	000
Form	330

Department of the Treasury Internal Revenue Service

### \*\* PUBLIC DISCLOSURE COPY \*\* 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.

and ending

Room/suite

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



3,19<u>3,</u>097.

D Employer identification number

56-2427805

916-706-0599

E Telephone number

G Gross receipts \$

A For the 20	A For the 2021 calendar year, or tax year beginning				
B Check if applicable:	C Name of organization				
Address change	AIM AT MELANOMA				
Name change	Doing business as				
Initial return	Number and street (or P.O. box if mail is not delivered to street address)				
Final return/	3040 CUTTING BLVD				
termin- ated	City or town, state or province, country, and ZIP or foreign postal code				
Amended return					
Applica- tion					
pending					

		rn <sup>ended</sup> RICHMOND, CA 94804 H(a)		eturn			
	Appli tion	<sup>ca-</sup> F Name and address of principal officer: SAMANTHA GUILD	for subordinates	? Yes X No			
	pend	<sup>ng</sup> 3040 CUTTING BLVD, RICHMOND, CA 94804	H(b) Are all subordinates in	cluded? Yes No			
11	ax-ex	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527 If "No," attach a	list. See instructions			
J٧	Vebsi	ite: NWW.AIMATMELANOMA.ORG	H(c) Group exemptio	n number 🕨			
KF	orm o	f organization: X Corporation Trust Association Other ► L	Year of formation: 2004	State of legal domicile: CA			
Pa	art I	Summary					
	1	Briefly describe the organization's mission or most significant activities: TO SUPPO	ORT MELANOMA RE	ESEARCH; TO			
Governance		PROMOTE PREVENTION AND EDUCATION AMONG THE G					
rnai	2	Check this box      if the organization discontinued its operations or disposed of r	more than 25% of its net ass	sets.			
Nel	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			
Activities &	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0			
/itie	6	Total number of volunteers (estimate if necessary)	6	0			
çti	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		0.			
			Prior Year	Current Year			
ø	8	Contributions and grants (Part VIII, line 1h)	2,133,571.	2,730,026.			
ň	9	Program service revenue (Part VIII, line 2g)	3,620.	59,471.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,124.	13,358.			
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	164,745.	98,402.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,335,060.	2,901,257.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	73,300.	228,200.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.			
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	868,348.	807,320.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.			
- dx	b	Total fundraising expenses (Part IX, column (D), line 25) <b>58,369.</b>					
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	877,241.	806,678.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,818,889.	1,842,198.			
	19	Revenue less expenses. Subtract line 18 from line 12	516,171.	1,059,059.			
or Ces			Beginning of Current Year	End of Year			
t Assets Id Balanc	20	Total assets (Part X, line 16)	3,672,755.	4,688,149.			
tAs	21	Total liabilities (Part X, line 26)	50,000.	6,335.			
-SE	22	Net assets or fund balances. Subtract line 21 from line 20	3,622,755.	4,681,814.			
Pa	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	Signature of officer		Date					
Here	SAMANTHA GUILD, PRESIDENT							
	Type or print name and title							
	Print/Type preparer's name Preparer'	s signature Date	Check X PTIN					
Paid	CHARLES M. MOCHE CHARI	ES M. MOCHE 07/11	/22 self-employed P00641894					
Preparer	Firm's name CHARLES M. MOCHE CPA		Firm's EIN 🕨 80-0682248					
Use Only	Firm's address 🖕 2050 CENTER AVENUE S	UITE 435						
	FORT LEE, NJ 07024		Phone no. 201 - 465 - 1800					
May the I	May the IRS discuss this return with the preparer shown above? See instructions							
132001 12-0	32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2021)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1 990 (2021) AIM AT MEL			56-2427805 F	Page
Pa	rt III Statement of Program Service	-			
	Check if Schedule O contains a response	e or note to any line in this I	Part III	<u></u>	X
1	Briefly describe the organization's mission:				
	AIM AT MELANOMA (AIM) IS				
	ADVANCING THE BATTLE AGA			-	
	LEGISLATIVE REFORM, EDUC	•			
	FOUNDED IN 2004, AIM AT			IONAL MELANOMA	7
2	Did the organization undertake any significant	program services during the	e year which were not listed on the		· · ·
	prior Form 990 or 990-EZ?			Yes 2	Z NO
_	If "Yes," describe these new services on Sched				æ
3	Did the organization cease conducting, or mak		w it conducts, any program services?		
	If "Yes," describe these changes on Schedule		Man Hanna and an		
4	Describe the organization's program service ac	•			
	Section 501(c)(3) and 501(c)(4) organizations ar		ount of grants and anocations to othe	rs, the total expenses, and	
40	revenue, if any, for each program service report	, 022. including grants of \$	228,200.) (Rever	nue \$ 157,87	73
4a	(Code:) (Expenses \$, 639 WEBSITE	Including grants of \$	(Reven	iue\$	5.
	AIM AT MELANOMA ("AIM")	TS AN TNTERNA	TIONAL ORGANIZATION	ENGAGED IN A	
	WIDE VARIETY OF PATIENT				
	MAINTENANCE OF THE MOST				
	(WWW.AIMATMELANOMA.ORG)		M CONTINUED TO ADD		30
	IT WOULD BETTER BE ABLE				
	THIS INCLUDED MAKING IT				-
	INFORMATION TO ASSIST TH				
	DIAGNOSIS, DETERMINING 7				'S
	OF TREATMENT, UNDERSTANI		•		
	ASPECTS OF THE DISEASE.	THE ORGANIZAT	ION CONTINUES TO US	E VARIOUS TOOL	S
	SUCH AS SEARCH ENGINE OF	TIMIZATION AN	D DISTRIBUTING BROC	HURES TO	
4b	(Code:) (Expenses \$	including grants of \$	) (Rever	1ue \$	
	CONTINUED FROM ACCOMPLIS	SHMENTS ONE IN	SCHEDULE O		
	NURSE/PHYSICIAN EDUCATIO	N INITIATIVE			
	IN OCTOBER 2016 AIM CREA			· · ·	
	RECENT EXPANSION OF MELA				
			ONTINUE THERAPY IF		<u> </u>
	ENGAGED IN THEIR OWN CAP				
	EFFECTS. AS WELL, MORE H				
	SETTING, WHERE EXPERTISE		Y LACKING TO ADDRES	S THESE	
	CHALLENGES. THE MNI CONS	SISTS OF:			
	1. MELANOMA NURSE RESOU				
4c	(Code: ) (Expenses \$	including grants of \$	) (Rever	1ue \$	
4d	Other program services (Describe on Schedule	0.)			
	, <b>č</b>	ng grants of \$	) (Revenue \$	)	
4e	Total program service expenses	1,639,022.	, (		
		. ,		Form <b>990</b>	) (202
32002	2 12-09-21	SEE SCHEDULE C	FOR CONTINUATION (S		
		2			
07	11 745686 3013630	2021.0	4000 AIM AT MELANOM	1A 30	013

Form	990	(2021)

 Form 990 (2021)
 AIM
 AT
 MELANOMA

 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III			Х
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		х
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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		х
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		х
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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<u> </u>		<u> </u>
~	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		х
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? If "Yes," complete Schedule F, Parts II and IV	15		х
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		х
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. See instructions	17		Х
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	
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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	
132003	12-09-21	Form	990	(2021)

132003 12-09-21

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Form	990	(2021)

