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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.



AF	or th	e 2013 calendar year, or tax year beginning and	ending	-		
B c	heck if pplicab	e: C Name of organization		D Employer identifie	cation number	
	Addre	MELANOMA RESEARCH ALLIANCE FOUNDATION				
	Name			26-1	636099	
	Initial return		Room/suite	E Telephone numbe	r	
	]Termi ated	TIOT NEW TORK AVE NW NO 020			336-8935	
	Amen	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	16,187,653.	
	Applio dtion pendi	WASHINGTON, DC 20005		H(a) Is this a group re		
	pena	F Name and address of principal officer: WENDY SELLG		for subordinates	? Yes 🗶 No	
		SAME AS C ABOVE		H(b) Are all subordinates in		
		empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1)	or 🛄 527	If "No," attach a	list. (see instructions)	
		te: WWW.CUREMELANOMA.ORG		H(c) Group exemptio		
		f organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year	of formation: 2007	State of legal domicile: DE	
Pa	art I				870	
e	1	Briefly describe the organization's mission or most significant activities: TO A DISCOVERY TO ELIMINATE SUFFERING AND DEA	CCELER	ATE SCIENTI	PIC	
Activities & Governance						
veri	2	Check this box <b>b</b> if the organization discontinued its operations or dispo		1 1	isets. 19	
ĝ	3		Number of voting members of the governing body (Part VI, line 1a)			
о Со		Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2013 (Part V, line 2a)			18 11	
itie		Total number of volunteers (estimate if necessary)		50		
Sti	72	Total unrelated business revenue from Part VIII, column (C), line 12			0.	
Ă		Net unrelated business taxable income from Form 990-T, line 34			0.	
	~			Prior Year	Current Year	
Ø	8	Contributions and grants (Part VIII, line 1h)		8,538,768.	15,557,166.	
ňué	9	Program service revenue (Part VIII, line 2g)		0.	0.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		84,485.	38,065.	
Π.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	81,840.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,623,253.	15,677,071.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7,431,733.	8,485,102.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $$		923,393.	1,336,029.	
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses		Total fundraising expenses (Part IX, column (D), line 25) • 677, 0		012 142	0.00	
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		913,143. 9,268,269.	966,492.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-645,016.	<u>10,787,623.</u> 4,889,448.	
<u>– s</u>	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year		
Net Assets or und Balances	20	Tatel assets (Dart V, line 16)		30,877,458.	End of Year 35,565,902.	
		Total assets (Part X, line 16) Total liabilities (Part X, line 26)		540,918.	339,914.	
	21	Net assets or fund balances. Subtract line 21 from line 20		30,336,540.	35,225,988.	
_ <u>_</u>	art II	Signature Block		55,555,540.	55,225,500.	

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

Sign Here	Signature of officer WENDY SELIG, PRESIDENT Type or print name and title	/CEO		Date			
Paid	Print/Type preparer's name     Preparer's signature     Date     Check if self-employed     PTIN       Paid     BRIAN YACKER     Preparer's signature     Date     Check if self-employed     P00545829						
Preparer	Firm's name 🕨 YH ADVISORS, INC	•		Firm's EIN 🖌 45-3269313			
Use Only Firm's address 7755 CENTER AVENUE, SUITE 1225 HUNTINGTON BEACH, CA 92647 Phone no.310-982-2804							
May the IRS discuss this return with the preparer shown above? (see instructions)							
332001 10-29-13LHA For Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2013)							

Biefly describe the organization's mission:           TO END SUPFERING AND DEATH DUE TO MELANOMA BY COLLABORATI STAKEHOLDERS TO ACCELERATE POWERFUL RESEARCH, ADVANCE CUP PATTENTS, AND PREVENT MORE MELANOMAS.           Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 990-672.           If 'Yes,' describe these new services on Schedule 0.           Did the organization cease conducting, or make significant changes in how it conducts, any program services. as in Section 501(c)(3) and 501(c)(4) organizations are required to proof the amount of grants and allocations to others revenue, if any, for each program service reported.           40 (cose:         ) (Forewards:         9, 723, 7711.         8, 485, 101.) (#owned the MELANOMA RESEARCH ALLIANCE FOUNDATION ("MRA") SUPPORT AND INNOVATIVE PROJECTS, INITIATED BY INDIVIDUAL SCIENTIS RESEARCH TEAMS, TO DEVELOP NOVEL DIAGNOSTIC AND CLINITCAL MELANOMA. MRA CONVENES A WORLD CLASS, CROSS-DISCIPLINARX EXPERT BIOMEDICAL RESEARCHERS POSSESSING CLINICAL AND SCI EXPERTISE TO DEVELOP A RESEARCH ISSUES LEADING TO DETTERT 7 A CURE FOR MELANOMA. MRA MAKES GRANTS TO DOMESTIC RESEARCH ONGANIZATIONS DIRECTLY INVOLVED IN DETERMINING THE CAUSES ORGANIZATIONS ON	Par	t III Statement of Program Service Accomplishments
TO END SUFFERING AND DEATH DUE TO MELANOMA BY COLLABORATI STAKENOLDERS TO ACCELERATE POMERPUL RESEARCH, ADVANCE CUP PATIENTS, AND PREVENT MORE MELANOMAS.         2       Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 erg0622?         11 "Ves," describe these new services on Schedule 0.         2       Did the organization cease conducting, or make significant changes in how it conducts, any program services. If "Ves," describe these changes on Schedule 0.         4       Describe the organizations program service accomplishments for each of its three largest program services, as an Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others revenue, if any, for each program service accomplishments for each of its three largest program services. AND INNOVATIVE PROJECTS, INITIATED BY INDUVIDUAL SCIENTIG AND INNOVATIVE PROJECTS, INITIATED BY INDUVIDUAL SCIENTIG RESEARCH TEAMS, TO DEVELOP NOVEL DIAGNOSTIC AND THERAPEUT RELEVANT TO PATHWAYS GOVERNING THE BEHAVIOR AND CLINICAL MELANOMA, MRA CONVENES A WORLD CLASS, CROSS-DISCIPLINAR EXPERTISE TO DEVELOP A RESEARCH ISSUES LEADING TO BETTER 7 A CURE FOR MELANOMA, MRA MAKES GRANTS TO DOMESTIC RESEAR UNIVERSTITES, MEDICAL SCHOOLS, AND NONPROFIT MEDICAL RESE ORGANIZATIONS DIRECTLY INVOLVED IN DETERMINING THE CAUSES MELANOMA ON THE CONDITION THAT SUCH RESEARCH BE MADE AVA.         40       (code:) (Exomes \$		Check if Schedule O contains a response or note to any line in this Part III
STAKEHOLDERS TO ACCELERATE POWERPUL RESEARCH, ADVANCE CUP PATIENTS, AND PREVENT MORE MELANOMAS.         2       Did the organization undertake any significant program services during the year which were not listed on the prior Fom 990 or 990.627         11 'Yes, 'describe these new services on Schedule 0.         3       Did the organization cease conducting, or make significant changes in how it conducts, any program services? If 'Yes,' describe these changes on Schedule 0.         40       Describe the organizations program service accompliatments for each of its three largest program services, as m Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others revenue, if any, for each program service reported.         41       (Coce		
PATIENTS, AND PREVENT MORE MELANOMAS.         2       Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 900-E27         If "Yes," describe these changes on Schedule 0.         3       Did the organization cease conducting, or make significant changes in how it conducts, any program services? if "Yes," describe these changes on Schedule 0.         40       Describe the organizations program service accompliatments for each of its three largest program services.as m Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others revenue, if any, for each program services. The instant of the amount of grants and allocations to others revenue, if any, for each program services accompletion to a schedule 0.         41       Coate:       () (Exprements 9       9,723,7711.       including grants of 8,485,101) (#newnord 200 MINIC NTIN PERATS) SUPPORTING THE MELANOMA A. MRA CONVENES A WORLD CLASS, CROSS-DISCIPLINARY EXPERTISE TO DEVELOP A RESEARCH AGENDA THAT WILL PROVIDE SOLUTIONS TO CRITICAL RESEARCH AGENDA THAT WILL PROVIDE SOLUTIONS TO CRITICAL RESEARCH AGENDA THAT WILL PROVIDE SOLUTIONS TO CRITICAL RESEARCH ISSUES LEADING TO BESTIC RESEAR UNIVERSITEATION SOLURE TO A CURE FOR MELANOMA ON THE CONDITION THAT SUCH RESEARCH BE MADE AVAI         46       (Code:) (Expresses 5 (including grants of 5) (#newnol 1		
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If "Yes," describe these changes on Schedule O.         4       Describe the organization's program service accomplishments for each of its three largest program services, as in Section 501(c)(s) and 501(c)(4) organizations are required to report the amount of grants and allocations to others revenue, if any, for each program service reported.         4a       (Coster)(isomest §) 723,771.       including grant of §) 8,485,101.         7HE       MELANOMA RESEARCH ALLIANCE FOUNDATION ("MRA") SUPPORT AND INNOVATIVE PROJECTS, INITIATED BY INDIVIDUAL SCIENTIS RESEARCH TESMS, TO DEVELOP NOVEL DIAGNOSTIC AND THERAPEUT RELEVANT TO PATHWAYS GOVERNING THE BEHAVIOR AND CLINICAL MELANOMA.         MRA MARS.       TO PATHWAYS GOVERNING THE BEHAVIOR AND CLINICAL MELANOMA.         MRA CONVENES A WORLD CLASS, CROSS-DISCIPLINART EXPERT BIOMEDICAL RESEARCH ISSUES LEADING TO BETTER 7         A CURE FOR MELANOMA.       MRA MARES GRANTS TO DOMESTIC RESEAR UNIVERSITIES, MEDICAL SCHOOLS, AND NONPROFIT MEDICAL RESEARCH ISSUES DEGANIZATIONS DIRECTLY INVOLVED IN DETERMINING THE CAUSES MELANOMA ON THE CONDITION THAT SUCH RESEARCH BE MADE AVAI         40       (Code:)(Exemes § including grants of \$) (Revenue §)         41       Other program services (Describe in Schedule O)         (Eventees \$		
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	4e	
2. SEE SCHEDULE O FOR CONTINUATION(S)	0-29-1	3 SEE SCREDULE O FOR CONTINUATION(S) 2

<sup>332003</sup> 10-29-13 14211023 144414 1061 2013.

