTLE AGAINST MELANOMA THROUGH INNOVATIVE RESEARCH,		<u> </u>
		OUNDED IN	ONT
	2004, AIM AT MELANOMA IS THE LARGEST INTERNATIONAL MELANO	OMA FOUNDATIO	ON
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 it	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		nd
		•	
4a	(Code:) (Expenses \$1, 833,694. including grants of \$175,000.) (Revenue)	110 \$,
ти	WEBSITE	<u></u>	
	AIM AT MELANOMA ("AIM") IS AN INTERNATIONAL ORGANIZATION	ENGACED IN	Δ
	WIDE VARIETY OF PATIENT ADVOCACY INITIATIVES. AMONG THES		
	MAINTENANCE OF THE MOST COMPREHENSIVE U.S. WEBSITE ON ME		
	(WWW.AIMATMELANOMA.ORG). IN 2016, AIM COMPLETED BUILDING		
	WEBSITE SO IT WOULD BETTER BE ABLE TO MEET THE NEEDS OF '		
	COMMUNITY. THIS INCLUDED MAKING IT EASIER FOR USERS TO LO		ENT
	INFORMATION TO ASSIST THEM IN BETTER UNDERSTANDING THEIR	MELANOMA	
	DIAGNOSIS, DETERMINING THEIR TREATMENT OPTIONS, AND UNDER	RSTANDING	
	FOLLOW-UP CARE. THE ORGANIZATION CONTINUES TO USE VARIOUS	S TOOLS SUCH	AS
	SEARCH ENGINE OPTIMIZATION AND DISTRIBUTING BROCHURES TO	HEALTHCARE	
	PROVIDERS THROUGHOUT THE U.S. TO EDUCATE MELANOMA PATIENT		
4b	(Code:) (Expenses \$ including grants of \$) (Reveni		,
	CONTINUED FROM ACCOMPLISHMENTS ONE IN SCHEDULE O		
	OUT I TOUR HOUSE I DE LE POUR DE		
	NURSE/PHYSICIAN EDUCATION INITIATIVE		
	IN OCTOBER 2016 CREATED THE MELANOMA NURSE INITIATIVE (M	NIT / MILE DEC	ת אים
	·		
	EXPANSION OF MELANOMA THERAPY HAS INCREASED THE COMPLEXI'		
	MANAGEMENT. PATIENTS MAY DISCONTINUE THERAPY IF NOT ADEQ		ED
	IN THEIR OWN CARE OR SUPPORTED WHEN THEY EXPERIENCE SIDE		_
	WELL, MORE PATIENTS ARE BEING TREATED IN THE COMMUNITY ST		E
	EXPERTISE IS FREQUENTLY LACKING TO ADDRESS THESE CHALLENG	GES. THE MNI	
	CONSISTS OF:		
	1. MELANOMA NURSE RESOURCE CENTER PORTAL (SEE GRAPHIC,		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ue \$,
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,833,694.	,	
	- - - - - - - - - -		

15400824 745686 3013630

Form 990 (2019) Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			\ . .
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 -		
124	Schedule D, Parts XI and XII	12a	х	
h		IZa	- 21	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			٠,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Par	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlle	ed be		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes." complete Schedule L. Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	····		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			\vdash
-	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		x
35.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			\vdash
30				x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
30		38	х	
Par		30		
	Check if Schedule O contains a response or note to any line in this Part V			
	Chook in Contourio Containo a response of flote to any line in this fait v	<u></u>	Yes	No
1.	Enter the number reported in Roy 3 of Form 1006. Enter 0, if not applicable	14	162	140
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
Ŋ	Lines the number of Forms wize included in the fa. Enter of thou applicable			

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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

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

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Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

Form 990 (2019) AIM AT MELANOMA 56-2427805 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to line 2 through 7b below to l

	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				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
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	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	2a 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?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		_X_				
14	Did the organization have a written document retention and destruction policy?	14		X				
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed CA							
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)	availal	ble				
	for public inspection. Indicate how you made these available. Check all that apply.							
	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	d financ	cial					
	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							
	THE ORGANIZATION - 916-706-0599							
	3040 CUTTING BLVD, RICHMOND, CA 94804							

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organizat		orga T	nıza			nper	sate			/ E\
(A)	(B))) Pos	C) ition	1		(D)	(E)	(F)
Name and title	Average hours per		do not check mor			more than one		Reportable	Reportable	Estimated amount of
	week		box, unless person is both an officer and a director/trustee)					compensation from	compensation from related	other
	(list any	tor						the	organizations	compensation
	hours for	r direc				pa		organization	(W-2/1099-MISC)	from the
	related	tee o	nstee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	nal tr		loyee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOHN KIRKWOOD	3.00	드	드	JO.	a a	= =	P.			
DIRECTOR	3.00	x						0.	0.	0.
(2) MOHAMMED KASHANI-SABET	3.00								•	
DIRECTOR		х						0.	0.	0.
(3) RENU GUPTA	1.00								-	
DIRECTOR		Х						0.	0.	0.
(4) HOWARD MAIBACH	1.00									
DIRECTOR		Х						0.	0.	0.
(5) VALERIE GUILD	60.00									
PRESIDENT AND DIRECTOR		Х		Х				206,400.	0.	14,635.
(6) ALICIA ROWELL	40.00								_	_
EXECUTIVE ADMINISTRATOR				Х				141,480.	0.	0.
(7) SAMANTHA GUILD	40.00									
ADMINISTRATOR						Х		110,880.	0.	0.
		-								
		-	_							
		-								
		1								
		1								
		<u> </u>				_				
		1								
		1				-				
		-								