Form 990 (2021) AIM AT MELANOMA
Part 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		res	No
LL	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	х	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	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%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	1		
20	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	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 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	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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	31		X
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			v
24	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	34		x
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule 0           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	х	
10000	(gambling) winnings to prize winners?	Eorm		 (2021)
132004	+ 12-09-21			(CUCI)

Form	990 (2021) AIM AT MELANOMA 56-2427	805	Р	<sub>age</sub> 5
Par	t 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 2a 0			
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 <i>e-file</i> . See instructions.			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		
a	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).			
50		5a		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	40-		
		12a		
b 13	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.	-		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand	-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	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			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
132005	12-09-21 5	Form	990	(2021)

2021.04000 AIM AT MELANOMA

30136301

Form	990 (2021) AIM AT MELANOMA		-24278		Р	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through	ז 7b below,	and for a "	'No" r	espon	se
-	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See					
	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		5			
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent 1b		4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	anv other				
-	affine and the share have been a set been a 20			2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct		 m	-		
Ū				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 wa	e filed?		4		X
_	Did the organization become aware during the year of a significant diversion of the organization's assets?		F	5		X
5	Did the supervised in a base second and the did to 0			6		X
6	Did the organization have members or stockholders?		·····	0		
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			7.		x
	more members of the governing body?		·····	7a		
a	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockho	lders, or				v
_	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the	•			37	
	The governing body?		·····  -	8a	<u>X</u>	
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 a					
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<u></u>	<u></u>	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>Code.)</u>				-
			г		Yes	No
	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	s, affiliates,				
			Г	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo	re filing the	form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to con	flicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," c	lescribe				
	on Schedule O how this was done			12c		X
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
	Other officers or key employees of the organization		Г	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement w	/ith 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 p					
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	-				
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			10.0		1
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ 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	hle
	for public inspection. Indicate how you made these available. Check all that apply.		001(0)(0)0	orny) (	avanai	010
	Own website       Another's website       X       Upon request       Other (explain on Si	abadula ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	,	olicy and	financ	ial	
19	statements available to the public during the tax year.	n interest p	oncy, and	manc	nai	
20		draacida				
20	State the name, address, and telephone number of the person who possesses the organization's books an THE ORGANIZATION - $916-706-0599$	L LECOLOS	-			
	3040 CUTTING BLVD, RICHMOND, CA 94804					
400				Earm	900	(2021)
132006	s 12-09-21 6			FULL		(2021)
5707	11 745686 3013630 2021.04000 AIM AT MELA	иома			30	136
	TT / TOADA PATAANA TI HUNK				50	

56-2427805 Page 6

Form 990 (2021) AIM AT MELANOMA	56-2427805	Page 7				
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	th or within the organization'	s tax year.				
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), rega	rdless of amount of compens	ation.				

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	(do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pei	rson i	s both	an	compensation	compensation	amount of
	week		cer ar		Irecto	r/trus	ee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	e or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	related organizations	rustee	trust		ee	npens		1099-NEC)	1099-NEC)	organization and related
	below	dual t	ltiona		nploy	st cor	L.			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SAMANTHA GUILD	60.00	_	_	-						
PRESIDENT AND DIRECTOR		х		x				187,000.	Ο.	22,467.
(2) ALICIA ROWELL	40.00									
VICE PRESIDENT				X				160,008.	0.	0.
(3) JOHN KIRKWOOD	3.00									
DIRECTOR		Х						0.	0.	0.
(4) MOHAMMED KASHANI-SABET	3.00									
DIRECTOR		Х						0.	0.	0.
(5) RENU GUPTA	1.00									
DIRECTOR		Х						0.	0.	0.
(6) HOWARD MAIBACH	1.00									
DIRECTOR		Х						0.	0.	0.
		_								
		-								
		-								
132007 12-09-21										Form <b>990</b> (2021)

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132007 12-09-21

	rm 990 (2021) AIM AT MELANOMA 56-242									1278	305	Pa	age <b>8</b>	
Par	t VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	t C	ompensated Employee	s (continued)				
<b>(A)</b> Name and title		(B) Average hours per week	verage (do not ch bours per box, unless week officer and			(C) Position o not check more than one x, unless person is both an icer and a director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate nount other	of
		(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr orga and	pensa om the anizati d relate nizatio	e ion ed
											-+			
							-				-+			
											-+			
											-+			
							-				-+			
1b	Subtotal		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		347,008.		0.	22	2,40	57.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0. 347,008.		0.	22	2,40	0. 57.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	;			2
3	Did the organization list any <b>former</b> officer,	director, truste	ee, k	key e	empl	oye	e, or	hig	hest compensated empl	loyee on	ſ		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a			•								4	X	
Sec	rendered to the organization? <i>If</i> "Yes." com tion B. Independent Contractors	plete Schedule	e J f	or sı	<u>ıch i</u>	oers	on .	<u></u>			<u></u>	5		X
1	Complete this table for your five highest control the organization. Report compensation for the second seco	•	•							•	ensat	ion fro	m	
	(A) (B) Name and business address NONE Description of services							С	(C omper		า			
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lin	niteo	d to i	thos (		ted	above) who received mo	ore than				
											1	Form	<b>990</b> (2	2021)

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	n 990 (2		I AT MELANO	MA			56-2427	805 Page <b>9</b>
Pa	rt VII	Statement of Rev	venue					
		Check if Schedule O c	contains a response	or note to any lin		(5)	(2)	
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b		1b					
ي ق	с	Fundraising events		158,980.				
ar A	d	Related organizations						
s, Mile	е	Government grants (contri	ibutions) <b>1e</b>					
rion	f	All other contributions, gifts,						
ibut		similar amounts not included		571,046.				
o pr	g	Noncash contributions included in I	lines 1a-1f 1g \$					
<u>0</u> 6	h	Total. Add lines 1a-1f			2,730,026.			
				Business Code	50 800	50 800		
ice	2 a			541900	58,726.	58,726. 745.		
er v	b	HONORARIUM		541900	745.	/45.		
n S /en	c							
graı Re	d							
Program Service Revenue	e f	All other program service	rovopuo					
_	י ת	Total. Add lines 2a-2f			59,471.			
	3	Investment income (includ						
	-	other similar amounts)	-		13,157.			13,157.
	4	Income from investment o			-			
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	с	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7a257,060.					
	b	Less: cost or other basis						
onu		and sales expenses	7ь256,859.					
evenue		Gain or (loss)	7c 201.	L	201			201.
		Net gain or (loss)		<b>&gt;</b>	201.			201.
Other R	8 a	Gross income from fundraisir including \$ 158						
0								
		contributions reported on Part IV, line 18		34,981.				
	h	Less: direct expenses						
		Net income or (loss) from t		▶ <u> </u>	0.			
		Gross income from gamin						
		Part IV, line 19	-					
	b	Less: direct expenses						
		Net income or (loss) from						
	10 a	Gross sales of inventory, l	ess returns					
		and allowances	<u>10a</u>					
	b	Less: cost of goods sold	10k					
	с	Net income or (loss) from	sales of inventory					
s			~~~~~	Business Code	0.0 1.0 0	0.0.100		
eou	11 a	SBA PPP GOVT	GRAN'I'	525990	98,402.	98,402.		
Miscellaneous Revenue	b							
Sev	c							
Nis	d	All other revenue			00 100			
		Total. Add lines 11a-11d			<u>98,402.</u> 2,901,257.	157,873.	0.	13,358.
10000	<b>12</b> 9 12-09-	Total revenue. See instructio	JII2		<u>н, уут, 29/ •</u>	L T J I J O I J •		Form <b>990</b> (2021)
13200	5 12-09-	1						(2021)

