

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AIM AT MELANOMA		D Employer identification number 56-2427805
	Doing business as		E Telephone number 916-706-0599
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	3040 CUTTING BLVD		G Gross receipts \$ 2,374,584.
	City or town, state or province, country, and ZIP or foreign postal code RICHMOND, CA 94804		
F Name and address of principal officer: SAMANTHA GUILD 3040 CUTTING BLVD, RICHMOND, CA 94804		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.AIMATMELANOMA.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **2004** **M** State of legal domicile: **CA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO SUPPORT MELANOMA RESEARCH; TO PROMOTE PREVENTION AND EDUCATION AMONG THE GENERAL PUBLIC AND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,552,720.	Current Year 2,133,571.
	9 Program service revenue (Part VIII, line 2g)	0.	3,620.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,928.	33,124.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	164,745.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,571,648.	2,335,060.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	175,000.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		856,641.	868,348.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 67,437.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,006,121.	877,241.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,037,762.	1,818,889.	
19 Revenue less expenses. Subtract line 18 from line 12	533,886.	516,171.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,228,161.	End of Year 3,672,755.
	21 Total liabilities (Part X, line 26)	121,577.	50,000.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,106,584.	3,622,755.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	SAMANTHA GUILD, PRESIDENT Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name CHARLES M. MOCHE	Preparer's signature CHARLES M. MOCHE	Date 07/01/21	Check <input checked="" type="checkbox"/> if self-employed PTIN P00641894
	Firm's name ▶ CHARLES M. MOCHE CPA	Firm's address ▶ 2050 CENTER AVENUE SUITE 435 FORT LEE, NJ 07024	Firm's EIN ▶ 80-0682248	Phone no. 201-465-1800

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: AIM AT MELANOMA IS GLOBALLY ENGAGED AND LOCALLY INVESTED IN ADVANCING THE BATTLE AGAINST MELANOMA THROUGH INNOVATIVE RESEARCH, LEGISLATIVE REFORM, EDUCATION, AND PATIENT AND CAREGIVER SUPPORT. FOUNDED IN 2004, AIM AT MELANOMA IS THE LARGEST INTERNATIONAL MELANOMA FOUNDATION

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

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

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

4a (Code:) (Expenses \$ 1,588,880. including grants of \$ 73,300.) (Revenue \$)

WEBSITE

AIM AT MELANOMA ("AIM") IS AN INTERNATIONAL ORGANIZATION ENGAGED IN A WIDE VARIETY OF PATIENT ADVOCACY INITIATIVES. AMONG THESE IS THE MAINTENANCE OF THE MOST COMPREHENSIVE U.S. WEBSITE ON MELANOMA (WWW.AIMATMELANOMA.ORG). IN 2020, AIM REDESIGNED ITS WEBSITE AND ADDED ADDITIONAL CONTENT SO IT WOULD BETTER BE ABLE TO MEET THE NEEDS OF THE MELANOMA COMMUNITY. THIS INCLUDED MAKING IT EASIER FOR USERS TO LOCATE PERTINENT INFORMATION TO ASSIST THEM IN BETTER UNDERSTANDING THEIR MELANOMA DIAGNOSIS, DETERMINING THEIR TREATMENT OPTIONS, MANAGE THE SIDE EFFECTS OF TREATMENT, UNDERSTANDING FOLLOW-UP CARE AND ADDRESS THE PSYCHOSOCIAL ASPECTS OF THE DISEASE. THE ORGANIZATION CONTINUES TO USE VARIOUS TOOLS SUCH AS SEARCH ENGINE OPTIMIZATION AND DISTRIBUTING

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) CONTINUED FROM ACCOMPLISHMENTS ONE IN SCHEDULE O

NURSE/PHYSICIAN EDUCATION INITIATIVE

IN OCTOBER 2016 AIM CREATED THE MELANOMA NURSE INITIATIVE (MNI). THE RECENT EXPANSION OF MELANOMA THERAPY HAS INCREASED THE COMPLEXITY OF DISEASE MANAGEMENT. PATIENTS MAY DISCONTINUE THERAPY IF NOT ADEQUATELY ENGAGED IN THEIR OWN CARE OR SUPPORTED WHEN THEY EXPERIENCE SIDE EFFECTS. AS WELL, MORE PATIENTS ARE BEING TREATED IN THE COMMUNITY SETTING, WHERE EXPERTISE IS FREQUENTLY LACKING TO ADDRESS THESE CHALLENGES. THE MNI CONSISTS OF:

1. MELANOMA NURSE RESOURCE CENTER PORTAL (SEE GRAPHIC,

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

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

4e Total program service expenses 1,588,880.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (Voting members), 1b (Independent members), 2 (Family/Business relationships), 3 (Management delegation), 4 (Governing documents), 5 (Asset diversion), 6 (Members/stockholders), 7a (Elect/appoint power), 7b (Governance decisions), 8 (Meetings/actions), 8a (Governing body), 8b (Committees), 9 (Unreachable officer).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (Local chapters), 10b (Written policies), 11a (Form 990 distribution), 11b (Review process), 12a (Conflict of interest policy), 12b (Disclosure requirements), 12c (Monitoring compliance), 13 (Whistleblower policy), 14 (Document retention), 15 (Compensation review), 15a (CEO), 15b (Other officers), 16a (Joint ventures), 16b (Written policy for joint ventures).

Section 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) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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 organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SAMANTHA GUILD PRESIDENT AND DIRECTOR	60.00	X		X			160,080.	0.	21,698.	
(2) ALICIA ROWELL EXECUTIVE ADMINISTRATOR	40.00			X			160,508.	0.	0.	
(3) JOHN KIRKWOOD DIRECTOR	3.00	X					0.	0.	0.	
(4) MOHAMMED KASHANI-SABET DIRECTOR	3.00	X					0.	0.	0.	
(5) RENU GUPTA DIRECTOR	1.00	X					0.	0.	0.	
(6) HOWARD MAIBACH DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								320,588.	0.	21,698.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								320,588.	0.	21,698.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	227,995.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,905,576.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f			2,133,571.			
Program Service Revenue	2 a	CONSULTING	Business Code 541900	3,620.	3,620.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g Total. Add lines 2a-2f			3,620.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		33,142.		33,142.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses	6b				
	6 c	Rental income or (loss)	6c				
	d Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				1,516.			
	7 b	Less: cost or other basis and sales expenses	7b	1,534.			
	7 c	Gain or (loss)	7c	-18.			
d Net gain or (loss)				-18.	-18.		
8 a	Gross income from fundraising events (not including \$ 227,995. of contributions reported on line 1c). See Part IV, line 18		8a	37,990.			
			8b	37,990.			
		c Net income or (loss) from fundraising events			0.		
9 a	Gross income from gaming activities. See Part IV, line 19		9a				
			9b				
		c Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances		10a				
			10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	SBA PPP GRANT	Business Code 900099	164,745.	164,745.		
	b						
	c						
	d	All other revenue					
	e Total. Add lines 11a-11d			164,745.			
12 Total revenue. See instructions			2,335,060.	168,365.	0.	33,124.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	73,300.	73,300.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	320,588.	296,533.	8,004.	16,051.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	392,591.	333,702.	19,630.	39,259.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	100,796.	87,846.	5,040.	7,910.
10 Payroll taxes	54,373.	48,049.	2,107.	4,217.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	29,530.		29,530.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	40,179.		40,179.	
14 Information technology				
15 Royalties				
16 Occupancy	35,083.		35,083.	
17 Travel	9,542.	9,542.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,238.		7,238.	
23 Insurance	15,351.		15,351.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PHYSICIAN /NURSE EDUCAT	383,862.	383,862.		
b PATIENT EDUCATION AND S	217,947.	217,947.		
c GLOBAL ADVOCACY	54,291.	54,291.		
d WEBSITE	36,188.	36,188.		
e All other expenses _____	48,030.	47,620.	410.	
25 Total functional expenses. Add lines 1 through 24e	1,818,889.	1,588,880.	162,572.	67,437.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	710,152.	1	1,144,568.
	2 Savings and temporary cash investments	2,470,124.	2	2,503,267.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	10,459.	9	238.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 76,001.		
	b Less: accumulated depreciation	10b 51,319.	28,625.	10c 24,682.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	8,801.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,228,161.	16	3,672,755.	
Liabilities	17 Accounts payable and accrued expenses	1,577.	17	
	18 Grants payable	120,000.	18	50,000.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	121,577.	26	50,000.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0.	29	0.
	30 Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	31 Retained earnings, endowment, accumulated income, or other funds	3,106,584.	31	3,622,755.
	32 Total net assets or fund balances	3,106,584.	32	3,622,755.
33 Total liabilities and net assets/fund balances	3,228,161.	33	3,672,755.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,335,060.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,818,889.
3	Revenue less expenses. Subtract line 2 from line 1	3	516,171.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,106,584.
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	3,622,755.