Form 990 (2019)

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Par	Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	Hi ₀	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)				C)	_		(D)	(E)			(F)	
	Name and title	Average		not c		more	than		Reportable	Reportable	- 1	Estimated		
		hours per week					is both or/trus		compensation	compensation	- 1	ar	nount	of
		(list any	tor					ĺ	from the	from related organizations		com	other opensa	ition
		hours for	direc				р В		organization	(W-2/1099-MIS			rom th	
		related	tee or	ustee			ensat		(W-2/1099-MISC)	•	.	org	janizat	ion
		organizations below	al trus	onal tr		loyee	comp						d relat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
		,	드	드	ō	ᇫ	= ₽	꼰			\dashv			
			1											
			-											
											\dashv			
			1											
			-											
											\dashv			
			1											
							_							
			-											
	Subtotal								458,760.		0.	1	4,6	35.
	Subtotal Total from continuation sheets to Part VI								0.		0.		<u> </u>	0.
	Total (add lines 1b and 1c)							•	458,760.		0.	1	4,6	
2	Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable)			
	compensation from the organization												1.7	3
•	Did the conscionting list on forman officers	alia.a.b.a.u. da.b	'					. 1= : =			1		Yes	No
3	Did the organization list any former officer	•		•	•	•		•		•		3		Х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											J		
	and related organizations greater than \$150											4	Х	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	plete Schedul	e <i>J f</i>	or su	ıch ı	oers	on .					5		X
	tion B. Independent Contractors						• -	41	L	100 000 - f				
1	Complete this table for your five highest co the organization. Report compensation for										ensat	lon ire	ЭШ	
	(A)	the calcinating	our c	, i i dii	19 W	1011	<u> </u>		(B)	our.		((C)	
	Name and business	address	N	INC	3				Description of s	ervices	C		nsatio	n
								\dashv						
2	Total number of independent contractors (i	ncluding but n	ot lir	nited	d to	thos	se lis	ted	above) who received me	ore than				
	\$100,000 of compensation from the organi					(_							
			-	_	-	_	_	_			· <u>-</u>	Form	990 (2019)

15400824 745686 3013630

Pa	rt \	/III	Statement of Revenue				-
			Check if Schedule O contains a response or note to an	y line in this Part VIII			
				(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				Total revenue		business revenue	l , , ,
t t	1	а	Federated campaigns 1a				
ra Z			Membership dues 1b				
, E			Fundraising events 1c 583,78	4.			
ar /			Related organizations1d				
S,E		е	Government grants (contributions) 1e				
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, grants, and				
ib di			similar amounts not included above If 1,968,930	5.			
d t		g	Noncash contributions included in lines 1a-1f 1g \$				
<u>2</u> <u>9</u>		h		<u>2,552,720.</u>			
			Business Co	de			
<u>ic</u>	2	a					
er.		b					
n S		C					
grar Re		d					
Program Service Revenue		e	All other program service revenue				
_			· · · · · · · · · · · · · · · · · · ·	>			
	3		Investment income (including dividends, interest, and				
	Ū			18,928.			18,928.
	4		Income from investment of tax-exempt bond proceeds	•			
	5		Royalties	•			
			(i) Real (ii) Person	al			
	6	а	Gross rents 6a				
		b	Less: rental expenses 6b				
		С	Rental income or (loss) 6c				
		d	Net rental income or (loss)	>			
	7	а	Gross amount from sales of (i) Securities (ii) Other				
			assets other than inventory 7a				
		b	Less: cost or other basis				
Revenue			and sales expenses	_			
eve			Gain or (loss) 7c				
	•		, , , , , , , , , , , , , , , , , , , ,	>			
Other	8	а	Gross income from fundraising events (not including \$ 583 , 784 . of				
O			contributions reported on line 1c). See				
			Part IV, line 18	3.			
		b	Less: direct expenses 8b 103, 21				
			Net income or (loss) from fundraising events	0.			
	9		Gross income from gaming activities. See				
			Part IV, line 19 9a				
		b	Less: direct expenses 9b				
		С	Net income or (loss) from gaming activities	>			
	10	а	Gross sales of inventory, less returns				
			and allowances 10a				
			Less: cost of goods sold10b				
		С	Net income or (loss) from sales of inventory				
S			Business Co	de			
ieot ue	11	a					
Miscellaneous Revenue		b					
Sce		q	All other revenue				
Ξ				>			
	12		Total revenue. See instructions	2,571,648.	0.	0.	18,928.