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	Check if Schedule O contains a respons			(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	228,200.	228,200.		
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,	247 000	201 657	0 250	16 007
_	trustees, and key employees	347,008.	321,657.	9,350.	16,001
3	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and	220 126	270 757	16 456	22 01
_	persons described in section 4958(c)(3)(B)	329,126.	279,757.	16,456.	32,913
7	Other salaries and wages				
3	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	70 040	70 004	2 007	E 740
9	Other employee benefits	79,949. 51,237.	70,204.	3,997. 1,955.	5,743 3,70
)	Payroll taxes	51,23/.	45,575.	т,955.	5,70
1	Fees for services (nonemployees):				
а	Management				
b	Legal	24.000		24.000	
С	Accounting	34,066.		34,066.	
d	Lobbying				
е	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 0.)				
2	Advertising and promotion	21 1 2 2			
3	Office expenses	31,199.		31,199.	
4	Information technology				
5	Royalties	20.005			
6	Occupancy	32,035.	4 0 4 0	32,035.	
7	Travel	4,048.	4,048.		
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
)	Interest				
1	Payments to affiliates	E 201		<b>P</b> 201	
2	Depreciation, depletion, and amortization	7,301.		7,301.	
3	Insurance	8,173.		8,173.	
1	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 0.)	352,282.	352,282.		
a ⊾	PHYSICIAN /NURSE EDUCAT	186,500.	186,500.		
b	GLOBAL ADVOCACY		50,685.		
C	COMMUNICATIONS	50,685. 47,125.	47,125.		
d				075	
	All other expenses <u>SEE SCH O</u>	53,264.	52,989.	275.	E0 20
5	Total functional expenses. Add lines 1 through 24e	1,842,198.	1,639,022.	144,807.	58,369
6	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 if following SOP 98-2 (ASC 958-720)				

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Form 990 (2021)

32

33

3,672,755.

33

AIM	AT	MELANOMA

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

Form 990 (2021)

Assets

Liabilities

Net Assets or Fund Balances

Part X | Balance Sheet

(A) (B) Beginning of year End of year 1,144,568. 851,490. 1 1 Cash - non-interest-bearing 2,503,267. 3,815,883. Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 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 Loans and other receivables from other disgualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 238. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 79,396. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 58,620. 24,682. 20,776. b Less: accumulated depreciation \_\_\_\_\_ 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 3,672,755. 4,688,149. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 17 17 50,000. 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 Secured mortgages and notes payable to unrelated third parties 23 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 0. 25 6,335. of Schedule D 50,000. 6,335, 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🔀 and complete lines 29 through 33. 0. 0. 29 Capital stock or trust principal, or current funds 29 0. Paid-in or capital surplus, or land, building, or equipment fund 0. 30 30 3,622,755. 4,681,814. 31 31 Retained earnings, endowment, accumulated income, or other funds 4,681,814. Total net assets or fund balances 3,622,755. 32

30136301

4,688,149.

Form 990 (2021)

Total liabilities and net assets/fund balances

### 09570711 745686 3013630

Form	1 990 (2021) AIM AT MELANOMA	56-	2427805	Pag	e <b>12</b>
Pa	rt 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	2,901	, 25	<u>57.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,842	,19	18.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,059		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,622	,75	<u>;5.</u>
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	4,681	,81	<u>.4.</u>
Pa	rt XII Financial Statements and Reporting			,	
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			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 on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_	X
	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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			.,	
	review, or compilation of its financial statements and selection of an independent accountant?			X	
-	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud			v
	Act and OMB Circular A-133?		<u>3a</u>		<u>X</u>
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				

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

## **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
2021
Open to Public Inspection

Name	ame of the organization Employer identification number									
Der			AT MELANOM						6-2427805	
Par	τι	Reason for Public (	Sharity Status.	(All organizations must c	complete th	nis part.) S	ee instruction	S.		
The o	rgani	zation is not a private found	-		•					
1		A church, convention of chu				n 170(b)(1	I)(A)(i).			
2		A school described in section								
3 [		A hospital or a cooperative								
4 [		A medical research organize	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,	
-		city, and state:								
5		An organization operated for		llege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in	
-		section 170(b)(1)(A)(iv). (C								
<b>6</b> [		☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7 [	Х	An organization that norma	•	ntial part of its support fi	rom a gove	ernmental	unit or from th	e general	public described in	
г		section 170(b)(1)(A)(vi). (C	-							
8 [		A community trust describe								
9 [		An agricultural research org				-		-	-	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	eor	
L. F		university:								
10 [		An organization that norma								
		activities related to its exem		-					•	
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.	
г		See section 509(a)(2). (Cor	-			/				
11 L		An organization organized a								
12 [		An organization organized a		-				•		
		more publicly supported or	-						Sheck the box on	
•		lines 12a through 12d that	• •					-	aivina	
а		Type I. A supporting orga the supported organization		-	• • • •	-				
		organization. You must o			i majonty o				poning	
b		<b>Type II.</b> A supporting org	-		tion with its	sunnorte	d organizatio	n(s) hy hay	vina	
D		control or management o	-				-		-	
		organization(s). You mus							Sonta	
с		Type III functionally inte	-		in connect	ion with. a	and functional	lv integrate	ed with.	
		its supported organization	• • •					.,		
d		] Type III non-functionally						ted organi;	zation(s)	
		that is not functionally int						-		
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III		
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.				
f	Ente	r the number of supported o	organizations							
g		vide the following information							1	
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	inization listed ng document?	(v) Amount of	,	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)	
Total										

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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) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2411205.	2540964.	2552720.	2133571.	2730026.	12368486.
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	2411205.	2540964.	2552720.	2133571.	2730026.	12368486.
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)						6757049.
6	Public support. Subtract line 5 from line 4.						5611437.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	2411205.	2540964.	2552720.	2133571.	2730026.	12368486.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,384.	3,344.	18,928.	33,124.	13,358.	70,138.
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.	157,873.	
11	Total support. Add lines 7 through 10						12764862.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	2,681.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	43.96 %
	Public support percentage from 2020					15	<u>42.71 %</u>
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- <b>2020.</b> If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	ck this box and <b>st</b>	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s <b>&gt;</b>
						Schedule A	(Form 990) 2021

Schedule A (Form 990) 2021

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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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support			•	-		
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizati	on,
	check this box and stop here	<u></u>		<u></u>			<b>&gt;</b>
Sec	ction C. Computation of Publi						
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Invest	stment Income	e Percentage				
17	Investment income percentage for 20	)21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2021. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						<b>)</b>
13202	23 01-04-22						A (Form 990) 2021
			15				-

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2021

Yes No

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

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Part IV	Supporting O	ganizations	(con	tinued)

1

2

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			

	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

#### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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		

### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? 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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

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

1	Check the box next to the method that the organizat	tion used to satisfy the Int	tegral Part Test during the v	ear (see instructions).
•	Check the box hext to the method that the organization		legial Fait Test during the y	

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you suppor	ted a governmental entity (see instruction <u>s).</u>
---	--	---	------------------------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