# Form 990 (2013) MELANOMA RESEARCH ALLIANCE FOUNDATION Part IV Checklist of Required Schedules

26-1636099 Page 3

			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?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? 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	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-	x	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>	-	
-	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2013)

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Ра	rt IV Checklist of Required Schedules (continued)	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United State	es on Part IX,
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization	tion's current

	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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	Х	
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			<u></u>
	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			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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 in Schedule O for Part VI, lines 11b and 19?		37	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	1

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2013)

26-1636099 Page 4

No

х

Yes

Х

Form 990 (2013)

MELANOMA	RESEARCH	ALLTANCE	FOUNDATION
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and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete

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013)	MELANOMA	RESEARCH	ALLIANCE	FOUNDATION			
Statements Regarding Other IRS Filings and Tax Compliance							
Check if Schedule O contains a response or note to any line in this Part V							
he number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a							

1a	inter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 17					
b	nter the number of Forms W-2G included in line 1a. Enter -0- if not applicable					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	\$)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization	solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions 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 set			7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required				
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e 7f		X
f					<b>NT /</b>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe			7g	N/	
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes,		/ -	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			-		
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during t	ne year?	8		
9	Sponsoring organizations maintaining donor advised funds.		N/A	0-		
a	Did the organization make any taxable distributions under section 4966?		37/3	9a Oh		
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?		11/11	9b		
10	Initiation fees and capital contributions included on Part VIII, line 12	10a				
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders N/A	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against	110				
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{}$	12b		124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
-	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
				14a		Х
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O			14b		

X

No

Yes

Form 990	(2013)
Part V	Statem

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### MELANOMA RESEARCH ALLIANCE FOUNDATION

26-1636099 Page 6

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

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

1	v

Sec	tion A. Governing body and Management				1	
10	Enter the number of voting members of the governing body of the and of the tay year	1a	1	9	Yes	No
Ia	Enter the number of voting members of the governing body at the end of the tax year	la	Ł	-		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					
h	Enter the number of voting members included in line 1a, above, who are independent	1b	1	8		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh			-		
2	officer, director, trustee, or key employee?			2	x	
3	Did the organization delegate control over management duties customarily performed by or under t					
3	of officers, directors, or trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form					X
- 5	Did the organization become aware during the year of a significant diversion of the organization's as			· · · ·		x
6	Did the organization become aware during the year of a significant diversion of the organization s at					x
	Did the organization have members, stockholders, or other persons who had the power to elect or a					<u> </u>
10	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
-	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by the	e following:			
	The governing body?			8a	X	
	Each committee with authority to act on behalf of the governing body?				X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				1	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Revenue	e Code.)			
					Yes	No
0a	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,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	re filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
2a				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>in Schedule O how this was done</i>			12c	x	
13	Did the organization have a written whistleblower policy?				Х	
4	Did the organization have a written document retention and destruction policy?				Х	
15	Did the process for determining compensation of the following persons include a review and appro					
	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			15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement w	vith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anizatio	n's			
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ SEE SCHEDULE	0				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Secti	ion 501(c)(3)s only	) availa	ole	
	for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       Another's website       X       Upon request       Other (explain the control of the contr	in in Sch	nedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or			and fina	ncial	
	statements available to the public during the tax year.		,, <b>,</b> .			
20	State the name, physical address, and telephone number of the person who possesses the books	and reco	ords of the organiz	zation:	•	
	KAMYAB HASHEMI-NEJAD - 310-570-4612					
	1250 FOURTH STREET, SANTA MONICA, CA 90401					
32006	§ 10-29-13			Forr	n <b>990</b>	(2013)
	6					-
11	023 144414 1061 2013.04030 MELANOMA RESEA	ARCH	ALLIANCE	10	61	1

Part VII	Compensation of Officers, Directors, T	rustees, K	Key Employees,	Highest (	Compensated	
	Employees, and Independent Contract	ors				

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		than (	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot pr/trus	h an	compensation	compensation	amount of
	week			uau		1711 US	(66)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or d	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	trust		ee	npen		(00-2/1099-00130)		and related
	below	dual t	Institutional trustee	_	Key employee	st co i iyee	ž			organizations
	line)	Individual trustee or director	Institu	Officer	Key e	Highest compensated employee	Former			0
(1) DEBRA BLACK	20.00									
CHAIR/CO-FOUNDER		Х		Х				0.	0.	0.
(2) LEON BLACK	0.30									
DIRECTOR/CO-FOUNDER		Х						0.	0.	0.
(3) MARIA BELL	0.30									
DIRECTOR		Х						0.	0.	0.
(4) ELLEN DAVIS	0.30									
DIRECTOR		Х						0.	0.	0.
(5) JASON FEDERICI	0.30									_
DIRECTOR		Х						0.	0.	0.
(6) JAMI GERTZ	0.30									_
DIRECTOR		Х						0.	0.	0.
(7) SUSAN HESS	0.30									-
DIRECTOR		Х						0.	0.	0.
(8) MICHAEL KLOWDEN	0.30									
DIRECTOR	40.00	х						0.	490,771.	20,278.
(9) CONNIE MACK III	0.30									•
DIRECTOR		Х						0.	0.	0.
(10) NANCY MARKS	0.30									•
DIRECTOR	0.00	X						0.	0.	0.
(11) CINDY MCCAIN	0.30									0
DIRECTOR	0.20	X						0.	0.	0.
(12) MICHAEL MILKEN	0.30	v						0	0	0
DIRECTOR	0.30	X						0.	0.	0.
(13) RICHARD RESSLER	0.30	x						0.	0.	0.
DIRECTOR (14) JEFFREY ROWBOTTOM	0.30	^						0.	0.	0.
DIRECTOR	0.30	x						0.	0.	0.
(15) ELLIOTT SIGAL	0.30	^						0.	0.	0.
DIRECTOR	0.30	x						0.	0.	0.
(16) GREGORY SIMON	0.30	Δ						0.	0.	0.
DIRECTOR	0.30	x						0.	0.	0.
(17) JONATHAN SIMONS	0.30							0.	0.	
DIRECTOR	0.50	x						0.	0.	0.
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332001 10-23-13						-				(2013)

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### MELANOMA RESEARCH ALLIANCE FOUNDATION 26-1636099 Page 8

Part VII Se	ction A. Officers, Directors, Trus	tees, Key Em	ploy	vees,	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A) Name and title		<b>(B)</b> Average hours per week	(do box	not cl , unles	(C) Position heck more than one ss person is both an a director/trustee)			one h an	<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related		Est am	(F) imated ount of other
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	C)	fro orga and	ensation om the nization related nizations
(18) JONATH DIRECTOR	AN SOKOLOFF	0.30	x						0.		ο.		0.
(19) ELIZAB	ETH STANTON	0.30							0				
DIRECTOR (20) WENDY	SELIG	40.00	X			-			0.		0.		0.
PRESIDENT &		40.00			х				301,706.		0.	23	8,074.
(21) KAMYAB	HASHEMI-NEJAD	10.00											
TREASURER		40.00			Х				0.	166,52	4.	18	8,041.
(22) LOUISE CHIEF SCIEN		40.00					x		224,785.		ο.	P	8,585.
(23) LAUREN		40.00							224,703.		••		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DIRECTOR OF	DEVELOPMENT						х		176,165.		0.	13	3,224.
	BROCKWAY-LUNARDI PROGRAM DIRECTOR	40.00					x		110,062.		ο.	3	8,532.
1b Sub-tota	1	I							812,718.	657,29	5.	86	5,734.
c Total fro	m continuation sheets to Part VI								0.		0.		0.
	Id lines 1b and 1c)								812,718.	657,29		86	5,734.
	nber of individuals (including but n sation from the organization	ot limited to th	iose	liste	ed a	bove	e) wł	no r	eceived more than \$100	,000 of reportable			4
Compone													Yes No
	rganization list any <b>former</b> officer, f "Yes," complete Schedule J for s								highest compensated e		[	3	x
	ndividual listed on line 1a, is the su ed organizations greater than \$150											4	x
	person listed on line 1a receive or a											_	
	to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch	pers	son .					5	X
	dependent Contractors e this table for your five highest co	mponeated in	done	ondo	nt c	ont	racto	ore t	that received more than	\$100,000 of com	00000	ntion fr	
-	nization. Report compensation for	-											om
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	С	(C) ompen	
								_					
								_					
2 Total nur	nber of independent contractors (i	ncluding but n	ot lii	mite	d to	tho	se lis	stec	d above) who received m	nore than			
\$100,000	) of compensation from the organi	zation 🕨				(	0					Form 0	<b>90</b> (2013)
											- 1	-oun a	<b>JU</b> (2013)

332008 10-29-13

Form 990 (20	)13)	MELANOM
Part VIII	Statemen	t of Revenue

### MELANOMA RESEARCH ALLIANCE FOUNDATION 26-1636099 Page 9

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns	1a					
nan		Membership dues						
ĞĔ		Fundraising events		7,283,318.				
ar A		Related organizations		, ,				
ین Dije		Government grants (contribut						
öiö		All other contributions, gifts, gran						
her	•	similar amounts not included abo		8,273,848.				
ġġ		Noncash contributions included in lines		461,155.				
Contributions, Gifts, Grants and Other Similar Amounts	-	Total. Add lines 1a-1f			15,557,166.			
<u> </u>				Business Code	,			
ø	2 a			Dusiness Oode				
Ś	2 a b							
Ser	c							
E S	d							
n n n n n n n n n n n n n n n n n n n								·
Program Service Revenue	e							
		All other program service reve <b>Total.</b> Add lines 2a-2f						
-	<u>g</u> 3	Investment income (including						
	3				38,065.			38,065.
		other similar amounts)			50,005.			
	4	Income from investment of ta	• •					<u> </u>
	5	Royalties						
	•	0	(i) Real	(ii) Personal				
	6 a							
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		🕨				
ne	8 a	Gross income from fundraisin						
		including \$ 7,283						
Other Rever		contributions reported on line						
er		Part IV, line 18						
ŧ		Less: direct expenses		510,582.	_			
-		Net income or (loss) from fund	-	🕨	0.			
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	▶					
	10 a	Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold	b					
	с	Net income or (loss) from sale		►				
ļ		Miscellaneous Revenu	ie	Business Code				
	11 a	REFUNDED GRANTS		900099	81,840.			81,840.
	b							
	с							
	d	All other revenue						
	е	Total. Add lines 11a-11d			81,840.			
	12	Total revenue. See instructions.			15,677,071.	0.	0.	119,905.
33200 10-29-	9 •13							Form <b>990</b> (2013)

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9

### MELANOMA RESEARCH ALLIANCE FOUNDATION

### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respor	nse or note to any line in			
Doi	not include amounts reported on lines 6b,	<b>(A)</b> Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.	rotai experises	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	7,918,435.	7,918,435.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	566,667.	566,667.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	324,780.	129,912.	64,956.	129,912.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	850,204.	406,234.	178,310.	265,660.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	101,344.	48,794.	19,759.	32,791.
10	Payroll taxes	59,701.	28,657.	12,537.	18,507.
11	Fees for services (non-employees):				
а	Management				
b	Legal	12,156.	6,641.		5,515.
С	Accounting	18,125.		18,125.	
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,	440 400	00.100	10 800	1 6 1 5 0
	column (A) amount, list line 11g expenses on Sch O.)	119,137.	92,196.	10,783.	16,158.
12	Advertising and promotion	89,895.	44,771.	15,570.	29,554.
13	Office expenses	37,195.	20,894.	5,838.	10,463.
14	Information technology	76,271.	49,768.	10,158.	16,345.
15	Royalties	158,697.	76 014	22 440	E0 242
16		144,009.	76,014. 65,431.	32,440. 7,269.	50,243. 71,309.
17	Travel	144,009.	05,451.	7,209.	/1,309.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	258,216.	244,017.		14,199.
19 20	Conferences, conventions, and meetings	230,210.	277,01/•		, <i></i> , <i></i> ,
20	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization	15,147.	7,270.	3,181.	4,696.
22 23		10,348.	4,967.	2,173.	3,208.
23 24	Other expenses. Itemize expenses not covered	10,510.	-,507.	2,1,5.	5,200.
24	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	STATE FILING FEES	13,971.	6,707.	2,934.	4,330.
b	CREDIT CARD PROCESSING	13,325.	6,396.	2,798.	4,131.
c		, <u> </u>	· ·		
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	10,787,623.	9,723,771.	386,831.	677,021.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
33201	0 10-29-13				Form <b>990</b> (2013)