Part XII Financial Statements and Reporting

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

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

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

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **AIM AT MELANOMA** Employer identification number **56-2427805**

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1781386.	2411205.	2540964.	2552720.	2133571.	11419846.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1781386.	2411205.	2540964.	2552720.	2133571.	11419846.
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)						6446151.
6 Public support. Subtract line 5 from line 4.						4973695.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	1781386.	2411205.	2540964.	2552720.	2133571.	11419846.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,495.	1,384.	3,344.	18,928.	33,124.	58,275.
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.)					168,365.	168,365.
11 Total support. Add lines 7 through 10						11646486.
12 Gross receipts from related activities, etc. (see instructions)					12	2,681.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	42.71 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	44.11 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

AIM AT MELANOMA

Employer identification number

56-2427805

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization AIM AT MELANOMA	Employer identification number 56-2427805
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>565,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>330,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>287,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>22,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AIM AT MELANOMA	Employer identification number 56-2427805
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AIM AT MELANOMA	Employer identification number 56-2427805
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 95,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 184,780.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

2020

Open to Public Inspection

Name of the organization **AIM AT MELANOMA** Employer identification number **56-2427805**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

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

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		76,001.	51,319.	24,682.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				24,682.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,133,571.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,133,571.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	201,489.	
c	Add lines 4a and 4b		4c	201,489.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,335,060.

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

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

1	Total expenses and losses per audited financial statements		1	1,818,889.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,818,889.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,818,889.

Part XIII Supplemental Information.

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT INCOME	33,124.
SBA PPP	164,745.
MISC MISSION RELATED INCOME	3,620.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	201,489.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **AIM AT MELANOMA** Employer identification number **56-2427805**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
OHSU KNIGHT CANCER INSTITUTE 1121 SW SALMON STREET PORTLAND, OR 97205	23-7083114		8,300.	0.			CANCER AND MELANOMA RESEARCH
UPMC UNIV OF PITTSBURGH CANCER INSTITUTE - 5150 CENTRE AVENUE - PITTSBURGH, PA 15232	25-0965591		15,000.	0.			CANCER AND MELANOMA RESEARCH
MTBC MELANOMA TISSUE BANK CONSORTIUM - 139 WATERSIDE CIRCLE - SAN RAFAEL, CA 94903	46-2454076		50,000.	0.			TISSUE BANK

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

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

Schedule I (Form 990) 2020

Part III

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

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

Part IV

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **AIM AT MELANOMA** Employer identification number: **56-2427805**

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SAMANTHA GUILD PRESIDENT AND DIRECTOR	(i)	160,080.	0.	0.	0.	21,698.	181,778.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ALICIA ROWELL EXECUTIVE ADMINISTRATOR	(i)	160,508.	0.	0.	0.	0.	160,508.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

(This area contains horizontal lines for supplemental information.)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
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:

BROCHURES TO HEALTHCARE PROVIDERS THROUGHOUT THE U.S. TO EDUCATE

MELANOMA PATIENTS ABOUT THE 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

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization AIM AT MELANOMA	Employer identification number 56-2427805
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AIM PROVIDED A FREE PHYSICIAN ASSISTANT ON CALL SERVICE. THROUGHOUT THE 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, MEMORIAL SLOAN KETTERING CANCER CENTER, LURIE CANCER CENTER AND MD ANDERSON CANCER CENTER. THE EVENTS WERE REFORMATED, DUE TO COVID. 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 STREAMED GLOBALLY.

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 25,500 FOLLOWERS, A TWITTER ACCOUNT OF OVER 7,400 FOLLOWERS AND AN INSTAGRAM ACCOUNT OF OVER 2,100 FOLLOWERS IN ORDER TO PROVIDE OTHER SOURCES OF INFORMATION FOR THE MELANOMA COMMUNITY.

Name of the organization AIM AT MELANOMA	Employer identification number 56-2427805
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AIM CONTINUED TO REPRESENT PATIENTS ON THE 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, WHICH WAS IN A VIRTUAL FORMAT IN 2020. TO HELP PATIENTS UNDERSTAND THEIR DISEASE, AIM CREATED FROM THE CLINIC TO THE LIVING ROOM, A WEBINAR SERIES THAT IS LIVE STREAMED THROUGH FACEBOOK TO PROVIDE AN IN-DEPTH DISCUSSION ON A SPECIFIC TOPIC WITH A MELANOMA SPECIALIST, SUCH AS A PHYSICIAN, RESEARCHER, OR OTHER MEDICAL EXPERT. AIM ALSO CREATED BEYOND THE CLINIC: LIVING WELL WITH MELANOMA, A WEBINAR SERIES THAT IS LIVE STREAMED THROUGH FACEBOOK TO ADDRESS THE PSYCHOSOCIAL ASPECTS OF A MELANOMA DIAGNOSIS DURING COVID. GLOBAL ADVOCACY