**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.* 

Schedule A (Form 990) 2021

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Part V Type	III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 Check h	nere if the organization satisfied the Integral Part Test as a qualify	/ing trust on N	lov. 20, 1970 ( <i>explain in</i> )	Part VI). See instructions.
	r Type III non-functionally integrated supporting organizations mu			
Section A - Adjuste	ed Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term	n capital gain	1		
	prior-year distributions	2		
	come (see instructions)	3		
4 Add lines 1 th		4		
5 Depreciation a	<u>N</u>	5		
	erating expenses paid or incurred for production or			
•	ross income or for management, conservation, or			
	of property held for production of income (see instructions)	6		
	es (see instructions)	7		
	Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimu			(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair	market value of all non-exempt-use assets (see			
88 8	or short tax year or assets held for part of year):			
	hly value of securities	1a		
	hly cash balances	1b		
	lue of other non-exempt-use assets	1c		
	es 1a, 1b, and 1c)	1d		
	med for blockage or other factors	14		
(explain in det	-			
	debtedness applicable to non-exempt-use assets	2		
3 Subtract line 2	•••••••••••••••••••••••••••••••••••••••	3		
	held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instruction		4		
	on-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5	· · · ·	6		
	prior-year distributions	7		
	set Amount (add line 7 to line 6)	8		
Section C - Distribu				Current Year
1 Adjusted net i	ncome for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of I		2		
	et amount for prior year (from Section B, line 8, column A)	3		
	of line 2 or line 3.	4		
	posed in prior year	5		
	Amount. Subtract line 5 from line 4, unless subject to			
	mporary reduction (see instructions).	6		
	here if the current year is the organization's first as a non-function		d Type III supporting area	nization (see

instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

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Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continue	ed)	
<u>Secti</u>	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	I.		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	5	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years			_	
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			_	
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	AIM	ΑТ	MELANOMA	56-2427805 Page 8
Part VI	Supplemental In Part IV, Section A, lin line 1; Part IV, Section	formation. es 1, 2, 3b, 3c n D, lines 2 an	Pro\ ;, 4b, d 3; F	vide the explanations required by l 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, an Part IV, Section E, lines 1c, 2a, 2b,	Part II, line 10; Part II, line 17a or 17b; Part III, line 12; d 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, omplete this part for any additional information.
132028 01-04-2	2				Schedule A (Form 990) 2021

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

\*\* PUBLIC DISCLOSURE COPY \*

# Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

56-2427805

AIM	ΑТ	MELANOMA

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( 3 ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

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

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

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

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

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

Schedule B (Form 990) (2021)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additio	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- \$\$50,000. -	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
2		- \$ <u>545,000.</u>	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		- \$\$560,000.	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
4		\$ <u>302,000.</u> 	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$20,000.	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
<u>6</u> 123452 11-11		- \$\$18,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Name of organization

Employer identification number

56-2427805

Schedule B (Form 990) (2021)

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IM AI	MELANOMA	56	5-2427805
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		\$77,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$15,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions              \$           \$	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$20,000.	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
12		\$142,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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### Schedule B (Form 990) (2021)

Name of organization

Employer identification number

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>   13                                 </u>		\$45,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>   14                                 </u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>   15                                 </u>		\$165,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>   16                                 </u>		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>   17                                 </u>		\$93,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
18		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

AIM AT MELANOMA

Name of organization

Part I

Employer identification number

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>   19                                 </u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>20</u>		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

AIM AT MELANOMA

Name of organization

Part I

Employer identification number

56-2427805

Page 2

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

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Employer identification number

56-2427805

#### Schedule B (Form 990) (2021)

AIM AT MELANOMA

Name of organization

ame of org	ganization		Employer identification number
ТМ АТ	MELANOMA		56-2427805
Part III	Exclusively religious, charitable, etc., contributio	through (e) and the following line entry haritable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			[
-		(e) Transfer of gift	
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, an 	d 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, an	d ZIP + 4	Relationship of transferor to transferee
3454 11-11-2	21	27	Schedule B (Form 990) (20

### 09570711 745686 3013630

SCHEDULE D	)
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Department of the Treasury

Internal Revenue Service Name of the organization

### **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

Employer identification number

5	6 –	24	27	80	) 5
J	0	4 -	41	00	

	AIM AT MELANOMA			56-2427805
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Sir	nilar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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 v	writing that the assets held	in donor advised fund	ds
	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			
	for charitable purposes and not for the benefit of the donor o			
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes"	on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea		Preservation of a histo	prically important land area
	Protection of natural habitat	·	Preservation of a certi	• •
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contributi	on in the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
с	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel			zation during the tax
	year ▶			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspectio	n, handling of	
	violations, and enforcement of the conservation easements it	holds?	-	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enfo	rcing conservation eas	sements during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements	of section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			YesNo
9	In Part XIII, describe how the organization reports conservation	on easements in its revenu	e and expense statem	ent and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's fi	nancial statements that	at describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	Art, Historical Treas	sures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its reven	ue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, c	r research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that descr	ibes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue s	tatement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or r	esearch in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical treater			provide
	the following amounts required to be reported under FASB A	-		
	Revenue included on Form 990, Part VIII, line 1			
				► \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2021
132051	10-28-21	2.0		
		28		

Sche		MELANOMA				1	56-24	2780	5 Pa	<sub>age</sub> 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical	Treasures, or	Other S	Similar	<sup>-</sup> Assets	(conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of	the following that r	nake sigr	nificant u	ise of its			
	collection items (check all that apply):									
а	Public exhibition	d	I 📃 Loan oi	r exchange program	n					
b	Scholarly research	е	• 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they furth	er the organization	i's exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical	treasures, or other	similar as	ssets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organi	zation answered "Y	es" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contribu	itions or other asse	ts not inc	cluded		_		_
	on Form 990, Part X?						🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
								Amoun	t	
с	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on F					r?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	<b>t V</b> Endowment Funds. Complete							() [		h a ali
		(a) Current year	(b) Prior yea	ar (c) Two years	раск (с	a) Three y	ears back	(e) Fou	ryears	раск
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
-	and programs									
t	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr			in (a)) held as:						
a	Board designated or quasi-endowment		_%							
D	Permanent endowment									
С	· · · · · · · · · · · · · · · · · · ·	<u>%</u>								
20	The percentages on lines 2a, 2b, and 2c sho		tion that are ha	ld and administora	d for the	orgoniza	tion			
Ja	Are there endowment funds not in the posse	ssion of the organiza	lion that are ne	iu anu auministere		organiza			Yes	No
	by: (i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations							3b		
4	Describe in Part XIII the intended uses of the							00		
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere		), Part IV, line 1 <sup>.</sup>	1a. See Form 990,	Part X, lin	ne 10.				
	Description of property	(a) Cost or o	· ·	Cost or other		cumulate	ed l	(d) Boo	k valu	e
	becomption of property	basis (investr	• • •	asis (other)	• •	eciation	-	(, 000		-
<b>1</b> a	Land			. /						
b	Buildings									
	Leasehold improvements									
d	Equipment									
	Other			79,396.	[	58,62	20.	2	0,7	76.
	. Add lines 1a through 1e. (Column (d) must e		X column (R) li						$\frac{0}{7}$	
							<u> </u>	D (Carr		

Schedule D (Form 990) 2021

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Part VII	Investr	nents - (	)ther Se	curit	lios
Schedule D	(Form 990)	2021	AIM	ΑΊ	MELANOMA