332010 10-29-13

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10 2013.04030 MELANOMA RESEARCH ALLIANCE Form **990** (2013)

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11 2013.04030 MELANOMA RESEARCH ALLIANCE 1061\_\_\_1

Form 990	(2013)		MELANOMA	RESEARCH	ALLIANCE	FOUNDATION
Part X	Bala	ance Sheet				

-		Check if Schedule O contains a response or not	e to any line in	this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,720,777.		3,162,222.
	2	Savings and temporary cash investments			8,240,917.	2	11,152,637.
	3	Pledges and grants receivable, net			19,806,654.	3	21,158,458.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for	ormer officers, c	directors,			
		trustees, key employees, and highest compensation	ated employees	s. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied persons (as	s defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B),	and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) vo	oluntary			
ets		employees' beneficiary organizations (see instr).		r		6	
Assets	7	Notes and loans receivable, net				7	
4	8	Inventories for sale or use			00 404	8	15 000
	9	Prepaid expenses and deferred charges			80,424.	9	15,000.
	10a	Land, buildings, and equipment: cost or other		70 076			
		basis. Complete Part VI of Schedule D		70,876. 29,030.	27,278.		11 016
		Less: accumulated depreciation			41,410.		<u>41,846.</u> 35,739.
	11	Investments - publicly traded securities				11	55,759.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line		r		13	
	14	Intangible assets			1,408.	14	0.
	15	Other assets. See Part IV, line 11			30,877,458.	15 16	35,565,902.
	16 17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses			169,505.	17	218,230.
	18	Grants payable		r	105,5050	18	210,2000
	19	Deferred revenue			50,000.		120,000.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
s	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
abil		Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		r		24	
	25	Other liabilities (including federal income tax, pa		r			
		parties, and other liabilities not included on lines	17-24). Compl	ete Part X of			
		Schedule D			321,413.	25	1,684.
	26	Total liabilities. Add lines 17 through 25			540,918.	26	339,914.
		Organizations that follow SFAS 117 (ASC 958	), check here 🖡	► X and			
es		complete lines 27 through 29, and lines 33 an					
anc	27	Unrestricted net assets			9,392,604.	27	12,747,431.
Bal	28	Temporarily restricted net assets			20,943,936.		22,478,557.
pu	29					29	
Ŀ		Organizations that do not follow SFAS 117 (A	SC 958), checl	k here 🕨 📖			
s or		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds		r		30	
As	31	Paid-in or capital surplus, or land, building, or eq		ſ		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			20 226 540	32	35 375 000
-	33	Total net assets or fund balances			30,336,540. 30,877,458.		35,225,988. 35,565,902.
	34	Total liabilities and net assets/fund balances			50,077,450.	34	,,,

Form **990** (2013)

Form	990	(2013)

332012 10-29-13	

### MELANOMA RESEARCH ALLIANCE FOUNDATION

26-1636099 Page 12

	1 990 (2013) MELANOMA RESEARCH ALLIANCE FOUNDATION	26-	<u>16360</u>	99	Pag	<sub>je</sub> 12
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	15,0			
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,			
3	Revenue less expenses. Subtract line 2 from line 1	3				48.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30,3	<u>336</u>	, 5	40.
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 in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	35,2	225	, 9	88.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_	`	res	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis 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	ie audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc	lit			
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	lit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2013)

Department of the Treasury

Internal Revenue Service

### (Form 990 or 990-EZ)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

**Open to Public** . Inspection

l

OMB No. 1545-0047

Name of the organization
--------------------------

### Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/form990</u>.

Nan	ne of t	he organization Employer i	dentificatio	on nur	nber
			5-16360	)99	
Pa	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.			
The	organ	ization is not a private foundation because it is: (For lines 1 through 11, check only one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)			
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).			
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the	ne hospital's	s nam	e,
		city, and state:			
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit describe	d in		
		section 170(b)(1)(A)(iv). (Complete Part II.)			
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).			
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general p	ublic descri	ibed iı	ı
		section 170(b)(1)(A)(vi). (Complete Part II.)			
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)			
9		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and	d gross rec	eipts	irom
		activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support	irom gross i	nvest	ment
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization a	fter June 30	), 197	5.
		See section 509(a)(2). (Complete Part III.)			
10		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).			
11	X	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the	purposes of	one	or
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Che	ck the box t	hat	
		describes the type of supporting organization and complete lines 11e through 11h.			
		a X Type I b Type II c Type III - Functionally integrated d Type III - Non	functionally	/ integ	rated
е	X	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified p	ersons othe	er tha	n
		foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or s	ection 509(	a)(2).	
f		If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III			
		supporting organization, check this box			X
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?	г		
		(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below,		Yes	No
		the governing body of the supported organization?			X
		(ii) A family member of a person described in (i) above?			X
		(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		Х
h		Provide the following information about the supported organization(s).			

(i) Name of supported organization	(ii) EIN	(described on lines 1-9 above or IRC section	in col. (i) lis	organization sted in your document?	organizat	u notify the ion in col. r support?	(VI) IS organizatic (i) organizi U.S.	on in col. ed in the	(vii) Amount of monetary support
		(see instructions))	Yes	No	Yes	No	Yes	No	
THE MILKEN INSTITUTE	95-4240775	7	x		x		х		8,403,262.
Total 1									8,403,262.
LHA For Paperwork Be	eduction Act Notice	see the Instructions for	or				Schedul	ο Δ (For	m 990 or 990-EZ) 2013

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

Schedule A (Form 990 or 990-EZ) 2013

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### Schedule A (Form 990 or 990-EZ) 2013

Part II	Sup

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	ļ					
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
-	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		i	i	i	i	i
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources $\dots$	ļ					
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 IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	n 501(c)(3)	
_	organization, check this box and stop	here					▶∟
	ction C. Computation of Publ						
	Public support percentage for 2013 (I					14	%
	Public support percentage from 2012					15	%
<b>16</b> a	33 1/3% support test - 2013. If the c	•					
	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes	t - 2013. If the orc	ganization did not	check a box on lin	ie 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th						e
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sche	edule A (Form 990	) or 990-EZ) 2013

332022 09-25-13

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

(Complete only if you checked the box on line 9 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	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						1
	3 received from disgualified 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.)						
	ction B. Total Support						-
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
10 <i>a</i>	Amounts from line 6 a 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						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	l					L
14	First five years. If the Form 990 is for	0		, ,		0	·
_	check this box and stop here	· · · -	•				▶∟
	ction C. Computation of Publ						
15	Public support percentage for 2013 (	ine 8, column (f) d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2012	Schedule A, Part	: III, line 15			16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage	)			
17	Investment income percentage for 20	13 (line 10c, colui	mn (f) divided by l	ine 13, column (f))		17	%
18	Investment income percentage from a	2012 Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2013. If the					33 1/3% , and line	17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2012. If the						
-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 09-25-13			,, 61., 61.661(1		hedule A (Form 99	0 or 990-E7) 201
				15			
211	L023 144414 1061	20.	13 04030	MELANOMA	ргсгарси	ALLTANCE	1061 1

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332024 09-25-13	
332024 09-25-13	Schedule A (Form 990 or 990-EZ) 2
THE MISSION OF BOTH MR	RA AND THE MILKEN INSTITUTE.
LISTED ON SCHEDULES F	AND I THAT SUPPORT MELANOMA RESEARCH THAT ADVANCES
THE AMOUNT OF FUNDS TH	HAT MRA PAYS DIRECTLY TO RESEARCH ORGANIZATIONS
EXPLANATION: THE AMOUN	NT OF SUPPORT REPORTED TO MILKEN INSTITUTE REPRESENT
SCHEDULE A, PART I, LI	INE 11(H)A

### Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 . OMB No. 1545-0047

2013

Employer identification number

Name of the	organization
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Schedule B

(Form 990, 990-EZ.

Department of the Treasury

Internal Revenue Service

or 990-PF)

Nume of the organiza		
	MELANOMA RESEARCH ALLIANCE FOUNDATION	26-1636099
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox{X}$ 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**

**X** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

### **Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

□ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., purpose, charitable, etc., contributions of \$5,000 or more during the year

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

MELANOMA RESEARCH ALLIANCE FOUNDATION

26-1636099

(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
1		Total contributions	Type of contribution
		- \$\$66,161.	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		- \$\$225,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$10,100.	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		- _ \$5,000.	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
5		\$10,000. 	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> </u>	4-13 1 8	- \$\$5 , 000 . 	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)

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MELANOMA RESEARCH ALLIANCE FOUNDATION

26-1636099

## 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
		\$5,000.	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>     8                               </u>		\$5,000.	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
9		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>   10                                 </u>		\$10,000.	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></u>		\$10,000.	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>12</u> 		\$ <u>15,000.</u> Schedule B (Form	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)

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MELANOMA RESEARCH ALLIANCE FOUNDATION

26-1636099

(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	\$     25,000.     Payroll Noncash       \$     25,000.     Complete Part II fononcash contribution       (c)     (d)       Total contributions     Person       \$     225,000.       \$     225,000.       (Complete Part II fononcash contribution
Name, address, and ZIP + 4	\$       25,000.       Payroll Noncash         (Complete Part II fononcash contribution         (C)       (d)         Total contributions       Person X         Payroll       Noncash         (C)       (d)         Type of contributions       Person X         Payroll       Noncash         (Complete Part II fononcash contribution       Noncash
Name, address, and ZIP + 4	Total contributions     Type of contributions
	\$ 225,000. Complete Part II for noncash contribution (C) (d)
	\$       25,000.         \$       25,000.         (Complete Part II fo noncash contribution)
(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribu
	\$       5,000.         \$       5,000.         (Complete Part II fo noncash contribution)
(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribu
	\$       10,000.         \$       10,000.
(b) Name address, and ZIP + 4	(c) (d) Total contributions Type of contribu
Name, auuress, anu ZIP + 4	Person
	(b) Name, address, and ZIP + 4

MELANOMA RESEARCH ALLIANCE FOUNDATION

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26-1636099

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 19</u>		\$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
		\$35,000.	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
		\$35,000.	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
22		\$260,000.	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
23		\$5,000.	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
24		\$5 , 000 . \$Schedule B (Form	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)
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Part I