AIM'S PATIENT ADVOCACY IS A GLOBAL EFFORT. IN 2020, AIM CONTINUED TO SUPPORT AND MENTOR PATIENT ADVOCACY GROUPS IN THE UNITED KINGDOM, PORTUGAL, GERMANY, FRANCE, ITALY, SPAIN, ISRAEL, LATIN AMERICA, BRAZIL, CANADA, AND EASTERN EUROPE. AIM ALSO BEGAN ITS SUPPORT AND MENTORING OF AN ADDITIONAL PATIENT ADVOCACY GROUP IN AUSTRALIA. AIM MADE IT POSSIBLE FOR THE PATIENT ADVOCATES TO VIRTUALLY ATTEND INTERNATIONAL MELANOMA MEETINGS WHERE THEY LEARNED ABOUT THE MOST UP TO DATA ON MELANOMA, 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 A COMPANION PIECE TO A STAGE III DECISION MAKING TOOL AS WELL AS VIDEOS DISCUSSING MELANOMA DURING COVID. AIM HELD ITS YEARLY MEETING VIRTUALLY FOR GLOBAL PATIENT ADVOCATES IN ORDER TO HELP THEM LEARN MORE ABOUT MELANOMA ADVANCEMENTS

Name of the organization AIM AT MELANOMA	Employer identification number 56-2427805
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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 VIRTUALLY IN THE FALL OF 2020. AMONG ITS ACCOMPLISHMENTS IN 2020, 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 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,

Name of the organization

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MELANOMA RESEARCH LAGS SIGNIFICANTLY BEHIND THE PROGRESS THAT HAS BEEN MADE IN OTHER CANCER RESEARCH. IN 2020, THE BANK BEGAN COLLECTING TISSUE.

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

7-ARTICLE SUPPLEMENT IN CJON TO INCLUDE AN INTRODUCTION BY 2 MELANOMA PHYSICIANS, AN OVERVIEW DOCUMENT FROM OUR CHAIR, AND 5 ARTICLES ON SUPPORT STRATEGIES FOR TARGETED THERAPY, IMMUNOTHERAPY, AND

Name of the organization

AIM AT MELANOMA

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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. JCO ONCOLOGY PRACTICE ON INTERDISCIPLINARY CARE FOR MANAGEMENT OF COMPLEX IRAES. THE ARTICLES IN THE SUPPLEMENT COVERS IMMUNO-ONCOLOGY APPLICATIONS IN CLINICAL SCENARIOSINTRODUCTION, TOXICITY MANAGEMENT OF FRONT-LINE PEMBROLIZUMAB COMBINED WITH AXITINIB IN CLEAR CELL METASTATIC RENAL CELL CARCINOMA: A CASE STUDY APPROACH, MANAGEMENT OF PNEUMONITIS AND NEUROPATHY IN PATIENTS RECEIVING PD-1BASED THERAPY FOR NONSMALL-CELL LUNG CANCER, THE MANAGEMENT OF IMMUNE-RELATED DERMATITIS AND MUCOSITIS ASSOCIATED WITH PEMBROLIZUMAB IN METASTATIC HUMAN PAPILOMAVIRUSASSOCIATED SQUAMOUS CELL CARCINOMA OF THE OROPHARYNX, AND ATYPICAL PRESENTATIONS AND MANAGEMENT OF ENDOCRINE AND HEPATIC IMMUNE-RELATED ADVERSE EVENTS FROM ADJUVANT IMMUNE CHECKPOINT INHIBITOR THERAPY IN STAGE III RESECTED MELANOMA. THE JCO SUPPLEMENT ARE AVAILABLE AS WELL ON THE MNI WEBSITE.

6. AIM PROVIDED AN INTERACTIVE, WEB BASED EDUCATION ON BRAF/MEK INHIBITOR THERAPY FOR MELANOMA TO IMPROVE THE OUTCOMES THROUGH INDISCIPLINARY CARE. THE EDUCATION IS AVAILABLE AS WELL ON THE MNI WEBSITE.

Name of the organization AIM AT MELANOMA	Employer identification number 56-2427805
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7. 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 ASSISTANCE, ETC. SPECIFIC CONTENT ON TARGETED THERAPIES, IMMUNOTHERAPIES, COMBINATIONS, INTRALESIONAL IMMUNOTHERAPIES, AND THE ADJUVANT SETTING ARE INCLUDED.