	Complete if the organization answered "Yes" o			
<b>(a)</b> D	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
( <b>1)</b> Fi	nancial derivatives			
( <b>2)</b> CI	osely held equity interests			
( <b>3)</b> Ot	ther			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
	VIII Investments - Program Related.		1	
	Complete if the organization answered "Yes" of	n 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)				
(1)				
<u>(2)</u> (3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. Part	(Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► t IX Other Assets.			
Far		n Farma 000 Davit IV/ line	11d Cas Farm 000 Dart V line 15	
	Complete if the organization answered "Yes" of		TTd. See Form 990, Part X, line 15.	
	(a) L	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. Parl	(Column (b) must equal Form 990, Part X, col. (B) line t X Other Liabilities.	15.)	▶	
		n Form 000 Dart IV line	11e or 11f. See Form 990, Part X, line 25.	
	Complete if the organization answered "Yes" of	ILFORT 990, PARTY, THE		
1		in Form 990, Part IV, line		(b) Book value
	(a) Description of liability	n ronn 990, rait iv, ine		(b) Book value
(1)	(a) Description of liability Federal income taxes	n Fonn 990, Fait IV, line		
(1) (2)	(a) Description of liability Federal income taxes CREDIT CARD PAYABLE	11 FOITH 990, Fait IV, ille		3,373.
(1) (2) (3)	(a) Description of liability Federal income taxes CREDIT CARD PAYABLE PENSION PAYABLE	11 FOITH 990, Fait IV, IIIe		3,373.
(1) (2) (3) (4)	(a) Description of liability Federal income taxes CREDIT CARD PAYABLE PENSION PAYABLE	11 FOITT 990, Fait IV, ille		3,373.
(1) (2) (3) (4) (5)	(a) Description of liability Federal income taxes CREDIT CARD PAYABLE PENSION PAYABLE			3,373.
(1) (2) (3) (4) (5) (6)	(a) Description of liability Federal income taxes CREDIT CARD PAYABLE PENSION PAYABLE			3,373.
(1) (2) (3) (4) (5) (6) (7)	(a) Description of liability Federal income taxes CREDIT CARD PAYABLE PENSION PAYABLE			3,373.
(1) (2) (3) (4) (5) (6) (7) (8)	(a) Description of liability Federal income taxes CREDIT CARD PAYABLE PENSION PAYABLE			3,373.
(2) (3) (4) (5) (6) (7) (8) (9)	(a) Description of liability Federal income taxes CREDIT CARD PAYABLE PENSION PAYABLE			(b) Book value 3,373. 2,962. 6,335.

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 ....

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 AIM AT MELANOMA			56-2	2427805	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re <sup>-</sup>	turn.		
	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	2,730,	026.
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	2b				
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	2,730,	026.
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	171,231.			
с	Add lines 4a and 4b			4c	171,	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,901,	<u>257.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F	Return	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	1,842,	<u>198.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				_
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	1,842,	198.
4	Amounts included on Form 990, Part IX, line 25, 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				
с	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	1,842,	198.
Pa	t 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	13,358.
SBA PPP	98,402.
CONSULTING AND HONORARIUM	59,471.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	171,231.

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047	
(Form 990)	Complete if the	or if the	2021						
Department of the Treasury		organization entered more than \$1 Attach to Form 990						Open to Public	
Internal Revenue Service		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection	
Name of the organization		MELANOMA					Employer ide	entification number 805	
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	filers are not	
<ul> <li>Indicate whether th</li> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	e organization rais email solicitations tations licitations on have a written o ed in Form 990, Pa ) highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization	
			Yes	No	-				
Tatal		I	1	<b></b>					
		n is registered or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from re	gistration	
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form S	990 or	990-E	Ζ.		Schedule	e G (Form 990) 2021	

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

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			AIM FOR THE		NONE	(add col. (a) through	
			CURE MELANO				
~			(event type)	(event type)	(total number)	col. <b>(c)</b> )	
nue							
Revenue	1	Gross receipts	158,980.			158,980.	
ñ							
	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)	158,980.			158,980.	
	4	Cash prizes					
	5	Noncash prizes					
Direct Expenses							
per	6	Rent/facility costs				<u> </u>	
ţ	_						
rec	7	Food and beverages				·	
ā	。	Entortainmont					
	8	Entertainment					
	9 10	Other direct expenses Direct expense summary. Add lines 4 through	9 in column (d)			<u> </u>	
		Net income summary. Subtract line 10 from li			•	158,980.	
Pa	art I	<b>III Gaming.</b> Complete if the organization					
		\$15,000 on Form 990-EZ, line 6a.		, , ,			
				(b) Pull tabs/instant		(d) Total gaming (add	
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))	
eve							
Ĕ	1	Gross revenue					
ŝ	2	Cash prizes					
Expenses							
xpe	3	Noncash prizes					
ш С							
Direct	4	Rent/facility costs				· · · · · · · · · · · · · · · · · · ·	
	5	Other direct expenses					
		Valuateer leber	Yes%	Yes%	Yes%		
	6	Volunteer labor	No	No	No		
	7	Direct expense summers, Add lines 2 through	5 in column (d)		•		
	'	Direct expense summary. Add lines 2 through			▶		
	<u>p</u>	Net gaming income summary. Subtract line 7	from line 1 column (d)		►		
	. 0	Not gaming moorne summary. Subtract line 7				<u> </u>	
9	En	ter the state(s) in which the organization condu	ucts gaming activities:				
a Is the organization licensed to conduct gaming activities in each of these states?							
		No," explain:				Yes No	
	-						
	_						
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	minated during the tax y	vear?	Yes No	
		Yes," explain:					
1320	82 10	)-21-21			Sche	dule G (Form 990) 2021	

Sch	edule G (Form 990) 2021	AIM AT	MELANOMA	56-2427805	Page <b>3</b>
11	Does the organization conduct ga	aming activities	with nonmembers?	Yes	No
			ee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?			Yes	No No
13	Indicate the percentage of gaming	g activity condι	ucted in:		
а	The organization's facility			13a	%
b	An outside facility			13b	%
14	Enter the name and address of th	e person who p	prepares the organization's gaming/special events books and recor	ds:	
	Name 🕨				
	Address 🕨				
15a	Does the organization have a con	tract with a thir	d party from whom the organization receives gaming revenue? $\dots$	Yes	No No
b	If "Yes." enter the amount of gam	ina revenue rec	ceived by the organization <b>&gt;</b> \$ and the amo	ount	
~	of gaming revenue retained by the			ount	
c	If "Yes," enter name and address				
	Name 🕨				
	Address 🕨				
16	Gaming manager information:				
10	Gaming manager mornation.				
	Name 🕨				
	Gaming manager compensation	▶ \$			
	Description of services provided	▶			
	Director/officer	Employe	e Independent contractor		
17	Mandatory distributions:				
а		state law to m	ake charitable distributions from the gaming proceeds to		<u> </u>
	retain the state gaming license?				No No
b		•	state law to be distributed to other exempt organizations or spent	in the	
Pa	organization's own exempt activit rt IV Supplemental Infor		ax year ▶ \$ /ide the explanations required by Part I, line 2b, columns (iii) and (v)	and Part III lines 9, 0	h 10h
			so provide any additional information. See instructions.	, and i art iii, iii co o, o	5, 105,
1320	33 10-21-21			Schedule G (Form 9	90) 2021
			34	•	

	Schedule G (Form 990)