Employer identification number

MELANOMA RESEARCH ALLIANCE FOUNDATION

26-1636099

#### Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 25 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 26 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 27 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 28 Х Person Payroll 100,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 29 X Person Payroll 275,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 30 X Person Payroll 300,000. Noncash \$ (Complete Part II for noncash contributions.) 323452 10-24-13 Schedule B (Form 990, 990-EZ, or 990-PF) (2013) 22

14211023 144414 1061

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Employer identification number

MELANOMA RESEARCH ALLIANCE FOUNDATION

26-1636099

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		- \$\$225,000.	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
32		- \$\$10,000.	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
33		- \$\$5,000.	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
34		- \$\$9,103.	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
35		\$ <u>25,000.</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
36	4-13	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)
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#### MELANOMA RESEARCH ALLIANCE FOUNDATION Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 37 Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 38 Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 39 Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions**

(d) Type of contribution 40 Х Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 41 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 42 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) 323452 10-24-13 Schedule B (Form 990, 990-EZ, or 990-PF) (2013) 24

MELANOMA RESEARCH ALLIANCE FOUNDATION

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26-1636099

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 43 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 44 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 45 X Person Payroll 167,780. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 46 Х Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 47 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 48 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) 323452 10-24-13 Schedule B (Form 990, 990-EZ, or 990-PF) (2013) 25

14211023 144414 1061

MELANOMA RESEARCH ALLIANCE FOUNDATION

26-1636099

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 49 X Person Payroll 460,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 50 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 51 X Person Payroll 16,270. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 52 Х Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 53 X Person Payroll 235,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 54 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) 323452 10-24-13 Schedule B (Form 990, 990-EZ, or 990-PF) (2013) 26

14211023 144414 1061

MELANOMA RESEARCH ALLIANCE FOUNDATION

26-1636099

55         Person         X           (a)         (b)         (c)         (d)           (a)         Name, address, and ZIP + 4         Total contributions         Type of contributions           (b)         (c)         (c)         (d)         Type of contributions           (a)         Name, address, and ZIP + 4         Total contributions         Person         X           (b)         (c)         (c)         (d)         Noncash         (c)         (c)         (d)           (a)         Name, address, and ZIP + 4         Total contributions         Type of contributions         (d)         Noncash         (c)         (d)           (a)         Name, address, and ZIP + 4         Total contributions         Type of contributions         (d)         Noncash         (c)	Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
s       35,000.       Payroll       Payroll       Complete Part II for noncash contributions         (a)       (b)       Total contributions       (c)       (d)       Total contributions       (e)       (f)         56				(d) Type of contribution
No.     Name, address, and ZIP + 4     Total contributions     Type of contribution       56	55		\$35,000.	Payroll Noncash (Complete Part II for
Image: second				(d) Type of contribution
No.     Name, address, and ZIP + 4     Total contributions     Type of contribution       57	56		\$5,000.	Payroll Noncash (Complete Part II for
(a)       (b)       (c)       (d)         58       (d)       (d)       (e)         (a)       (b)       (c)       (d)         58       (c)       (c)       (d)         (a)       (b)       (c)       (d)         58       (c)       (c)       (c)         (a)       (b)       (c)       (c)       (c)         (a)       (b)       (c)       (c)       (c)         (a)       (b)       (c)       (d)       Noncash         (Complete Part II for noncash contributions.)       (c)       (d)       Noncash         (a)       Name, address, and ZIP + 4       Total contributions       Type of contribution         59       (c)       (d)       Type of contributions       Noncash         (complete Part II for noncash contributions.)       (c)       (d)       Noncash         (complete Part II for noncash contributions.)       (c)       Type of				(d) Type of contribution
No.     Name, address, and ZIP + 4     Total contributions     Type of contribution       58	57		\$35,000.	Payroll Noncash (Complete Part II for
Image: second				(d) Type of contribution
No.     Name, address, and ZIP + 4     Total contributions     Type of contribution       59	58		\$\$	Payroll Noncash (Complete Part II for
Image: second				(d) Type of contribution
No.     Name, address, and ZIP + 4     Total contributions     Type of contribution       60	59		\$10,000.	Payroll Noncash (Complete Part II for
Image: second				(d) Type of contribution
27				Payroll Noncash (Complete Part II for noncash contributions.)

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MELANOMA RESEARCH ALLIANCE FOUNDATION

26-1636099

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		- \$ <u>50,000.</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
62		\$ <u>15,000.</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
63		\$ <u>5,000.</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
64		\$ <u>25,000.</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
65		\$ <u>50,000</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
<u>66</u> 323452 10-24		\$5 , 000 . \$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)
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MELANOMA RESEARCH ALLIANCE FOUNDATION

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26-1636099

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$243,000.	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
68		\$260,000.	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>    69</u>		\$ <u>1,000,000.</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
		\$25,000.	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
		\$8,000.	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
72	-13	\$ <u>10,000.</u> Schedule B (Form	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)
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MELANOMA RESEARCH ALLIANCE FOUNDATION

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	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
74		\$10,000.	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
		\$5,000.	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
76		\$10,000.	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>5,000.</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
78	-13	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)
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MELANOMA RESEARCH ALLIANCE FOUNDATION

26-1636099

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

i art i		•	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ <u>5,000.</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
80		\$ <u>5,900.</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
81		\$ <u>25,500.</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
No.		Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for
<u>No.</u>	Name, address, and ZIP + 4	Total contributions           \$         10,000.           (c)         (c)	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 82 (a) No.	Name, address, and ZIP + 4	Total contributions         \$       10,000.         (c)       Total contributions	Type of contribution         Person       X         Payroll       Image: Colspan="2">Image: Colspan="2">Type of contribution         (Complete Part II for       Image: Colspan="2">Image: Colspan="2" Image: C
No. 82 (a) No. 83 (a)	Name, address, and ZIP + 4           (b)           Name, address, and ZIP + 4           (b)           Name, address, and ZIP + 4	Total contributions         \$       10,000.         (c)       Total contributions         \$       15,000.         (c)       Total contributions         \$       10,000.         \$       10,000.	Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)  (d) (d)

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### MELANOMA RESEARCH ALLIANCE FOUNDATION

26-1636099

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		- _ \$5,000. -	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
86		- \$ <u>225,000.</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
87		- _ \$5,000. -	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88		- _ \$60,000. -	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
89		- \$ <u>6,000.</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
90		\$50,000 . 	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)

14211023 144414 1061

32

Part I

Employer identification number

MELANOMA RESEARCH ALLIANCE FOUNDATION

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

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#### (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 91 X Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 92 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 93 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 94 Х Person Payroll 375,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 95 X Person Payroll 18,750. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 96 Х Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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MELANOMA RESEARCH ALLIANCE FOUNDATION

26-1636099

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$10,000.	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
98		\$10,000.	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
99		\$5,000.	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
100		\$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
101		\$35,000.	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
102		\$ <u>10,000.</u> Schedule B (Form	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)
	34		

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MELANOMA RESEARCH ALLIANCE FOUNDATION

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26-1636099

103         s         11,000.         Person Payroll Roncash I Complete Part I noncash contrib           (a)         Name, address, and ZIP + 4         Total contributions         (d)           104         s         5,000.         (d)           (a)         Name, address, and ZIP + 4         Total contributions         Person Payroll Roncash Contrib           104         s         5,000.         (d)         Noncash Contrib           (a)         Name, address, and ZIP + 4         Total contributions         Person Payroll Roncash Contrib           (a)         Name, address, and ZIP + 4         Total contributions         Person Payroll Roncash Contrib           105	Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
Image: second				(d) Type of contribution
No.         Name, address, and ZIP + 4         Total contributions         Type of contr           104	_103		\$11,000.	Payroll
Image: Second				(d) Type of contribution
No.     Name, address, and ZIP + 4     Total contributions     Type of contributions       105	104		\$5,000.	Payroll
(a)         (b)         (c)         (d)           106         (c)         (d)         Total contributions         Type of contr           (a)         (b)         (c)         (d)         Type of contr           106         (c)         (c)         (d)         Type of contr           (a)         (b)         (c)         (d)         Type of contr           106         (c)         (c)         (d)         Person           (a)         (b)         (c)         (d)         (c)         Person           (a)         (b)         (c)         (d)         (c)         (d)         Type of contr           107         (a)         (b)         (c)         (d)         Type of contr         Person         Payroll         Noncash           (a)         (b)         (c)         (c)         (d)         Type of contr         Payroll         Noncash         Noncash         Complete Part I         Noncash         Payroll         Noncash         Noncash         Complete Part I         Noncash				(d) Type of contribution
No.     Name, address, and ZIP + 4     Total contributions     Type of contr       106	105		\$225,000.	Payroll
(a)       (b)       (c)       (d)         No.       Name, address, and ZIP + 4       Total contributions       Type of contributions         107				(d) Type of contribution
No.     Name, address, and ZIP + 4     Total contributions     Type of contributions       107	106		\$5,000.	Payroll
(a)     (b)     \$ 124,422.     Payroll     Noncash       (Complete Part I noncash contrib				(d) Type of contribution
	107		\$ 124,422.	Payroll
No.         Name, address, and ZIP + 4         Total contributions         Type of contr		(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
				Payroll Noncash (Complete Part II for noncash contributions.)

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MELANOMA RESEARCH ALLIANCE FOUNDATION

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

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#### (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 109 Person Payroll 12,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 110 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 111 Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 112 Person Payroll 50,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 113 Person Payroll 500,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 114 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

323452 10-24-13

36

2013.04030 MELANOMA RESEARCH ALLIANCE

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MELANOMA RESEARCH ALLIANCE FOUNDATION

26-1636099

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$5,000.	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
116		\$10,000.	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
		\$5,000.	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
118		\$25,000.	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
119		\$ <u>225,000.</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
<u>120</u> 323452 10-24	+-13 <b>37</b>	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)