932009 01-20-20

Form **990** (2019)

Form 990 (2019) Part IX Statement of Functional Expenses

Socti	ion 501(a)(2) and 501(a)(4) arganizations must comp	Note all columns. All other	or organizations must con	anlota column (A)	
Secu	ion 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			garraran arquarrara	
	and domestic governments. See Part IV, line 21	175,000.	175,000.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ū	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	trustees, and key employees	347,880.	323,412.	10,320.	14,148.
6	Compensation not included above to disqualified	31770001	323,1120	10/3201	11/1100
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	385,243.	344,089.	13,718.	27,436.
8	Pension plan accruals and contributions (include	303,243	311,000.		2,, 1500
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	69,966.	59,471.	3,498.	6,997.
10		53,552.	48,758.	1,756.	3,038.
11	Payroll taxes	33,332.	40,730.	1,750.	3,030.
	Fees for services (nonemployees):				
	Management	6,816.		6,816.	
	Legal	25,440.		25,440.	
	Accounting	23,440.		23,440.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	495.		495.	
40	column (A) amount, list line 11g expenses on Sch O.)	4 73.			
12	Advertising and promotion	36,001.		36,001.	
13	Office expenses	30,001.		30,001.	
14	Information technology				
15	Royalties	34,307.		34,307.	
16	Occupancy	2,604.	2,604.	34,307.	
17	Travel	2,004.	2,004.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20 21	Payments to affiliates				
21	Depreciation, depletion, and amortization	6,699.		6,699.	
22		12,784.		12,784.	
23 24	Other expenses. Itemize expenses not covered	14,704.		1011011	
24	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 0.)				
_	PHYSICIAN /NURSE EDUCAT	330,396.	330,396.		
a b	PATIENT EDUCATION AND S	165,014.	165,014.		
b	GLOBAL ADVOCACY	111,827.	111,827.		
d	RESEARCH MEETINGS	92,915.	92,915.		
	All other expenses	180,823.	180,208.	615.	
е 25	Total functional expenses. Add lines 1 through 24e	2,037,762.	1,833,694.	152,449.	51,619.
26	Joint costs. Complete this line only if the organization	2,001,102	±,000,00±•	-JU -T-J +	J = 1 (± J •
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	II TOHOWING SOF 90-2 (ASC 908-720)				000

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<u>Par</u>	tΧ	Balance Sheet					
		Check if Schedule O contains a response or	note to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,441,665.	1	710,152.
	2	Savings and temporary cash investments			1,081,750.	2	2,470,124.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial o	ontributor, or 35%			
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	oed in sec	on 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
۲	9	Prepaid expenses and deferred charges				9	10,459.
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	72,706.			
	b		28,368.	10c	28,625.		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets	00 015	14	0 001		
	15	Other assets. See Part IV, line 11			20,915.	15	8,801.
	16	Total assets. Add lines 1 through 15 (must e			2,572,698.	16	3,228,161.
	17	Accounts payable and accrued expenses				17	1,577.
	18	Grants payable		18	120,000.		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		4 O - I I - I - D		20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su controlled entity or family member of any of t		· · · · · · · · · · · · · · · · · · ·		22	
Lia	23	Secured mortgages and notes payable to uni				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,				27	
		parties, and other liabilities not included on li					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	121,577.
		Organizations that follow FASB ASC 958, o	heck her				,
es		and complete lines 27, 28, 32, and 33.		, <u> </u>			
auc	27	Net assets without donor restrictions				27	
Bail	28	Net assets with donor restrictions				28	
P P		Organizations that do not follow FASB ASG					
ᄚ		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fun	ds		0.	29	0.
set	30	Paid-in or capital surplus, or land, building, or			0.	30	0.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	l income,	r other funds	2,572,698.	31	3,106,584.
Net	32	Total net assets or fund balances			2,572,698.	32	3,106,584.
_	33	Total liabilities and net assets/fund balances			2,572,698.	33	3,228,161.

Form **990** (2019)

Pai	t XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,57	<u>1,6</u>	<u>48.</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,03	7,7	<u>62.</u>				
3	Revenue less expenses. Subtract line 2 from line 1	3		3,8					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	5 Net unrealized gains (losses) on investments 5								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B)) 10 3,								
Pa	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х				
	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?		2b	Х					
	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 X Both consolidated and separate basis								
С	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?		2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche								
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
	Act and OMB Circular A-133?								
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b						
			Form	990	(2019)				

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number AIM AT MELANOMA 56-2427805 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1644015.	1781386.	2411205.	2540964.	2552720.	10930290.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1644015.	1781386.	2411205.	2540964.	2552720.	10930290.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6097173.
6	Public support. Subtract line 5 from line 4.						4833117.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1644015.	1781386.	2411205.	2540964.	2552720.	10930290.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,640.	1,495.	1,384.	3,344.	18,928.	26,791.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						10957081.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	7,681.
13	First five years. If the Form 990 is for	the organization's				501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (li	ne 6, column (f) div	vided by line 11, co	olumn (f))		14	44.11 %
15	Public support percentage from 2018	Schedule A, Part I	I, line 14			15	44.71 %
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X
b	33 1/3% support test - 2018. If the c						
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac-	ts-and-circumstand	es" test, check thi	is box and stop h	ere. Explain in Par	t VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	е
	organization meets the "facts-and-circ	umstances" test. 7	he organization qu	ualifies as a public	ly supported orgar	nization	▶□
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s >
15 16a b 17a	Public support percentage from 2018 33 1/3% support test - 2019. If the costop here. The organization qualifies 33 1/3% support test - 2018. If the condition and stop here. The organization qualifies and stop here. The organization qualifies and if the organization meets the "facts-and-circumstances test and if the organization meets the "facts-and-circumstances test more, and if the organization meets the organization meets the "facts-and-circumstances".	Schedule A, Part I organization did no as a publicly supporganization did no offies as a publicly size and circumstance test. The organization of	I, line 14 t check the box or orted organization t check a box on li upported organization did not cles" test, check thi ion qualifies as a panization did not constances" test, ch	n line 13, and line 1 ne 13 or 16a, and ation heck a box on line is box and stop h bublicly supported heck a box on line eck this box and ualifies as a public	line 15 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a lere. Explain in Par organization 13, 16a, 16b, or 1 stop here. Explain	ore, check this bo or more, check th and line 14 is 10% t VI how the organ 7a, and line 15 is in Part VI how the	x and is box or more, nization 10% or