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SCHEDULE I	G	rants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047	
(Form 990)	(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							
Department of the Treasury Attach to Form 990.								
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.								
Name of the organization AIM AT ME	LANOMA						Employer identification number $56-2427805$	
Part I General Information on Grants a	nd Assistance							
1 Does the organization maintain records		-			-			
criteria used to award the grants or assis	stance?						X Yes No	
2 Describe in Part IV the organization's pro								
Part II Grants and Other Assistance to recipient that received more than S	-				anization answered "Y	'es" on Form 990, Part	IV, line 21, for any	
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> 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	00 5000114						CANCER AND MELANOMA	
PORTLAND, OR 97205	23-7083114		8,200.	0.			RESEARCH	
UPMC UNIV OF PITTSBURGH CANCER INSTITUTE - 5150 CENTRE AVENUE - PITTSBURGH, PA 15232	25-0965591		20,000.	0.			CANCER AND MELANOMA RESEARCH	
11110D0K01, 1A 19232	23 0903391		20,000.					
MTBC MELANOMA TISSUE BANK CONSORTIUM - 139 WATERSIDE CIRCLE	46-2454076		200,000	0.			TISSUE BANK	
- SAN RAFAEL, CA 94903	40-2454070		200,000.	0.			TISSUE BANK	
2 Enter total number of section 501(c)(3) a	nd government ora	anizations listed in the	e line 1 table		1	I	•	
<b>3</b> Enter total number of other organization		4 - 1-1 -					······	

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

Schedule I (Form 990) 2021 AIM AT MELANOMA

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>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> 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.

Page 2

	HEDULE J rm 990)	<b>Compensation</b> For certain Officers, Directors, Truste	ees, Key Employees, and Highest	-	OMB No. 1		
		Compensated Complete if the organization answered			ZU	<b>Z</b> I	
	tment of the Treasury	Attach to For	orm 990.		Open to Public Inspection		
	al Revenue Service	Go to www.irs.gov/Form990 for instr	ructions and the latest information.	Employer ide	•		nhor
INdii	e of the organization	AIM AT MELANOMA		56-24			nber
Pa	rt I Question	Regarding Compensation		50-24	2700.	)	
10						Yes	No
19	Check the appropri	te box(es) if the organization provided any of the follo	wing to or for a person listed on Form	aan		162	INO
ia		ine 1a. Complete Part III to provide any relevant inform	•	330,			
	First-class or c		using allowance or residence for persor	naluse			
	Travel for com		yments for business use of personal res				
			alth or social club dues or initiation fees				
			rsonal services (such as maid, chauffeu				
	,			.,,			
b	If any of the boxes	n line 1a are checked, did the organization follow a w	ritten policy regarding payment or				
		ovision of all of the expenses described above? If "No			1b		
2	•	require substantiation prior to reimbursing or allowing					
		s, including the CEO/Executive Director, regarding the			2		
3	Indicate which, if a	y, of the following the organization used to establish t	the compensation of the organization's				
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for	r methods used by a related organization	on to			
	establish compensa	tion of the CEO/Executive Director, but explain in Par	t III.				
	Compensation	committee Wri	itten employment contract				
	Independent of	ompensation consultant Col	mpensation survey or study				
	X Form 990 of o	ner organizations	proval by the board or compensation c	ommittee			
4		any person listed on Form 990, Part VII, Section A, lir	ne 1a, with respect to the filing				
	organization or a re	-					77
а					4a		X
b	•	eive payment from a supplemental nonqualified retirer			4b 4c		X
с							X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only another FOd/	(2) $EO1(a)(4)$ and $EO1(a)(20)$ are an instantion of the second	mploto linco E O				
F		(3), 501(c)(4), and 501(c)(29) organizations must co		n			
3	contingent on the r	n Form 990, Part VII, Section A, line 1a, did the organ	accine any compensatio	11			
а	-				5a		Х
		ition?			5a 5b		X
5		<sup>r</sup> 5b, describe in Part III.					
6		n Form 990, Part VII, Section A, line 1a, did the organ	ization pay or accrue any compensatio	n			
Ŭ	contingent on the r		ization pay of accide any compensatio				
а	-				6a		Х
		ition?			6b		X
-		6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the organ	ization provide any nonfixed payments				
		es 5 and 6? If "Yes," describe in Part III			7		Х
8		eported on Form 990, Part VII, paid or accrued pursu					
		otion described in Regulations section 53.4958-4(a)(3)		-	8		Х
9		d the organization also follow the rebuttable presump					
		53.4958-6(c)?		<u></u>	9		
LHA		duction Act Notice, see the Instructions for Form §		Schedul	e J (Form	1 990)	2021

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## 56-2427805

#### 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>B)</b> Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SAMANTHA GUILD	(i)	187,000.	0.	0.	0.	22,467.	209,467.	0.
PRESIDENT AND DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ALICIA ROWELL	(i)	160,008.	0.	0.	0.	0.	160,008.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

# Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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

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

2021 Open to Public Inspection

OMB No. 1545-0047

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:

FOUNDATION SEEKING THE CURE FOR MELANOMA.

AIM BELIEVES 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.

AIM IS 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. AIM IS THE TRUSTED ADVISOR FOR PHARMACEUTICAL

COMPANIES, MEDICAL BOARDS, AND GOVERNMENT AGENCIES ON CRITICAL TOPICS

THAT AFFECT MELANOMA PATIENTS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: HEALTHCARE PROVIDERS THROUGHOUT THE U.S. TO EDUCATE MELANOMA PATIENTS ABOUT THE WEBSITE'S RESOURCES. THE WEBSITE IS ALSO UPDATED REGULARLY FOR MEDICAL ACCURACY IN ORDER TO REFLECT THE CURRENT STANDARD OF CARE IN MELANOMA AND WITH CONTENT RELATED TO ISSUES FACING THE MELANOMA COMMUNITY. THE U.S. WEBSITE ALONE, HAD MORE THAN 64,000 UNIQUE VISITORS EACH MONTH.

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Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization	Employer identification number
AIM AT MELANOMA	56-2427805

#### PATIENT ADVOCACY

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 CANCER CENTERS SUCH AS UPMC, FOX CHASE CANCER CENTER, MOFFITT CANCER CENTER, NYU LANGONE AND T.W. LEWIS MELANOMA CENTER OF EXCELLENCE AT BANNER MD ANDERSON CANCER CENTER. THE EVENTS CONTINUED TO BE OFFERED ONLY IN VIRTUAL FORMAT 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 7,700 FOLLOWERS AND AN INSTAGRAM ACCOUNT OF

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OVER 2,400 FOLLOWERS IN ORDER TO PROVIDE OTHER SOURCES OF INFORMATION FOR THE MELANOMA COMMUNITY.

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. 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 2021. TO HELP PATIENTS UNDERSTAND THEIR DISEASE, AIM CONTINUED TO OFFER 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 CONTINUED TO OFFER 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. AIM ALSO CREATED MELANOMA360 BLOG, WHICH FEATURES SURVIVOR STORIES, RESEARCH BREAKTHROUGHS, CURRENT NEWS, HEALTH LIVING INFORMATION ETC.