14211023 144414 1061

37

MELANOMA RESEARCH ALLIANCE FOUNDATION

26-1636099

121         s         17,600.         Person         x           (a)         (b)         (c)         Total contributions         Type of contributions           (b)         Name, address, and ZIP + 4         Total contributions         Type of contributions           122         s         5,000.         Person         x           (a)         (b)         (c)         Type of contributions         Person         x           122         s         5,000.         Person         x         Person         x           (a)         (b)         (c)         (c)         Type of contributions         Person         x           (a)         (b)         Name, address, and ZIP + 4         Total contributions         Person         x           123	Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
s         17,600.         Payoli         Noncash           (a)         (b)         (c)         (c)         (c)         (c)         Total contributions         Payoli         Noncash         Complete Part II for noncash contributions         Noncash         Complete Part II for noncash contributions         Payoli         Noncash         Complete Part II for noncash contributions         Payoli         Noncash         Complete Part II for nonocash contributions				(d) Type of contribution
No.     Name, address, and ZIP + 4     Total contributions     Type of contribution       122	121		\$17,600.	Payroll Noncash X
(a)       (b)       (c)       (c)       (d)         123       (b)       (c)       (d)       (d)         123       (e)       (f)       (f)       (f)       (f)         (a)       Name, address, and ZIP + 4       Total contributions       (f)       (f)         123       (f)       (f)       (f)       (f)       (f)         (a)       No.       Name, address, and ZIP + 4       Fotal contributions       (f)       (f)         (a)       No.       Name, address, and ZIP + 4       (f)       (f)       (f)       (f)         124       (f)       (f)       (f)       (f)       (f)       (f)       (f)         (a)       Name, address, and ZIP + 4       Total contributions       (f)       (f)       (f)       (f)         (a)       Name, address, and ZIP + 4       Total contributions       (f)       (f)       (f)       (f)       (f)         125       (f)       (f)       (f)       (f)       (f)       (f)       (f)       (f)         (a)       No.       Name, address, and ZIP + 4       Total contributions       Tope of contribution         125       (f)       (f)       (f)       (f)				(d) Type of contribution
No.     Name, address, and ZIP + 4     Total contributions     Type of contributions       123	122		\$5,000.	Payroll Noncash
(a)       (b)       (c)       (d)         124       (b)       (c)       (d)         (a)       (b)       (c)       (d)         (a)       (b)       (c)       (d)         (c)       (c)       (d)       (c)         (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)         (a)       (b)       (c)       (c)       (c)         (a)       Name, address, and ZIP + 4       Total contributions       Type of contribution         (a)       Name, address, and ZIP + 4       Total contributions       Type of contribution         (a)       Name, address, and ZIP + 4       Total contributions       Complete Part II for noncash contribution         (a)       Name, address, and ZIP + 4       Total contributions       Complete Part II for noncash contribution         (a)       Name, address, and ZIP + 4       Total contributions       Type of contribution         (a)       Name, address, and ZIP + 4       Total contributions       Complete Part II for noncash contribution         (a)       Name, address, and ZIP + 4       Total contributi				(d) Type of contribution
No.     Name, address, and ZIP + 4     Total contributions     Type of contributions       124	_123		\$3,250.	Payroll Noncash
(a)       (b)       (c)       (d)         125       (c)       (d)         125       (c)       (d)         (a)       (b)       (c)       (c)         (a)       (b)       (c)       (d)         125       (c)       (c)       (c)         (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)         (a)       (b)       (c)       (c)         (a)       (b)       (c)       (d)         No.       Name, address, and ZIP + 4       Total contributions       Type of contributions         126       (c)       (d)       Type of contributions       Type of contributions         126       (c)       (c)       (d)       Type of contributions         (complete Part II for       (c)       Total contributions       Type of contributions         126       (c)       (c)       (c)       Person       X         (c)       (c)       (c)       (c)       Payroll       Noncash         (c)       (c)       (c)				(d) Type of contribution
No.     Name, address, and ZIP + 4     Total contributions     Type of contribution       125	124		\$35,000.	Payroll Noncash
(a)       (b)       (c)       (d)         No.       Name, address, and ZIP + 4       Total contributions       Type of contributions         126       (c)       (d)       Person       X         (a)       (b)       (c)       (d)       Type of contributions         126       (c)       (c)       (c)       (c)       Type of contributions         (c)       (c)       (c)       (c)       (c)       Type of contributions         (c)       (c)       (c)       (c)       Type of contributions       Person       X         (c)       (c)       (c)       (c)       Type of contributions       Person       X         (c)       (c)       (c)       (c)       (c)       Person       X         (c)       (c)       (c)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c				(d) Type of contribution
No.     Name, address, and ZIP + 4     Total contributions     Type of contribution       126	125		\$10,000.	Payroll Noncash
\$\$,000.     \$\$     Payroll       Noncash     []       (Complete Part II for				(d) Type of contribution
323452 10-24-13 Schedule B (Form 990, 990-EZ, or 990-PF) (				Payroll Noncash (Complete Part II for noncash contributions.)

14211023 144414 1061

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MELANOMA RESEARCH ALLIANCE FOUNDATION

26-1636099

	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
127		\$35,000.	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
128		\$180,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129		\$5,000.	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
_130		\$26,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_131		\$5,000.	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>132</u> 323452 10-2		9 \$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)

2013.04030 MELANOMA RESEARCH ALLIANCE

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133		\$762,000.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
134		\$10,000.	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
135		\$10,000.	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
136		\$25,000.	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
137		\$ <u>35,000.</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
<u>138</u> 323452 10-24		\$5 , 000 . \$ 	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)

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MELANOMA RESEARCH ALLIANCE FOUNDATION

26-1636099

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 139 X Person Payroll 35,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 140 X Person Payroll 31,000. X Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 141 X Person Payroll 112,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 142 Х Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 143 X Person Payroll 15,750. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 144 Х Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) 323452 10-24-13 Schedule B (Form 990, 990-EZ, or 990-PF) (2013) 41

14211023 144414 1061

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MELANOMA RESEARCH ALLIANCE FOUNDATION

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

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### (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 145 X Person Payroll 75,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 146 X Person Payroll 24,400. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 147 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 148 Person Payroll 10,000. Noncash X (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 149 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 150 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) 323452 10-24-13 Schedule B (Form 990, 990-EZ, or 990-PF) (2013) 42

2013.04030 MELANOMA RESEARCH ALLIANCE

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MELANOMA RESEARCH ALLIANCE FOUNDATION

26-1636099

### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 151 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 152 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 153 X Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 154 Х Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 155 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 156 X Person Payroll 75,000. Noncash \$ (Complete Part II for noncash contributions.) 323452 10-24-13 Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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43

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MELANOMA RESEARCH ALLIANCE FOUNDATION

26-1636099

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
157		\$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
_158		\$ <u> </u>	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
159		\$ <u>25,000.</u>	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
160		\$ <u>25,000.</u>	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
161		\$ <u>460,000.</u>	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>162</u> 323452 10-2-	4-13 <b>Δ</b> Δ	\$\$\$\$\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)

2013.04030 MELANOMA RESEARCH ALLIANCE

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Employer identification number

MELANOMA RESEARCH ALLIANCE FOUNDATION

26-1636099

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,000.	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
164		\$10,000.	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
165		\$5,000.	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
166		\$5,000.	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
167		\$450,000.	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
168		\$10,000. \$Schedule B (Form 1	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)
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2013.04030 MELANOMA RESEARCH ALLIANCE

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MELANOMA RESEARCH ALLIANCE FOUNDATION

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### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 169 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 170 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 171 Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 172 Person Payroll 50,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 173 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 174Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

46

2013.04030 MELANOMA RESEARCH ALLIANCE

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Part I

Employer identification number

MELANOMA RESEARCH ALLIANCE FOUNDATION

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

### 26-1636099

### (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 175 X Person Payroll 35,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 176 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 177 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 178 Х Person Payroll 250,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 179 X Person Payroll 1,000,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 180 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) 323452 10-24-13 Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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Employer identification number

MELANOMA RESEARCH ALLIANCE FOUNDATION

26-1636099

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$60,000.	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
		\$10,000.	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
_183		\$10,000.	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
		\$10,000.	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
		\$5,000.	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
186	-13		Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)

2013.04030 MELANOMA RESEARCH ALLIANCE

MELANOMA RESEARCH ALLIANCE FOUNDATION

26-1636099

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$\$5,000.	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
188		- \$150,000. -	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>189</u>		- _ \$5,000.	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>190</u>		\$17,076.	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>191</u>		\$ <u>250,000.</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
<u>192</u> 323452 10-24		- \$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)

14211023 144414 1061

Employer identification number

MELANOMA RESEARCH ALLIANCE FOUNDATION

### 26-1636099

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>193</u>		\$5,000.	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
_194		\$ <u>15,000.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>195</u>		\$10,000.	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>196</u>		\$ <u>1,350,000.</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
<u>197</u>		\$5,000.	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
198		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 10-24	50	Schedule B (Form) MA RESEARCH ALLII	990, 990-EZ, or 990-PF) (2013) ANCE 10611

MELANOMA RESEARCH ALLIANCE FOUNDATION

26-1636099

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199		\$10,000.	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
200		\$225,000.	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
201		\$10,000.	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
202		\$25,000.	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
203		\$7,000.	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
204	-13	\$6 , 250 . Schedule B (Form	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)
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MELANOMA RESEARCH ALLIANCE FOUNDATION

26-1636099

(a)	(b)	(c)	(d)
(a) No.	(b) Name, address, and ZIP + 4	Total contributions	Type of contribut
205		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
206		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
207		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
208		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
209		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
210		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contribution

1061\_\_\_1

Employer identification number

MELANOMA RESEARCH ALLIANCE FOUNDATION

26-1636099

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>30,000.</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
_212		- \$ <u>450,000.</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
		\$25,000.	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>75,000.</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
		- \$ <u>450,000.</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
216	4-13	\$5 , 000 . Schedule B (Form	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)
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2013.04030 MELANOMA RESEARCH ALLIANCE

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MELANOMA RESEARCH ALLIANCE FOUNDATION

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26-1636099

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
217		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
218		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
219		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
220		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
221		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
		\$	Person Payroll Noncash (Complete Part II for noncash contributio

26-1636099

### MELANOMA RESEARCH ALLIANCE FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
121	\$10,000 OF CASH AND \$7,600 OF COSMETICS		
		\$	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
128	GALA AUCTION ITEM - CRUISE ON PRIVATE YACHT		
		\$	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
130	GALA AUCTION ITEM - TRAVEL AND DINNER		
		\$26,000.	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
133	\$750,000 OF CASH AND \$12,000 OF COSMETICS		
		\$62,000.	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
140	\$6,0000 OF CASH AND \$25,000 OF EVENT PRODUCTION AND MATERIALS		
		\$31,000.	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
148	GALA AUCTION ITEM - DEER VALLEY VACATION		
		1	

14211023 144414 1061

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26-1636099

## MELANOMA RESEARCH ALLIANCE FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
194	GALA AUCTION ITEM - STEVE MCCURRY ART PIECE		
		\$15,000.	12/31/13
(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
		¢	
3453 10-24	4-13	\$Schedule B (Form 9	90, 990-EZ, or 990-PF) (

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MELANOMA RESEARCH ALLIANCE FOUR Part III Exclusively, religious, charitable, etc., individua	NDATION	26-1636099			
Part III Exclusively, religious, charitable, etc., individua					
year. Complete columns (a) through (e) and the foll the total of <i>exclusively</i> religious, charitable, etc., con Use duplicate copies of Part III if additional sp	I contributions to section 501(c)( lowing line entry. For organization: ntributions of \$1,000 or less for th ace is peeded	7), (8), or (10) organizations that total more than \$1,000 for the s completing Part III, enter he year. (Enter this information once.)  \$\$			
(a) No. from (b) Purpose of gift Part I	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift				
Transferee's name, address, and Z	IP + 4	Relationship of transferor to transferee			
(a) No. from (b) Purpose of gift Part I	(c) Use of gift	(d) Description of how gift is held			
		_			
	(e) Transfer of gift				
Transferee's name, address, and Z	IP + 4	Relationship of transferor to transferee			
(a) No. from (b) Purpose of gift Part I	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift				
Transferee's name, address, and Z		Relationship of transferor to transferee			
(a) No. from (b) Purpose of gift Part I	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift				
Transferee's name, address, and Z	IP + 4	Relationship of transferor to transferee			
323454 10-24-13		Schedule B (Form 990, 990-EZ, or 990-PF) (2013			