Schedule A (Form 990 or 990-EZ) 2019

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					+	
6 Total. Add lines 1 through 5					1	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	_	T -	T -	Τ.	T -	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						<u> </u>
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	n 501(c)(3) organiz	zation,
check this box and stop here			······			>
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2019 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	2018 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, chec						▶∐
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hay and sea inc	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		
3b		
30		
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3c		
4a		
4b		
4c		
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5a		
5b		
5c		
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Pal	Supporting Organizations (Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		-
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		<u> </u>
Sec	tion B. Type i Supporting Organizations		V	N ₂
4	Did the directors, trustees, or membership of one or more supported organizations have the newer to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? 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.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
500	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
	7 7 1			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	•		
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ruotiono		
2	Activities Test. Answer (a) and (b) below.	ructions,	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		.03	.,,,
-	the supported organization(s) to which the organization was responsive? 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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ıg Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ed Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	LV	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exer	npt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which th			
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions.			
6	Rema	ining underdistributions for 2019. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7	Exces	ss distributions carryover to 2020. Add lines 3j			
	and 4	с.			
8	Break	down of line 7:			
а	Exces	s from 2015			
b	Exces	s from 2016			
С	Exces	s from 2017			
d	Exces	s from 2018			
е	Exces	s from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information Device the advantage and the Devil East April 1994 A
T GIT TI	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 B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

0040

2019

OMB No. 1545-0047

Organization type (check one):							
Filers of	:	Section:					
Form 990 or 990-EZ		X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Note: Or	nly a section 501(c)(7	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from f, 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; line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year					
but it mu	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

AIM AT MELANOMA

56-2427805

AIM AT	' MELANOMA	5	66-2427805
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$503,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 58,750.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 22,475.	Person X Payroll

Name of organization

Employer identification number

AIM AT MELANOMA

56-2427805

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
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Name of organization Employer identification number

AIM AT MELANOMA

56-2427805

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization **Employer identification number** AIM AT MELANOMA 56-2427805 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AIM AT MELANOMA

Employer identification number 56-2427805

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose co	onferring
Par	t II Conservation Easements. Complete if the organization	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	e
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
_	> \$		(4)(7)(7)
8	Does each conservation easement reported on line 2(d) above		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footr	lote to the organization's illiancial statemen	its that describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art. Historical Treasures. or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95		d halance sheet works
	of art, historical treasures, or other similar assets held for put	·	
	service, provide in Part XIII the text of the footnote to its finar	· ·	•
b	If the organization elected, as permitted under FASB ASC 95		
-	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		aee e. pasie eeee,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		J 1
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2019

Pa	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Other	Sim	ilar Asse	ets (conti	nued)	ago
3	Using the organization's acquisition, accession								•	,	
	collection items (check all that apply):										
а	Public exhibition	d	ı 🔲 I	Loan or exc	hange progra	ım					
b	Scholarly research	е		Other							
С	c Preservation for future generations										
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 o	r receive donations o	of art, his	torical treas	sures, or othe	r similar	assets	S			
	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" on	Form	990, Part I	V, line 9, or	•	
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi										_
	on Form 990, Part X?							l	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	able:							
									Amour	<u>it</u>	
С	Beginning balance						. —	lc			
d	Additions during the year							ld			
е	Distributions during the year							le			
f	Ending balance							1f			¬
	Did the organization include an amount on Fo						ity?	l	Yes		∐ No
	If "Yes," explain the arrangement in Part XIII. T V Endowment Funds. Complete i										
ı u	Endownient Fands: Complete	(a) Current year						roo vooro bo	ok (a) Four	rvooro	hook
10	Paginning of year halance	(a) Current year	(b) P	rior year	(c) Two year	S Dack	(a) III	ree years ba	CK (e) Fou	i years	Dack
	Beginning of year balance										
b	Contributions										
ر. د	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
£	and programs										
t a	Administrative expenses End of year balance										
g 2	Provide the estimated percentage of the curr	ent year end halance	line 1a	column (a)) pold se.						
a	Board designated or quasi-endowment	ent year end balance	%	, column (a)	ij riciu as.						
b	Permanent endowment	%	_′0								
c	· · · · · · · · · · · · · · · · · · ·										
·	The percentages on lines 2a, 2b, and 2c sho	* =									
За	Are there endowment funds not in the posse		ition that	are held ar	nd administer	ed for th	e orga	nization			
ou	by:	oolon or the organiza	tion that	. are riela ar	ia aariii iistor	00 101 111	o orgo	anzadon		Yes	No
	(i) Unrelated organizations								3a(i)		110
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on So	hedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Pa	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	, Part IV	, line 11a. S	ee Form 990,	, Part X,	line 10).			
	Description of property	(a) Cost or o basis (investr			or other (other)		ccumu precia	I .	(d) Boo	k valu	е
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
<u>e</u>	Other			7	2,706.		44	,081.		8,6	
	. Add lines 1a through 1e. (Column (d) must e		X, colum	n (B), line 1	0c.)			▶	2	8,6	25.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 AIM AT MELAN	OMA	56	-2427805 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line (b) Book value		d af a a a a a l a
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	a-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests (3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)	>	
	n Farm 000 Bort IV line	11a ov 11f Coo Form 000 Port V line 05	
Complete if the organization answered "Yes" or (a) Description of liability	n Form 990, Part IV, line	The or Th. See Form 990, Part X, line 25	(b) Book value
···			(b) DOOK value
(1) Federal income taxes (2)			
(3)			
(4)			
(5)			
(6)			
(7)			