8. DEVELOPMENT OF PATIENT AND HCP VIDEOS

VIDEOS HAVE BEEN DEVELOPED TO ADDRESS THE ISSUES OF PREVENTION AND EARLY DETECTION, SURGERY, PATHOLOGY, TREATMENT, SIDE EFFECTS AND MANAGMENT FOR BOTH TARGETED AND IMMUNOTHERAPIES, CLINICAL TRIALS, AND LIVING WITH MELANOMA. THE HCP VIDEOS WERE DEVELOPED TO ASSIST HCPS TO CARE FOR PATIENTS DURING COVID. THE VIDEOS ARE AVAILABLE ON AIM AT MELANOMA SITE'S YOUTUBE CHANNEL.

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

FORM 990 IS SUBMITTED BY THE ACCOUNTANT TO THE GOVERNING BODY FOR REVIEW AND DISCUSSION. THE PRESIDENT APPROVES THE FILING OF FORM 990 BASED ON COMPLIANCE AND ACCURACY. THE ACCOUNTANT IS THEN GIVEN AUTHORIZATION TO FILE.

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

ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND APPLICABLE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

Name of the organization

AIM AT MELANOMA

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FORM 990 PART XII LINE 2C

A COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT, REVIEW OR COMPILATION OF ITS FINANCIAL STATEMENTS AND SELECTION OF ITS INDEPENDENT AUDITORS.

THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT OR SELECTION PROCESS DURING THE TAX YEAR.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	FURNITURE AND FIXTURES	07/01/07	SL	7.00	HY17	9,813.				9,813.	9,813.		0.	9,813.
2	OFFICE EQUIPMENT	04/01/08	SL	5.00	HY17	3,346.				3,346.	3,346.		0.	3,346.
3	COMPUTER	12/31/08	SL	5.00	HY17	1,964.				1,964.	1,964.		0.	1,964.
4	COMPUTER	07/01/09	SL	5.00	HY17	1,744.				1,744.	1,744.		0.	1,744.
5	OFFICE EQUIPMENT	07/01/11	SL	5.00	HY17	2,669.				2,669.	2,669.		0.	2,669.
6	LEASEHOLD IMPROVEMENTS	10/01/12	SL	15.00	MC17	12,772.				12,772.	6,063.		851.	6,914.
7	LEASEHOLD IMPROVEMENTS	04/01/13	SL	15.00	HY17	9,750.				9,750.	4,225.		650.	4,875.
8	COMPUTER	07/01/14	SL	5.00	HY17	2,371.				2,371.	2,371.		0.	2,371.
9	COMPUTER	07/01/16	SL	5.00	HY17	5,106.				5,106.	3,574.		1,021.	4,595.
10	OFFICE EQUIPMENT	04/01/16	SL	5.00	HY17	3,446.				3,446.	2,412.		689.	3,101.
11	OFFICE EQUIPMENT	07/01/17	SL	5.00	HY17	6,863.				6,863.	3,432.		1,373.	4,805.
12	OFFICE EQUIPMENT	04/01/18	SL	5.00	HY17	5,906.				5,906.	1,772.		1,181.	2,953.
13	OFFICE EQUIPMENT	06/15/19	SL	5.00	HY17	6,956.				6,956.	696.		1,391.	2,087.
14	SOFTWARE	10/22/20	SL	5.00	MC19B	3,295.				3,295.			82.	82.
	* TOTAL 990 PAGE 10 DEPR					76,001.				76,001.	44,081.		7,238.	51,319.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE					72,706.			0.	72,706.	44,081.			51,237.

2020 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ACQUISITIONS						3,295.			0.	3,295.	0.			82.
	DISPOSITIONS/RETIRE						0.			0.	0.	0.			0.
	ENDING BALANCE						76,001.			0.	76,001.	44,081.			51,319.
	ENDING ACCUM DEPR											51,319.			
	ENDING BOOK VALUE											24,682.			

Department of the Treasury
Internal Revenue Service (99)

▶ **Go to www.irs.gov/Form4562 for instructions and the latest information.**

▶ **Attach to your tax return.**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

AIM AT MELANOMA

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56-2427805

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,590,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	7,156.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property	3,295.	5 YRS.	MQ	SL	82.
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property	/	27.5 yrs.	MM	S/L	
		/	27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	39 yrs.	MM	S/L	
		/		MM	S/L	

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year	/	30 yrs.	MM	S/L	
d	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	7,238.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main rows (30-36) and 12 columns for vehicle details and availability.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 5 rows (37-41) and 3 columns for Yes/No answers.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Section C with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2020 tax year: Table with 6 columns for amortization details.

43 Amortization of costs that began before your 2020 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44