2013.04030 MELANOMA RESEARCH ALLIANCE

SCHEDULE C	P	olitical Campaign	and Lobbvi	ina Activities	5	OMB No. 1545-0047
(Form 990 or 990-EZ)			-			2013
Department of the Treasury Internal Revenue Service	Complete	anizations Exempt From Income e if the organization is described rate instructions. Information instruction	d below. 🕨 Attach	to Form 990 or Form C (Form 990 or 990-E	990-EZ.	Onon to Rublia
If the organization answ	vered "Yes," to	Form 990, Part IV, line 3, or For			paign Activ	vities), then
<ul> <li>Section 501(c)(3) orga</li> </ul>	anizations: Con	nplete Parts I-A and B. Do not com	plete Part I-C.			
<ul> <li>Section 501(c) (other</li> </ul>	than section 50	01(c)(3)) organizations: Complete I	Parts I-A and C belo	w. Do not complete Pa	art I-B.	
<ul> <li>Section 527 organiza</li> </ul>	tions: Complete	e Part I-A only.				
•	-	Form 990, Part IV, line 4, or For				
		have filed Form 5768 (election une		-	-	
		have NOT filed Form 5768 (electic				-
-		Form 990, Part IV, line 5 (Proxy	Tax) or Form 990-E	Z, Part V, line 35c (P	roxy Iax),	then
Name of organization	, or (6) organiza	tions: Complete Part III.			Employe	r identification number
ramo or organization	MELANOM	A RESEARCH ALLIAN	ICE FOUNDAT	NOT		6-1636099
Part I-A Comple		ganization is exempt under				
		•	•	•		
1 Provide a descriptio	n of the organiz	zation's direct and indirect politica	l campaign activities	s in Part IV.		
•	•	·			▶\$	
		panization is exempt unde		/ / /	-	
1 Enter the amount of	any excise tax	incurred by the organization unde	er section 4955		▶\$	
2 Enter the amount of	any excise tax	incurred by organization manager	s under section 495	55	► \$	
		n 4955 tax, did it file Form 4720 fo				
						└── Yes └── No
b If "Yes," describe in Part I-C Comple	Part IV.	ganization is exempt unde	r section 501(c	) excent section	501(c)(2	2)
		d by the filing organization for sect	-		► \$	<i>.</i> ,,,,,,,,,,,,.
	• •	ization's funds contributed to oth			🖻 🖣 🔛	
			-		► \$	
		s. Add lines 1 and 2. Enter here an				
l.				,	▶\$	
		1120-POL for this year?				Yes No
		mployer identification number (EIN				e filing organization
		tion listed, enter the amount paid				
	-	omptly and directly delivered to a		-	separate s	egregated fund or a
political action comr	nittee (PAC). If	additional space is needed, provid	te information in Pai	rt IV.		
<b>(a)</b> Name		(b) Address	(c) EIN	(d) Amount paid filing organizatio funds. If none, ent	on's con ter-0 c	(e) Amount of political ntributions received and promptly and directly delivered to a separate political organization. If none, enter -0
For Paperwork Reduction	on Act Notice,	see the Instructions for Form 99	90 or 990-EZ.	Scheo	ule C (For	rm 990 or 990-EZ) 2013

11-08-13	
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Schedule C (Form 990 or 990-EZ) 2013	MELANOMA RE	SEARCH ALLI	ANCE FOUNDA	TION 26-1	636099 Page 2	
Part II-A Complete if the org		npt under sectio	n 501(c)(3) and fil	ed Form 5768		
expenses, and sha	tion belongs to an affi re of excess lobbying	• • •	Part IV each affiliated	group member's nam	e, address, EIN,	
Limi	ts on Lobbying Expe			<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals	
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)         b Total lobbying expenditures to influence a legislative body (direct lobbying)         c Total lobbying expenditures (add lines 1a and 1b)         d Other exempt purpose expenditures         e Total exempt purpose expenditures (add lines 1c and 1d)         f Lobbying nontaxable amount. Enter the amount from the following table in both columns.         lf the amount on line 1e, column (a) or (b) is:         The lobbying nontaxable amount is:         Not over \$500,000       20% of the amount on line 1e.         Over \$500,000 but not over \$1,000,000       \$100,000 plus 15% of the excess over \$500,000.         Over \$1,000,000 but not over \$1,500,000       \$125,000 plus 5% of the excess over \$1,500,000.         Over \$17,000,000       \$1,000,000.				4,200. 4,200. 10,399,773. 10,403,973. 670,199.		
<ul> <li>g Grassroots nontaxable amount (enter 25% of line 1f)</li> <li>h Subtract line 1g from line 1a. If zero or less, enter -0-</li> <li>i Subtract line 1f from line 1c. If zero or less, enter -0-</li> </ul>				167,550. 0. 0.		
j If there is an amount other than ze				Г	Yes No	
reporting section 4911 tax for this year?						
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> Total	
2aLobbying nontaxable amountbLobbying ceiling amount(150% of line 2a, column(e))	592,013.	469,731.	594,761.	670,199.	2,326,704. 3,490,056.	
c Total lobbying expenditures	4,500.	7,500.	2,500.	4,200.	18,700.	

117,433.

148,003.

Schedule C (Form 990 or 990-EZ) 2013

167,550.

581,676.

872,514.

148,690.

d Grassroots nontaxable amounte Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

### Schedule C (Form 990 or 990-EZ) 2013 MELANOMA RESEARCH ALLIANCE FOUNDATION 26-1636099 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(b	)
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? $\dots$				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
с	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)				
Par	t IV Supplemental Information				
Provi	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part I	I-A, line 2; a	nd Part II-B	, line 1.

Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2013

332043 11-08-13

(Form	990)	
(FOULD	<b>330</b> )	

# **Supplemental Financial Statements**

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

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990 Inspection Employer identification number

Name of the o	rganization
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MELANOMA RESEARCH ALLIANCE FOUNDATION

26-1636099

OMB No. 1545-0047

**Open to Public** 

3

Pa			or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6. (a) Donor advised funds	(b) Funds and other accounts
	Tatal number at and of year		
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of yearL Did the organization inform all donors and donor advisors in w	witing that the apporte hold in depart advisor	d fundo
5	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ac		
6	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Pa			
1	Purpose(s) of conservation easements held by the organization		it iv, into 7.
•	Preservation of land for public use (e.g., recreation or ed		prically important land area
	Protection of natural habitat	Preservation of a certific	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	f a conservation easement on the last
-	day of the tax year.		
			Held at the End of the Tax Yea
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		
	listed in the National Register	-	2d
3	Number of conservation easements modified, transferred, rele		organization during the tax
	year 🕨		
4	Number of states where property subject to conservation eas	ement is located ►	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it	holds?	Yes 🛛 No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements dur	ring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and e	nforcing conservation easements during th	he year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 📖 No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describes th	ne organization's accounting for
	conservation easements.	<u> </u>	<b>.</b>
Pa	t III Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form 9		ner Similar Assets.
10	If the organization elected, as permitted under SFAS 116 (AS		and balance about works of art
Ia	historical treasures, or other similar assets held for public exhi	<i>.</i>	
	the text of the footnote to its financial statements that describ		
h	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art historica
5	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		ie service, provide the following amount
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under SFAS 11		Jan, 2104100
а	Revenues included in Form 990, Part VIII, line 1		• • .
	Assets included in Form 990, Part X		
~			·········· F · ·
LHA 33205 09-25-	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 201

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Pa	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical T	reasures, o	or Othe	r Simila	r Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, checł	any of the	e following tha	at are a sig	gnificant us	se of its	collectio	n iterr	าร
	(check all that apply):										
а	Public exhibition	d		_oan or exc	change progra	ams					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co							e in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, his	storical trea	asures, or oth	er similar	assets		-		_
	to be sold to raise funds rather than to be ma							L	Yes		No
Pai	<b>t IV</b> Escrow and Custodial Arran reported an amount on Form 990, Par		te if the	organizatio	on answered	"Yes" to F	<sup>-</sup> orm 990, I	Part IV, I	ine 9, or		
<b>1</b> a	Is the organization an agent, trustee, custod	ian or other intermedi	ary for	contributio	ns or other as	ssets not i	ncluded		_		
	on Form 990, Part X?							🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount	t	
с	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year						1e				
f	Ending balance								-		
2a	Did the organization include an amount on F	orm 990, Part X, line 2	21?					∟	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pa	t V Endowment Funds. Complete i	f the organization and	swered	"Yes" to Fo	· · · · ·						
		(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back 🛛 🌔	<b>d)</b> Three yea	ars back	(e) Four	years	back
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										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1	g, column (	(a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion tha	t are held a	and administe	ered for th	e organiza	ition	_		_
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations								3b		
4	Describe in Part XIII the intended uses of the	organization's endov	wment f	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" to Form 990,	Part IV	, line 11a. S	See Form 990	), Part X, li	ne 10.				
	Description of property	(a) Cost or ot	her	(b) Cos	t or other	(c) Ac	cumulated		(d) Boo	k valu	ie
		basis (investm	ent)		(other)	depi	reciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			5	70,876.		29,03	0.	4	1,8	46.
	Other										
	Add lines 1a through 1e. (Column (d) must e		(, colun	nn (B), line	10(c).)	<u></u>	<u>.</u>		4	1,8	46.
							S	chedule	D (Forn	n 990	) 2013

Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b. See Form 990, I	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or e	nd-of-year market value
Financial derivatives				
Closely-held equity interests				
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	to Form 990 Part IV line	11c See Form 990 I	Part X line 13	
(a) Description of investment	(b) Book value			nd-of-year market value
(1)	(-)	(-,		
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" t		11d. See Form 990, I	Part X, line 15.	
Complete if the organization answered "Yes" to (a) [	to Form 990, Part IV, line Description	11d. See Form 990, I	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" f (a) (1)		11d. See Form 990, I	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" to (a) [ (a) [		11d. See Form 990, I	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" f (1)		11d. See Form 990, I	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" f (a) [ (1) (2)		11d. See Form 990, I	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" f (a) [ (1) (2) (3)		11d. See Form 990, I	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" f (a) [ (1) (2) (3) (4)		11d. See Form 990, I	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" f (a) [ (1) (2) (3) (4) (5)		11d. See Form 990, I	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" f (a) [ (1) (2) (3) (4) (5) (6)		11d. See Form 990, I	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" f (a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, I	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" f (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" f (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" f           (a) [           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           Other Liabilities.	Description			
Complete if the organization answered "Yes" f (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" f	Description			
Complete if the organization answered "Yes" i (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" i (a) Description of liability	Description	11e or 11f. See Form		
Complete if the organization answered "Yes" f (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" f (a) Description of liability (1) Federal income taxes DUP TO MIL WINN	Description	11e or 11f. See Form		
Complete if the organization answered "Yes" f (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" f (a) Description of liability (1) Federal income taxes (2) DUE TO MILKEN	Description	11e or 11f. See Form (b) Book value		
Complete if the organization answered "Yes" f (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" f (a) Description of liability (1) Federal income taxes (2) DUE TO MILKEN (3) INSTITUTE / FASTERCURES	Description	11e or 11f. See Form		
Complete if the organization answered "Yes" f (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Detal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" f (a) Description of liability (1) Federal income taxes (2) DUE TO MILKEN (3) INSTITUTE / FASTERCURES (4)	Description	11e or 11f. See Form (b) Book value		
Complete if the organization answered "Yes" f (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" f (a) Description of liability (1) Federal income taxes (2) DUE TO MILKEN (3) INSTITUTE / FASTERCURES (4) (5)	Description	11e or 11f. See Form (b) Book value		
Complete if the organization answered "Yes" f (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" f (a) Description of liability (1) Federal income taxes (2) DUE TO MILKEN (3) INSTITUTE / FASTERCURES (4) (5) (6)	Description	11e or 11f. See Form (b) Book value		
Complete if the organization answered "Yes" f (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Dotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" f (a) Description of liability (1) Federal income taxes (2) DUE TO MILKEN (3) INSTITUTE / FASTERCURES (4) (5) (6) (7)	Description	11e or 11f. See Form (b) Book value		
Complete if the organization answered "Yes" f (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" f (a) Description of liability (1) Federal income taxes (2) DUE TO MILKEN (3) INSTITUTE / FASTERCURES (4) (5) (6) (7) (8)	Description	11e or 11f. See Form (b) Book value		
Complete if the organization answered "Yes" f (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (6) (7) (8) (9) (1) Federal income taxes (2) DUE TO MILKEN (3) INSTITUTE / FASTERCURES (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (2) DUE TO MILKEN (3) INSTITUTE / FASTERCURES (4) (5) (6) (7) (8) (9)	2 15.)	11e or 11f. See Form (b) Book value 1,684.		
Complete if the organization answered "Yes" f (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" f (a) Description of liability (1) Federal income taxes (2) DUE TO MILKEN (3) INSTITUTE / FASTERCURES (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description	11e or 11f. See Form (b) Book value 1,684. 1,684.		5.
Complete if the organization answered "Yes" f (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) <b>btal.</b> (Column (b) must equal Form 990, Part X, col. (B) line <b>Part X Other Liabilities.</b> Complete if the organization answered "Yes" f (a) Description of liability (1) Federal income taxes (2) <b>DUE TO MILKEN</b> (3) <b>INSTITUTE / FASTERCURES</b> (4) (5) (6) (7) (8) (9)	Description	11e or 11f. See Form (b) Book value 1,684. 1,684. o the organization's f	1 990, Part X, line 2	s that reports the

MELANOMA RESEARCH ALLIANCE FOUNDATION

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Schedule D (Form 990) 2013

2<u>6-1636099 Page</u>3

Sche	dule D (Form 990) 2013 MELANC	MA RESEARCH	ALLIANCE	FOUNDA	TION	26-	1636099	Page <b>4</b>
Pa	t XI Reconciliation of Revenue	per Audited Finar	ncial Stateme	nts With F	Revenue per R	eturr	n.	
	Complete if the organization answe	ered "Yes" to Form 990,	Part IV, line 12a.					
1	Total revenue, gains, and other support p	er audited financial state	ments			1	15,595	,231.
2	Amounts included on line 1 but not on Fo	m 990, Part VIII, line 12:						
а	Net unrealized gains on investments			2a				
b								
с	Recoveries of prior year grants							
d								
е	Add lines 2a through 2d					2e		0.
3	Subtract line 2e from line 1					3	15,595	,231.
4	Amounts included on Form 990, Part VIII,							
а	Investment expenses not included on For	m 990, Part VIII, line 7b		4a				
b	Other (Describe in Part XIII.)			4b	81,840.			
с						4c		<u>,840.</u>
5	Total revenue. Add lines 3 and 4c. (This m					5	15,677	<u>,071.</u>
Do	rt XII Reconciliation of Expense	s ner Audited Fina	ncial Statem	ents With	Expenses per	Retu	irn	
Pa		•			Twhenese her	nett		
Pa	Complete if the organization answe	ered "Yes" to Form 990,	Part IV, line 12a.					
1		ered "Yes" to Form 990,	Part IV, line 12a.			1	10,705	<u>,783.</u>
	Complete if the organization answe Total expenses and losses per audited fin Amounts included on line 1 but not on Fo	ancial statements m 990, Part IX, line 25:	Part IV, line 12a.					<u>,783.</u>
1	Complete if the organization answe Total expenses and losses per audited fin	ancial statements m 990, Part IX, line 25:	Part IV, line 12a.					<u>,783.</u>
1 2 a	Complete if the organization answe Total expenses and losses per audited fin Amounts included on line 1 but not on Fo	ancial statements m 990, Part IX, line 25:	Part IV, line 12a.	2a				<u>,783.</u>
1 2 a	Complete if the organization answer Total expenses and losses per audited fin Amounts included on line 1 but not on Fo Donated services and use of facilities Prior year adjustments	ancial statements m 990, Part IX, line 25:	Part IV, line 12a.	2a 2b				<u>,783.</u>
1 2 b c	Complete if the organization answer Total expenses and losses per audited fin Amounts included on line 1 but not on Fo Donated services and use of facilities Prior year adjustments	med "Yes" to Form 990, ancial statements m 990, Part IX, line 25:	Part IV, line 12a.	2a 2b 2c				<u>,783.</u>
1 2 b c	Complete if the organization answer Total expenses and losses per audited fin Amounts included on line 1 but not on Fo Donated services and use of facilities Prior year adjustments Other losses	med "Yes" to Form 990, ancial statements m 990, Part IX, line 25:	Part IV, line 12a.	2a 2b 2c 2d			10,705	0.
1 2 b c	Complete if the organization answer Total expenses and losses per audited fin Amounts included on line 1 but not on Fo Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	med "Yes" to Form 990, ancial statements m 990, Part IX, line 25:	Part IV, line 12a.	2a 2b 2c 2d		1		0.
1 2 b c d e	Complete if the organization answer Total expenses and losses per audited fin Amounts included on line 1 but not on Fo Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	red "Yes" to Form 990, ancial statements m 990, Part IX, line 25:	Part IV, line 12a.	2a 2b 2c 2d		1 2e	10,705	0.
1 2 b c d 3	Complete if the organization answer Total expenses and losses per audited fin Amounts included on line 1 but not on For Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	ne 25, but not on line 1:	Part IV, line 12a.	2a 2b 2c 2d		1 2e	10,705	0.
1 2 b c d e 3 4 a	Complete if the organization answer Total expenses and losses per audited fin Amounts included on line 1 but not on Fo Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, li	me 25, but not on line 1: m 990, Part VIII, line 7b	Part IV, line 12a.	2a 2b 2c 2d 4a		1 2e	10,705	<u>0.</u> ,783.
1 2 b c d e 3 4 a b	Complete if the organization answer Total expenses and losses per audited fin Amounts included on line 1 but not on Fo Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, li Investment expenses not included on For Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	ne 25, but not on line 1: m 990, Part VIII, line 7b	Part IV, line 12a.	2a 2b 2c 2d 4a 4b	81,840.	1 2e 3 4c	<u>10,705</u> <u>10,705</u> 81	<u>0.</u> ,783.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answer Total expenses and losses per audited fin Amounts included on line 1 but not on Fo Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, li Investment expenses not included on For Other (Describe in Part XIII.)	ne 25, but not on line 1: m 990, Part VIII, line 7b	Part IV, line 12a.	2a 2b 2c 2d 4a 4b	81,840.	1 2e 3	10,705	<u>0.</u> ,783.

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:

REFUNDS OF PRIOR YEAR GRANT EXPENSES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

# REFUNDS OF PRIOR YEAR GRANT EXPENSES

332054 09-25-13

81,840.

81,840.

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ates	OMB No. 1545-0047
(Form 990)			n answered "Yes" on Form 990, Part			2013
Department of the Treasury	Information ab		orm 990. See separate instructio (Form 990) and its instructions is at			Open to Public Inspection
Internal Revenue Service Name of the organization		out Schedule F		www.irs.gov/fe	_	entification number
name of the organization						
MELANOMA RESE					26-163	
	nformation on A art IV, line 14b.	Activities Ou	tside the United States. Comple	ete if the orgar	nization answer	red "Yes" on
		n maintain recor	ds to substantiate the amount of its gra	ants and other	assistance.	
-	÷		the selection criteria used to award the			X Yes No
2 For grantmakers. I United States.	Describe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistance	e outside the
			an be duplicated if additional space is r			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
			GRANTS TO RECIPIENTS			
NORTH AMERICA	0	0	LOCATED IN THE REGION			41,667.
EAST ASIA AND THE			GRANTS TO RECIPIENTS			
PACIFIC	0	0	LOCATED IN THE REGION			150,000.
EUROPE (INCLUDING			GRANTS TO RECIPIENTS			
ICELAND & GREENLAND	) 0	0	LOCATED IN THE REGION			375,000.
3 a Sub-total		0				566,667.
b Total from continua sheets to Part I		0				0.
c Totals (add lines 3a						
and 3b)	0	0				566,667.