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

Schedule D (Form 990) 2019

(8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,552,720.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,552,720.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	18,928.		
С				4c	18,928. 2,571,648.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,571,648.
Ра	rt XII Reconciliation of Expenses per Audited Financial Sta		Expenses per l	Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	2,037,762.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	l I			
b	Prior year adjustments				
С	Other losses	l I		-	
d	Other (Describe in Part XIII.)				0
е	Add lines 2a through 2d			2e	2,037,762.
3	Subtract line 2e from line 1			3	2,031,102.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)			4.	0.
с 5				4c 5	2,037,762.
Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	<u>., </u>		J J	2,037,702.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	· Part IV lines 1h a	and 2h: Part V line /	l· Part X	/ line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			r, r are z	, mo 2, r are xi,
		,			
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
					10 000
TN,	VESTMENT INCOME				18,928.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization AIM AT	MELANOMA					56-2427	805
Part I Fundraising Activities	- Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1		
required to complete this par 1 Indicate whether the organization rais a	sed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual cart VII) or entity in connection with providuals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	itees,	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
List all states in which the organization or licensing.			utions	or has been notified	it is e	exempt from re	gistration
							-

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

Schedule G (Form 990 or 990-EZ) 2019

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and great productions.				
		or iditarialsing event contributions and give	(a) Event #1 AIM FOR THE "CURE MELANO	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	583,784.			583,784.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	583,784.			583,784.
	4	Cash prizes				
w	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect E	7	Food and beverages				
՝	8	Entertainment Other direct expenses				
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			
Ps	11 art I	Net income summary. Subtract line 10 from li II Gaming. Complete if the organization				583,784.
	41 6 1	\$15,000 on Form 990-EZ, line 6a.	answered res on Form	990, Fait IV, line 19, or	reported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve						
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses				
		Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 through				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		ter the state(s) in which the organization condu				Yes No
		No," explain:				
	_					
		ere any of the organization's gaming licenses re Yes," explain:	· · · · · · · · · · · · · · · · · · ·		•	Yes No
	_					
	_					

Schedule G (Form 990 or 990-EZ) 2019

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Sch	nedule G (Form 990 or 990-EZ) 2019 AIM AT MELANOMA	56-242780	5 Page 3
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:		
á	The organization's facility	13a	%
	An outside facility		<u> </u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address >		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	nt	
	of gaming revenue retained by the third party > \$		
	If "Yes," enter name and address of the third party:		
•	The first hame and address of the time 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		
•	and the state provide a linear of	Yes	☐ No
	retain the state gaming license? Discription Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations.		
'	·	trie	
Pa	organization's own exempt activities during the tax year \(\subseteq \) \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	and Dart III. lines G	0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	nu Fait III, IIIIes 9	, 90, 100,
	130, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			

Schedule G	(Form 990 or 990-EZ)	AIM	AT MELANOMA	56-2427805	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation	(continued)		
			1		
_					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

2019
Open to Public

Inspection

OMB No. 1545-0047

Employer identification number Name of the organization 56-2427805 AIM AT MELANOMA Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) MD ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD CANCER AND MELANOMA 74-6000203 0 RESEARCH HOUSTON, TX 77030 15,000. OHSU KNIGHT CANCER INSTITUTE 1121 SW SALMON STREET CANCER AND MELANOMA RESEARCH PORTLAND, OR 97205 23-7083114 10,000 0. UPMC UNIV OF PITTSBURGH CANCER INSTITUTE - 5150 CENTRE AVENUE -CANCER AND MELANOMA PITTSBURGH, PA 15232 25-0965591 30,000 0. RESEARCH MTBC MELANOMA TISSUE BANK CONSORTIUM - 139 WATERSIDE CIRCLE - SAN RAFAEL, CA 94903 46-2454076 120,000 0. TISSUE BANK 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) (2019)

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047
2019

Open to Public Inspection

Name of the organization

AIM AT MELANOMA

Questions Regarding Compensation

Employer identification number 56-2427805

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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:			
а	The organization?	5a		<u> </u>
b	Any related organization?	5b		X
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	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	7		X
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	l	l

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

Schedule J (Form 990) 2019

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benents	(5)(1)-(5)	reported as deferred on prior Form 990
(1) VALERIE GUILD	(i)	206,400.	0.	0.	0.	14,635.	221,035.	0.
PRESIDENT AND DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