GLOBAL ADVOCACY

AIM'S PATIENT ADVOCACY IS A GLOBAL EFFORT. IN 2021, 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 CONTINUED 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 132212 11-11-21 Schedule O (Form 990) 2021 43

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Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization           AIM         AT         MELANOMA	Employer identification number $56-2427805$
CONTINUED TO ASSIST IN THE DEVELOPMENT OF SOME OF THEIR RE	SPECTIVE
WEBSITES PROVIDING NOT ONLY TECHNICAL SUPPORT BUT ALSO MAT	ERIAL FOR THE
SITES, WHICH INCLUDED A SERIES OF VIDEOS DISCUSSING COVID-	19 VACCINE
RECOMMENDATIONS FOR IMMUNOTHERAPY PATIENTS. AIM CONTINUED	TO HOLD ITS
YEARLY MEETING VIRTUALLY, DUE TO COVID, 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	. AIM ALSO
HELD BI-MONTHLY ZOOM TEAM MEETINGS FOR GLOBAL ADVOCATES TO	ALLOW FOR
THE ABILITY TO COLLABORATE ON YEAR-LONG PROJECTS, TO PROVI	DE EACH OTHER
FEEDBACK ON INDIVIDUAL REGIONAL PROJECTS, AND TO SHARE BES	T PRACTICES
AND LEARNINGS IN REAL TIME WITH EACH OTHER.	

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 SPRING AND FALL OF 2021.

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 Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization           AIM         AT         MELANOMA	Employer identification number 56-2427805
AMONG ITS ACCOMPLISHMENTS IN 2021, THE IWMG CONTINUED TO W	ORK ON ITS
INTERNATIONAL CLINICAL TRIAL NETWORK. AIM HAS OPENED AN I	NTERNATIONAL
MELANOMA TISSUE BANK OF ANNOTATED FRESH FROZEN PRIMARY MEL	ANOMA TISSUE
AT OREGON HEALTH & SCIENCE UNIVERSITY'S KNIGHT CANCER INST	'ITUTE,
CALIFORNIA PACIFIC MEDICAL CENTER, NORTHWESTERN UNIVERSITY	'S ROBERT H.
LURIE COMPREHENSIVE CANCER CENTER, UNIVERSITY OF PITTSBURG	H CANCER
INSTITUTE, AND THE PETER MACCALLUM CANCER CENTER IN MELBOU	RNE. THE
TISSUE BANK IS THE FUNDAMENTAL RESEARCH TOOL THAT DOES NOT	' EXIST YET
FOR PUBLIC OR PRIVATE RESEARCH. MAJOR ADVANCES, PARTICULAR	LY WITHIN
BREAST AND PROSTATE CANCER, RESULTED FROM SIMILAR BANKS. C	ONSEQUENTLY,
MELANOMA RESEARCH LAGS SIGNIFICANTLY BEHIND THE PROGRESS T	HAT HAS BEEN
MADE IN OTHER CANCER RESEARCH. IN 2021, THE BANK CONTINUED	TO COLLECT
TISSUE BUT HAD CHALLENGES IN REACHING ITS 2021 GOAL DUE TO	COVID.

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

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 Schedule O (Form 990) 2021

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Name of the organization

AIM AT MELANOMA

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

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 132212 11-11-21 36 26

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2021.04000 AIM AT MELANOMA

Name of the organization AIM AT MELANOMA	Employer identification number 56-2427805
AND MUCOSITIS ASSOCIATED WITH PEMBROLIZUMAB IN METASTATIC	HUMAN
PAPILLOMAVIRUSASSOCIATED SQUAMOUS CELL CARCINOMA OF THE OR	OPHARYNX, AND
ATYPICAL PRESENTATIONS AND MANAGEMENT OF ENDOCRINE AND HEP	ATIC
IMMUNE-RELATED ADVERSE EVENTS FROM ADJUVANT IMMUNE CHECKPC	INT INHIBITOR
THERAPY IN STAGE III RESECTED MELANOMA. THE JCO SUPPLEMENT	ARE
AVAILABLE AS WELL ON THE MNI WEBSITE.	

6. AIM CONTINUED TO PROVIDE 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.

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 HAVE BEEN DEVELOPED TO

ADDRESS THE ISSUES OF PREVENTION AND EARLY DETECTION, SURGERY,

PATHOLOGY, TREATMENT, SIDE EFFECTS AND MANAGMENET 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.

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Schedule O (Form 990) 2021 Name of the organization AIM AT MELANOMA	Page Employer identification number 56-2427805
THE VIDEOS ARE AVAILABLE ON AIM AT MELANOMA SITE'S YOUTUE	BE 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 FOR	RM 990 BASED ON
COMPLIANCE AND ACCURACY. THE ACCOUNTANT IS THEN GIVEN AU	JTHORIZATION 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 REC	QUEST
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE	ES:
WEBSITE:	
PROGRAM SERVICE EXPENSES	33,222.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	33,222.
RESEARCH MEETINGS:	
PROGRAM SERVICE EXPENSES	12,767.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,767.
LEGISLATIVE SOFTWARE:	
PROGRAM SERVICE EXPENSES	7,000.
MANAGEMENT AND GENERAL EXPENSES	0 . Schedule O (Form 990) 202

2021.04000 AIM AT MELANOMA

Schedule O (Form 990) 2021 Name of the organization	Page 2 Employer identification number
AIM AT MELANOMA	56-2427805
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,000.
STATE FILING FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	275.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	275.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	53,264.
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.	

132212 11-11-21

Schedule O (Form 990) 2021

#### 2021 DEPRECIATION AND AMORTIZATION REPORT

#### FOF

FORM 99	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	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	НҮ	17	9,813.				9,813.	9,813.		0.	9,813.
2	OFFICE EQUIPMENT	04/01/08	SL	5.00	НҮ	17	3,346.				3,346.	3,346.		0.	3,346.
3	COMPUTER	12/31/08	SL	5.00	НҮ	17	1,964.				1,964.	1,964.		0.	1,964.
4	COMPUTER	07/01/09	SL	5.00	НУ	17	1,744.				1,744.	1,744.		0.	1,744.
5	OFFICE EQUIPMENT	07/01/11	SL	5.00	НУ	17	2,669.				2,669.	2,669.		0.	2,669.
6	LEASEHOLD IMPROVEMENTS	10/01/12	SL	15.00	MQ	17	12,772.				12,772.	6,914.		851.	7,765.
7	LEASEHOLD IMPROVEMENTS	04/01/13	SL	15.00	НУ	17	9,750.				9,750.	4,875.		650.	5,525.
8	COMPUTER	07/01/14	SL	5.00	НҮ	17	2,371.				2,371.	2,371.		0.	2,371.
9	COMPUTER	07/01/16	SL	5.00	НҮ	17	5,106.				5,106.	4,595.		511.	5,106.
10	OFFICE EQUIPMENT	04/01/16	SL	5.00	НУ	17	3,446.				3,446.	3,101.		345.	3,446.
11	OFFICE EQUIPMENT	07/01/17	SL	5.00	НУ	17	6,863.				6,863.	4,805.		1,373.	6,178.
12	OFFICE EQUIPMENT	04/01/18	SL	5.00	ну	17	5,906.				5,906.	2,953.		1,181.	4,134.
13	OFFICE EQUIPMENT	06/15/19	SL	5.00	НУ	17	6,956.				6,956.	2,087.		1,391.	3,478.
14	SOFTWARE	10/22/20	SL	5.00	MQ	17	3,295.				3,295.	82.		659.	741.
15	OFFICE EQUIPMENT	04/01/21	SL	5.00	НҮ	19B	3,395.				3,395.			340.	340.
	* TOTAL 990 PAGE 10 DEPR						79,396.				79,396.	51,319.		7,301.	58,620.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						76,001.			0.	76,001.	51,319.			58,280.

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

### 2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 99	0 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	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						3,395.			0.	3,395.	0.			340.
	DISPOSITIONS/RETIRED						0.			٥.	0.	0.			0.
	ENDING BALANCE						79,396.			0.	79,396.	51,319.			58,620.
	ENDING ACCUM DEPR											58,620.			
	ENDING BOOK VALUE											20,776.			