AIM AT MELANOMA

Employer identification number 56-2427805

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MEDICAL PROFESSIONALS; AND TO PROVIDE COMPREHENSIVE AND EASILY ACCESSIBLE MELANOMA RESOURCES FOR PATIENTS, SURVIVORS, AND CAREGIVERS. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SEEKING THE CURE FOR MELANOMA. WE BELIEVE THAT THE CURE FOR MELANOMA WILL BE FOUND MORE QUICKLY BY BRINGING TOGETHER LEADING GLOBAL RESEARCHERS AND FUNDING THEIR COLLABORATIVE RESEARCH. OUR THREE PARADIGM-SHIFTING GLOBAL RESEARCH INITIATIVES, INCLUDING THE MELANOMA TISSUE BANK CONSORTIUM, ARE POISED TO RESHAPE THE FUTURE OF MELANOMA. WE ARE THE RESPECTED VOICE OF MELANOMA ACROSS THE NATION. WHEN DRUGS ARE APPROVED, LEGISLATION IS DRAFTED, AND RESEARCH IS ASSESSED, AIM IS AT THE TABLE, SPEAKING LOUDLY AND CLEARLY ON BEHALF OF PATIENTS AND THEIR FAMILIES. WE ARE TRUSTED ADVISORS FOR PHARMACEUTICAL COMPANIES MEDICAL BOARDS, AND GOVERNMENT AGENCIES ON CRITICAL TOPICS THAT AFFECT MELANOMA PATIENTS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: WEBSITE'S RESOURCES. THE WEBSITE IS ALSO UPDATED REGULARLY FOR MEDICAL ACCURACY AND WITH CONTENT RELATED TO ISSUES FACING THE MELANOMA COMMUNITY. THE U.S. WEBSITE ALONE, HAD MORE THAN 63,000 UNIQUE VISITORS EACH MONTH.

PATIENT ADVOCACY

AIM PROVIDED A FREE PHYSICIAN ASSISTANT ON CALL SERVICE. THROUGHOUT THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) Name of the organization

Employer identification number

YEAR, MELANOMA PATIENTS, CAREGIVERS, AND FAMILIES REACHED OUT TO AIM'S
ONCOLOGY PHYSICIAN ASSISTANT TO ASK QUESTIONS ABOUT, AMONG OTHER
THINGS, THEIR/OR THEIR LOVED ONE'S MELANOMA DIAGNOSIS, TREATMENT
OPTIONS, AND FOLLOW-UP CARE AS WELL AS QUESTIONS REGARDING PREVENTION
AND EARLY DETECTION OF THE DISEASE. AIM ALSO COORDINATED NUMEROUS
PATIENT ADVOCACY EVENTS, WHICH INCLUDE 10 PATIENT AND CAREGIVER
SYMPOSIA LED BY NATIONALLY RECOGNIZED MELANOMA ONCOLOGISTS AT MAJOR
CANCERS SUCH AS UPMC, HUNTSMAN CANCER INSTITUTE, YALE CANCER CENTER AND
OHSU. AIM ALSO VIDEOTAPED AND EDITED THESE SYMPOSIUMS, WHICH WERE THEN
UPLOADED ONTO YOUTUBE AND AIM'S WEBSITE SO THAT THEY COULD BE VIEWED BY
INDIVIDUALS IN THE U.S. AND WORLDWIDE. THESE SYMPOSIA WERE ALSO LIVE

AIM PROVIDES SUPPORT FOR PATIENTS, FAMILIES, AND SURVIVORS FOR A

PROGRAM CALLED PEER CONNECT. PEER CONNECT IS A PEER-TO-PEER SUPPORT

PROGRAM, AIM AT MELANOMA'S ANSWER TO THE ONGOING NEED FOR SUPPORT IN

THE MELANOMA COMMUNITY. MELANOMA PATIENTS, FAMILY MEMBERS, AND

CAREGIVERS WHO JOIN THE PROGRAM ARE MATCHED WITH A PEER, AND FROM THERE

THE PAIR COMMUNICATE IN A WAY THAT IS COMFORTABLE FOR BOTH. MEMBERS OF

PEER CONNECT PROVIDE EACH OTHER WITH KNOWLEDGE, EXPERIENCE, EMOTIONAL

SUPPORT, AND MORE.

AIM MAINTAINED A FACEBOOK PAGE, WHICH NOW HAS OVER 25,000 FOLLOWERS, A

TWITTER ACCOUNT OF OVER 7,400 FOLLOWERS AND AN INSTAGRAM ACCOUNT OF

OVER 1,700 FOLLOWERS IN ORDER TO PROVIDE OTHER SOURCES OF INFORMATION

FOR THE MELANOMA COMMUNITY.

AIM CONTINUED TO REPRESENT PATIENTS ON THE U.S. FDA ODAK COMMITTEE, THE

Name of the organization

Employer identification number

56-2427805 AIM AT MELANOMA TWO LARGEST U.S. COOPERATIVE ONCOLOGY GROUPS, SWOG AND ECOG, THE NCCN, THE AAD GUIDELINES COMMITTEE, THE ASCO GUIDELINES COMMITTEE AND THE MELANOMA WORLD SOCIETY. AIM ALSO PRESENTS ON THE MELANOMA PATIENT PERSPECTIVE AT NUMEROUS MEETINGS BOTH IN THE U.S. AND THROUGHOUT THE WORLD. TO HELP PATIENTS UNDERSTAND THEIR DISEASE, THE OPTIONS AVAILABLE, AND HOW TO WEIGH THOSE OPTIONS WITH THEIR ONCOLOGY TEAM, AIM CREATED A 6-PAGE GUIDE AND 15 VIDEOS FOR PATIENTS ON THE ROLE OF BRAF IN MELANOMA, WHAT BRAF MUTATIONAL STATUS MEANS, TESTING FOR BRAF, AND THE IMPLICATIONS OF THE TEST RESULTS FOR TREATMENT PLANNING. THESE RESOURCES ARE ON THE AIM WEBSITE AND ARE HARED BY MAJOR ACADEMIC CENTERS THROUGHOUT THE U.S. (HTTPS://WWW.AIMATMELANOMA.ORG/DIAGNOSING-MELANOMA/BRAF-IN-MELANOMA-ANSW ERING-QUESTIONS-ADDRESSING-MISCONCEPTIONS/-.

GLOBAL ADVOCACY

AIM'S PATIENT ADVOCACY WAS A GLOBAL EFFORT. AIM CONTINUED TO HOST

COUNTRY SPECIFIC, FULLY TRANSLATED MELANOMA WEBSITES IN GERMANY,

FRANCE, UNITED KINGDOM, SPAIN, ITALY, AND AUSTRALIA. IN 2019, AIM

SUPPORTED AND MENTORED PATIENT ADVOCACY GROUPS IN THE UNITED KINGDOM,

PORTUGAL, GERMANY, FRANCE, ITALY, SPAIN, ISRAEL, LATIN AMERICA, BRAZIL

AND EASTERN EUROPE. AIM ALSO BEGAN ITS SUPPORT AND MENTORING OF

ADDITIONAL PATIENT ADVOCACY GROUPS IN AUSTRALIA. AIM MADE IT POSSIBLE

FOR THE PATIENT ADVOCATES TO ATTEND INTERNATIONAL MELANOMA MEETINGS

WHERE THEY MET WITH KEY OPINION LEADERS IN THE MELANOMA COMMUNITY, AND

WHERE THEY PRESENTED THE PATIENT PERSPECTIVE TO RELEVANT GROUPS. AIM

CONTINUED TO ASSIST IN THE DEVELOPMENT OF SOME OF THEIR RESPECTIVE

WEBSITES PROVIDING NOT ONLY TECHNICAL SUPPORT BUT ALSO MATERIAL FOR THE

SITES, WHICH INCLUDED SIDE EFFECT MANAGEMENT SHEETS ON THE VARIOUS

Schedule O (Form 990 or 990-EZ) (2019)

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AIM AT MELANOMA

MELANOMA THERAPIES. AIM HOLDS A YEARLY MEETING IN MUNICH GERMANY FOR

GLOBAL PATIENT ADVOCATES IN ORDER TO HELP THEM LEARN MORE ABOUT

MELANOMA ADVANCEMENTS AS WELL AS HOW TO USE SOCIAL MEDIA TO EDUCATE

PATIENTS AND CAREGIVERS.

IMWG

IN APRIL 2006, AIM FORMED THE INTERNATIONAL MELANOMA WORKING GROUP

(IMWG). THE IMWG IS BASED ON THE PREMISE THAT MELANOMA REQUIRES A

FOCUSED, MULTI-DISCIPLINARY EFFORT AMONG THE WORLD'S LEADING MELANOMA

INVESTIGATORS IN ORDER TO PROVIDE FOR A BETTER UNDERSTANDING OF THE

BIOLOGY OF MELANOMA, TO ACCELERATE THE QUEST FOR MORE EFFECTIVE

THERAPIES, AND EVENTUALLY TO DEVELOP A CURE FOR THE DISEASE. THE IMWG

PROVIDES A THINK TANK ATMOSPHERE FOR THE WORLD'S LEADING MELANOMA

EXPERTS TO GATHER AWAY FROM LARGE MEETINGS. SINCE ITS INCEPTION, THE

IMWG HAS UNDERTAKEN SEVERAL KEY PROJECTS AS A RESULT OF COLLABORATION

AMONG ITS MEMBERS AND CONTINUES TO WORK ON ADDITIONAL EFFORTS THAT WILL

LEAD TO THE DEVELOPMENT OF MORE EFFECTIVE TREATMENT OPTIONS FOR

MELANOMA PATIENTS.

IMWG MEMBERS, WHICH CONSIST OF OVER FORTY MELANOMA EXPERTS FROM

THROUGHOUT THE WORLD, MET IN APRIL AND SEPTEMBER OF 2019. AMONG ITS

ACCOMPLISHMENTS IN 2019, THE IWMG CONTINUED TO WORK ON ITS

INTERNATIONAL CLINICAL TRIAL NETWORK. AIM HAS OPENED AN INTERNATIONAL

MELANOMA TISSUE BANK OF ANNOTATED FRESH FROZEN PRIMARY MELANOMA TISSUE

AT OREGON HEALTH & SCIENCE UNIVERSITY'S KNIGHT CANCER INSTITUTE,

CALIFORNIA PACIFIC MEDICAL CENTER, NORTHWESTERN UNIVERSITY'S ROBERT H.