128111 04-01-21

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form <b>4562</b>	
Department of the Treasury Internal Revenue Service	(99)
Name(s) shown on return	

# **Depreciation and Amortization**

(Including Information on Listed Property) 990

OMB No. 1545-0172

ZUZ

Identifying number

Attachment Sequence No. 179

1

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

AIM	I AT MELANOMA			FOR	M 990 P	56-2427805		
Par	<b>t I</b> Election To Expense Certain Prop	erty Under Section 1	79 Note: If you have	e any lis	ted property,	complete Part	V before y	· · · · · · · · · · · · · · · · · · ·
<b>1</b> N	laximum amount (see instructions)						1	1,050,000.
<b>2</b> T	otal cost of section 179 property pla							
<b>3</b> T	hreshold cost of section 179 proper		2,620,000.					
	Reduction in limitation. Subtract line 3							
<b>5</b> D	ollar limitation for tax year. Subtract line 4 from lin				structions	(c) Elected	5	
6	(a) Description of	cost						
<b>7</b> L	isted property. Enter the amount from	m line 29	I		7			
<b>8</b> T	otal elected cost of section 179 prop	8						
<b>9</b> T	entative deduction. Enter the smalle	9						
	Carryover of disallowed deduction fro							
<b>11</b> E	Business income limitation. Enter the	smaller of business	s income (not less th	nan zerc	) or line 5		11	
<b>12</b> S	Section 179 expense deduction. Add	lines 9 and 10, but	don't enter more th	an line	11		12	
<b>13</b> C	Carryover of disallowed deduction to	2022. Add lines 9 a	and 10, less line 12		🕨 13			
	Don't use Part II or Part III below for	or listed property. In	stead, use Part V.					
Par	t II Special Depreciation Allow	ance and Other D	epreciation (Don't	include	e listed proper	ty.)		
<b>14</b> S	special depreciation allowance for qu	alified property (oth	ner than listed prope	erty) pla	ced in service	during		
	he tax year							
<b>15</b> P	Property subject to section 168(f)(1) e	lection					15	
	Other depreciation (including ACRS)				<u></u>		16	
Par	t III MACRS Depreciation (Don	't include listed pro						
			Section /	A				C 0.01
<b>17</b> N	ACRS deductions for assets placed	l in service in tax ye	ars beginning befor	e 2021			17	6,961.
<b>18</b> If	you are electing to group any assets placed in se						tion Orata	
	Section B - Asse	(b) Month and	c) Basis for deprecia		•	leral Deprecia	tion Syste	em 
	(a) Classification of property	year placed in service	(business/investmen only - see instructio	t use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<u>19a</u>	3-year property							
b	5-year property		3,3	395.	5 YRS.	HY	SL	340.
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 2021 Tax Y	ear Us	ing the Altern	native Deprec		tem
<u>20a</u>	Class life					_	S/L	
b	12-year				12 yrs.		S/L	
<u> </u>	30-year	/			30 yrs.	MM	S/L	
d		<u> </u>			40 yrs.	MM	S/L	
	<b>t IV</b> Summary (See instructions.							
	isted property. Enter amount from lin						21	
	otal. Add amounts from line 12, line	-						
	nter here and on the appropriate line				ons - see insti		22	7,301.
	or assets shown above and placed i	•	e current year, enter	the				
	ortion of the basis attributable to see		- E O -		23			<b></b>
116251	12-21-21 LHA For Paperwork Rec	auction Act Notice	, see separate <b>Ins</b> t	ruction	s.			Form <b>4562</b> (2021)

Fo	rm 4562 (2021)	AIM	AT MEI	ANOM	A							56-	2427	805	Page 2
Ρ	art V Listed Proper entertainment,				ner vehic	les, cert	ain aircr	aft, an	d property	used for	r				
	Note: For any	vehicle for w	hich you are ι	, using the						e expens	e, comp	olete <b>on</b>	l <b>y</b> 24a,		
	24b, columns									:+- f			-		
		-	on and Other				ee the l	_	24b If "Y						
24a Do you have evidence to support the business/investme							<u>es</u> (e)		(f)	Γ	<u>g)</u>		h)	∐ Yes _	<u>  No</u> (i)
	<b>(a)</b> Type of property	Date	Business		(d) Cost or		sis for depre		Recovery	1	:hod/		eciation	Ele	cted
	(list vehicles first)	placed in service	investmen use percenta		ther basis	(bu	siness/inve use only		period	Conv	ention	dedi	uction		on 179 ost
25	Special depreciation allo	owance for q	ualified listed	property	placed i	n servic	e during	the ta	Ix year and	ł					
	used more than 50% in	a qualified bu	usiness use .		<u></u>				<u></u>	<u></u>	25				
<u>26</u>	Property used more that														
		: :		%											
		: :		%											
	D 1 1500/ 1			%										<u> </u>	
27	Property used 50% or le								1	0/1					
		: :		% %						S/L -					
				%						S/L - S/L -					
28	Add amounts in column				and on	line 21	page 1				28				
	Add amounts in column												29		
		())		Section I											
Со	mplete this section for ve	hicles used b	oy a sole prop	orietor, pa	artner, or	other "	more tha	an 5%	owner," or	related	person.	If you pi	rovided \	ehicles	
to	your employees, first ans	wer the ques	tions in Secti	on C to s	ee if you	meet a	n except	tion to	completin	ig this se	ction fo	r those v	/ehicles.		
				(a)			b)		(c)	(d)		(e)		(f)	
30	Total business/investment		•	Vel	nicle	Vehicle		<u> </u>	/ehicle	Vehicle		Vehicle		Vehicle	
•	year ( <b>don't</b> include commu														
	Total commuting miles														
32	Total other personal (no	-													
33	driven Total miles driven during														
00	Add lines 30 through 32														
34	Was the vehicle availab			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?	•													
35	Was the vehicle used p														
	than 5% owner or relate	ed person?													
36	Is another vehicle availa	ble for perso	nal												
	use?														
			- Questions	•	-				-						
	swer these questions to a			exception	to comp	pleting S	Section E	s for ve	enicles use	ed by em	ployees	who <b>a</b>	ren't		
	re than 5% owners or rela Do you maintain a writte	-		obibite a	ll porcon		fychicle	ne incl		muting	byyour			Yes	No
57	employees?	. ,	•		•				U U	•				103	
38	Do you maintain a writte														
	employees? See the ins		-	-											
39	Do you treat all use of v	ehicles by en	nployees as p	ersonal u	use?										
40	Do you provide more th	an five vehicl	es to your en	nployees,	obtain ir	nformati	ion from	your e	employees	about					
	the use of the vehicles,														
41	Do you meet the require														
	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	es," don'i	t comple	te Secti	on B for	the co	overed veh	icles.					
Ρ	art VI Amortization (a)		I	(b)		(c)		I	(d)		(e)	I		(f)	
	(a) Description o	f costs	Dat	e amortization		Amortizat amount			Code section		Amortiza	tion		nortization	
42	Amortization of costs th	at begins du	ring your 202	begins 1 tax vea	I	amount			Section		period or per	centage	ſĊ	r this year	
72		at boying du													
					1										
40				: :	1										
43	Amortization of costs th	at began bef	ore your 202 <sup>-</sup>	· ·	I r					I		43			
	Amortization of costs th Total. Add amounts in o			1 tax yea								43 44			