LURIE COMPREHENSIVE CANCER CENTER, UNIVERSITY OF PITTSBURGH CANCER

INSTITUTE, AND THE PETER MACCALLUM CANCER CENTER IN MELBOURNE. THE

Employer identification number Name of the organization AIM AT MELANOMA 56-2427805 TISSUE BANK IS THE FUNDAMENTAL RESEARCH TOOL THAT DOES NOT EXIST YET FOR PUBLIC OR PRIVATE RESEARCH. MAJOR ADVANCES, PARTICULARLY WITHIN BREAST AND PROSTATE CANCER, RESULTED FROM SIMILAR BANKS. CONSEQUENTLY, MELANOMA RESEARCH LAGS SIGNIFICANTLY BEHIND THE PROGRESS THAT HAS BEEN MADE IN OTHER CANCER RESEARCH. CONTINUED IN SCHEDULE O AND ADDITIONAL INFORMATION CONTINUED IN ACCOMPLISHMENTS TWO FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: THEMELANOMANURSE.ORG) THIS PORTAL PROVIDES A 1-STOP SHOP FOR ALL THE EDUCATIONAL MATERIALS DEVELOPED CONTENT INCLUDES CONSENSUS STATEMENTS, SIDE-EFFECT SEARCH FUNCTIONS, CNE ACTIVITIES, A SUPPORTIVE CARE Q/A PORTAL, AND A PATIENT RESOURCE CENTER 2. MELANOMA NURSE MANAGEMENT TOOLKIT HELPFUL RESOURCES SUCH AS ALGORITHMS, CHECKLISTS, PRINTABLE SHEETS, AND SEARCHABLE CONTENT ON SUPPORTIVE CARE ASPECTS OF MELANOMA THERAPY (SIDE EFFECT MANAGEMENT AS WELL AS ADHERENCE ISSUES) KEY RESOURCES ON TARGETED THERAPY, IMMUNOTHERAPY, AND INTRALESIONAL IMMUNOTHERAPY ONLINE RESOURCES AS WELL AS PRINT PIECES FOR DISTRIBUTION AT REGIONAL CANCER MEETING 3. CJON (ONS) SUPPLEMENT ON OPTIMIZING OUTCOMES FOR MELANOMA THERAPIES

Schedule O (Form 990 or 990-EZ) (2019)

7-ARTICLE SUPPLEMENT IN CJON TO INCLUDE AN INTRODUCTION BY 2 MELANOMA

Employer identification number Name of the organization 56-2427805 AIM AT MELANOMA PHYSICIANS, AN OVERVIEW DOCUMENT FROM OUR CHAIR, AND 5 ARTICLES ON SUPPORT STRATEGIES FOR TARGETED THERAPY, IMMUNOTHERAPY, AND INTRALESIONAL IMMUNOTHERAPY ARTICLES ARE MADE AVAILABLE THROUGH OPEN ACCESS LOCATED ON OUR PORTAL 4. JADPRO SUPPLEMENT ON THE MANAGEMENT OF IMMUNE RELATED ADVERSE EVENTS THIS 4-ARTICLE SUPPLEMENT IN JADPRO COVERS IMMUNO-ONCOLOGY THERAPY ESSENTIALS: PROACTIVE MANAGEMENT OF IMMUNE-RELATED ADVERSE EVENTS. BOTH THE CJON AND JADPRO SUPPLEMENTS ARE AVAILABLE AS WELL ON THE MNI WEBSITE 5. DEVELOPMENT OF PATIENT RESOURCE MATERIALS CUSTOMIZED PATIENT RESOURCE/EDUCATION MATERIALS (PRINTABLE PDFS) HAVE BEEN DEVELOPED THAT CAN BE DOWNLOADABLE FROM THE WEBSITE AND DISTRIBUTED BY NURSES/PHYSICIAN ASSISTANTS AND OTHER HCPS TOPICS INCLUDE THE GOALS OF THERAPY, THE SIDE EFFECTS OF THERAPIES, IMPORTANT POINTS/STRATEGIES AROUND ADHERENCE, AS WELL AS OTHER SUPPORTIVE RESOURCES, SUCH AS CALL-IN NUMBERS FOR FINANCIAL OR OTHER SPECIFIC CONTENT ON TARGETED THERAPIES, ASSISTANCE, ETC. IMMUNOTHERAPIES, COMBINATIONS, INTRALESIONAL IMMUNOTHERAPIES, AND THE ADJUVANT SETTING ARE INCLUDED. 6. DEVELOPMENT OF PATIENT AND HCP VIDEOS VIDEOS HAVE BEEN DEVELOPED TO ADDRESS THE ISSUES OF SIDE EFFECTS BOTH FOR TARGETED AND IMMUNOTHERAPY AGENTS. THESE VIDEOS ARE BOTH FOR PATIENTS AND HEALTH CARE PROVIDERS. THE HCP VIDEOS ARE AVAILABLE ON THE MNI SITE AND THE PATIENT VIDEOS ARE AVAILABLE ON THE AIM AT MELANOMA SITE.

Name of the organization AIM AT MELANOMA	56-2427805
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 IS SUBMITTED BY THE ACCOUNTANT TO THE GOVERNING B	ODY FOR REVIEW
AND DISCUSSION. THE PRESIDENT APPROVES THE FILING OF FORM	990 BASED ON
COMPLIANCE AND ACCURACY. THE ACCOUNTANT IS THEN GIVEN AUT	HORIZATION TO
FILE.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND A	PPLICABLE
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQU	EST
FORM 990 PART XII LINE 2C	
A COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF TH	E AUDIT,
REVIEW OR COMPILATION OF ITS FINANCIAL STATEMENTS AND SELE	CTION OF ITS
INDEPENDENT AUDITORS.	
THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT OR SELECTION	PROCESS
DURING THE TAX YEAR.	