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Schedule F (Form 990) 2013

332071 10-03-13

Schedule F (Form 990) 2013	3 MELANOMA	VOMA RESEARCH	ALLIANCE FOUNDATION	ATION	26-1636099	36099		Page 2
Part II Grants and Othe recipient who rec	er Assistance to Or seived more than \$5	Grants and Other Assistance to Organizations or Entities Outsi recipient who received more than \$5,000. Part II can be duplicated	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	omplete if the or; eded.	janization answered	"Yes" on Form 9	90, Part IV, line 15, for	_
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ін н	ESTABLISHED					
		BRUNEI, BURMA, EAST ASIA AND THE	INVESTIGATOR AWARD	100,000.	CHECK	0.		
		PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PILOT AWARD	50,000.	CHECK	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT BUT NOT THE UNITED	YOUNG INVESTIGATOR AWARD	41,667.0	СНЕСК	.0		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	YOUNG INVESTIGATOR AWARD	75,000.4	СНЕСК	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	TEAM SCIENCE AWARD	300,000.	снеск	0.		
<ul> <li>Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has pro</li> <li>Enter total number of other organizations or entities</li> </ul>	recipient organizatic he grantee or couns other organizations	ons listed above that are sel has provided a section or entities	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-e)	kempt by		0
							Schedu	Schedule F (Form 990) 2013

332072 10-03-13

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Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2013
	V, line 16.	<b>(g)</b> Description of non-cash assistance					Schedu
26-1636099	on Form 990, Part I	(f) Amount of non-cash assistance					
FOUNDATION 26	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.	<b>(e</b> ) Manner of cash disbursement					
	<b>ites.</b> Complete if	<b>(d)</b> Amount of cash grant					
ARCH ALL	<b>le the United St</b> a d.	<b>c)</b> Number of recipients					
MELANOMA RESEARCH ALLIANCE	<pre>te to Individuals Outsic dditional space is neede</pre>	<b>(b)</b> Region					
Schedule F (Form 990) 2013 M	Part III         Grants and Other Assistance to Individuals Outside           Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

# Schedule F (Form 990) 2013 MELANOMA RESEARCH ALLIANCE FOUNDATION 26-1636099 Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.</i> (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)</i>	Yes	X No

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 MELANOMA RESEARCH ALLIANCE FOUNDATION	26-1636099	Page <b>5</b>
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounti	ng method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method	,, , , , , , , , , , , , , , , , , , , ,	;)
(estimated number of recipients), as applicable. Also complete this part to provide any additional inform	ation.	
PART I, LINE 2:		
EXPLANATION: EACH PROPOSAL TO THE MRA IS REVIEWED FOR SCIE	NTIFIC MERIT	
AND TRANSLATIONAL AND CLINICAL IMPACT BY MRA'S WORLD-CLASS	GRANT REVIE	W
COMMITTEE (GRC). CRITERIA ARE DESCRIBED IN THE MRA'S REQUE	ST FOR	
PROPOSALS. GRC MEMBERS ARE SENIOR THOUGHT-LEADERS IN MELAN	OMA AND CANC	ER
RESEARCH. AFTER SCIENTIFIC PEER REVIEW BY THE GRC, THE MRA	BOARD OF	
DIRECTORS APPROVES FINAL RESEARCH AWARDS FOR FUNDING. RESE	ARCH AWARD	
FUNDS ARE DISPENSED ON AN ANNUAL BASIS, CONTINGENT UPON MR	A STAFF REVI	EW
OF ANNUAL PROGRESS REPORTS SUBMITTED BY THE GRANTEES.		

PART I, LINE 3:

EXPLANATION: AWARDEES PROVIDE MRA WITH ANNUAL WRITTEN REPORTS OF THEIR RESEARCH PROGRESS AND COMPLIANCE WITH BUDGET GUIDELINES. FUNDS ARE DISTRIBUTED IN ANNUAL INSTALLMENTS AND NEXT YEAR'S INSTALLMENT IS NOT PROVIDED UNTIL SATISFACTORY REVIEW BY THE MRA CHIEF SCIENCE OFFICER AND SCIENTIFIC PROGRAM DIRECTOR. AWARDEES MUST KEEP SYSTEMATIC AND COMPLETE RECORDS ON THE RECEIPT AND DISBURSEMENT OF ALL AWARD FUNDS, AND MAY NOT COMMINGLE ANY FUNDS FROM OTHER SOURCES.

SCHEDULE G         (Form 990 or 990-EZ)         Department of the Treasury         Internal Revenue Service    Attach to Form 990 or Form 990-EZ.							OMB No. 1545-0047	
		bout Schedule G (Form 990 or 990-EZ)				ov/fo	rm 990	Inspection
Name of the organization		A RESEARCH ALLIANC	ΕF	OUN	DATION		Employer i	dentification number 36099
Part I Fundraisi	ing Activities	Complete if the organization answe	red "Y	'es" to	Form 990, Part IV, I	ine 1	7. Form 990-	EZ filers are not
<ul> <li>Indicate whether the</li> <li>a Mail solicitati</li> <li>b Internet and</li> <li>c Phone solicit</li> <li>d In-person sol</li> <li>2 a Did the organization key employees lister</li> </ul>	ons email solicitations ations icitations n have a written c ed in Form 990, P highest paid indi	sed funds through any of the followir e Solicitat f Solicitat g Special or oral agreement with any individual eart VII) or entity in connection with p ividuals or entities (fundraisers) purse	ion of ion of fundra (inclue rofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	<b>Y</b>	<b>Yes No</b> to be
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or con contrib	ustody	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)		y) to (or retained by)
			Yes	No				
		on is registered or licensed to solicit o		bution:	s or has been notified	d it is	exempt from	n registration
LHA For Paperwork Re	duction Act Not	ice, see the Instructions for Form s	990 or	990-1	EZ. S	Schee	dule G (Forn	n 990 or 990-EZ) 2013

332081 09-12-13

	edu I <b>rt</b>	le G (Form 990 or 990-EZ) 2013 MELANOM				1636099 Page 2 more than \$15,000
		of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(a) Tatal avanta
			BI-ANNUAL	LEVEREDGED	NONE	(d) Total events
			BENEFITS DIN			(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Ine				(event type)		
Revenue	1	Gross receipts	6,560,268.	1,233,632.		7,793,900.
	2	Less: Contributions	6,226,730.	1,056,588.		7,283,318.
	3	Gross income (line 1 minus line 2)	333,538.	177,044.		510,582.
	4	Cash prizes		0.		
S	5	Noncash prizes	231,000.	0.		231,000.
bense	6	Rent/facility costs	0.	34,750.		34,750.
Direct Expenses	7	Food and beverages	37,488.	92,250.		129,738.
Ū						
	8	Entertainment	0.	0.		115 004
	9	Other direct expenses		50,044.		115,094.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		►	510,582.
_	11	Net income summary. Subtract line 10 from I			<b>&gt;</b>	0.
Pa	irt I		answered "Yes" to Form	990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	•			
ē			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
ě						
	1	Gross revenue				
Se	2	Cash prizes				
Expenses	3	Noncash prizes				
ಕ	4	Rent/facility costs				
Dire						
	5	Other direct expenses				
			<b>Yes</b> %	<b>Yes</b> %	└── Yes %	
	6	Volunteer labor	No No	└── No	└── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	0	Net gaming income summary. Subtract line r				
9	En	ter the state(s) in which the organization opera	tes camina activities:			
		the organization licensed to operate gaming ac		atataa?		Yes No
			civilies in each of these :	States?		
D		No," explain:				
10-		are any of the presnization's coming licenses r	avalvad, avanandad ar ta	repipeted during the tax		Yes No
		ere any of the organization's gaming licenses re	evokeu, suspenaea or te	anninated during the tax	yodi (	
CI CI	. 11	Yes," explain:				
_						
3320	82 0	9-12-13			Schedule G (Fo	rm 990 or 990-EZ) 2013

Sch	edule G (Form 990 or 990-EZ) 2013 MELANOMA RESEARCH ALLIANCE FOUNDATION 26-1	636	099	Page <b>3</b>
11	Does the organization operate gaming activities with nonmembers?		Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	L No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
<b>1</b> 5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
с	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
4-				
	Mandatory distributions:			
d	Is the organization required under state law to make charitable distributions from the gaming proceeds to		Vas	
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. —	103	
U	organization's own exempt activities during the tax year > \$			
Pa	<b>TTIV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, li	nes 9,	9b, 1	0b, <b>1</b> 5b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).			
_	_			
33208	<sup>83</sup> 09-12-13 Schedule G (Form 72	i 990 d	or 990	-EZ) 2013

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SCHEDULE I (Form 990)	U g	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States <sup>Complete if the organization answered "Yes" to Form 990. Part IV. line 21 or 22</sup> .	Other Assistance to Organizations, , and Individuals in the United States <sup>zation answered "Yes" to Form 990. Part IV. line 21 or 2</sup>	ce to Organi s in the Unit to Form 990. Part	izations, ted States t IV. line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Inform	<ul> <li>Attach to Form 990.</li> <li>Information about Schedule I (Form 990) and its instructions is at www irs crow/form990.</li> </ul>	Attach to Form 990. (Form 990) and its instru	n 990. instructions is at	www.irs.cov/form990	5	Open to Public Inspection
Name of the organization ME Darf I General Informatio	e organization MELANOMA RESEARCH General Information on Grants and Assistance	H ALLIANCE FO	FOUNDATION				Employer identification number 26-1636099
1 Does the organization mai	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	the amount of the grants	s or assistance, the	grantees' eligibility	for the grants or assi	istance, and the selec	
criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedure	criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	onitoring the use of grant	funds in the United	d States.			X Yes No
ar	Grants and Other Assistance to Governments and Organizations	and Organizations in the	e United States. Co	omplete if the orga	inization answered "Y	in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more that <b>1 (a)</b> Name and address of organization or government	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. time and address of organization (b) EIN (c) IRC section (d) Amount of ( or government cash grant (	can be duplicated in additi (c) IRC section if applicable	tional space is need (d) Amount of cash grant	led. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE - 10900 EUCL AVENUE - CLEVELAND, OH 44106-49:	UNIVERSITY - - 10900 EUCLID OH 44106-4919 34-1018992	2 501(C)(3)	75,000.	o			YOUNG INVESTIGATOR AWARD
COLD SPRING HARBOR LABORATORY 1 BUNGTOWN ROAD COLD SPRING HARBOR, NY 11724	ATORY 1724 11-2013303	3 501(C)(3)	200,000.				TEAM SCIENCE AWARD
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE D1542 BOSTON, MA 02115	титЕ 42 04-2263040	0 501(C)(3)	750,000.	.0			TEAM SCIENCE (2) AND ESTABLISHED INVESTIGATOR (2) AWARDS
DUKE UNIVERSITY 230 RESEARCH DRIVE MSR81 DURHAM, NC 27710	56-0532129	9 501(C)(3)	25,000.				YOUNG INVESTIGATOR AWARD
ENTERTAINMENT INDUSTRY FOUNDATION 1201 WEST 5TH STREET, SUITE T-700 LOS ANGELES, CA 90017	FOUNDATION SUITE T-700 95-1644609	9 501(C)(3)	2,000,000.	°			SU2C/MRA MELANOMA DREAM TEAM
HENRY FORD HEALTH SYSTEM 1 FORD PLACE, 1D27 DETROIT, MI 48202	38-1357020	0 501(C)(3)	75,000.	. 0			YOUNG INVESTIGATOR AWARD
2 Enter total number of sect 3 Enter total number of othe	Enter total number of section 501(c)(3) and government organizations listed Enter total number of other organizations listed in the line 1 table		in the line 1 table				▼ 27. 0.
9-13 9-13	For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) 1	r Form 99 N (H)	0. DESCRIPTIONS 73	م ا			Schedule I (Form 990) (2013)

Schedule I (Form 990) MELANOMA RESEARCH ALLIANCE FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	RESEARCH Assistance to Go	ALLIANCE FOU	FOUNDATION rganizations in the Ur	nited States (Sche	dule I (Form 990), Par		26-1636099 Page 1
<b>(a)</b> Name and address of organization or government	( <b>b</b> ) EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY 1650 ORLEANS STREET CRB1, RM 452 BALTIMORE, MD 21231	52-0595110	501(C)(3)	620,000.	.0			YOUNG INVESTIGATOR TEAM SCIENCE AND ACADEMIC-INDUSTRY PARTNERSHIP AWARDS
LA JOLLA INSTITUTE FOR ALLERGY & IMMUNOLOGY - 9420 ATHENA CIRCLE - LA JOLLA, CA 92037	33-0328688	501(C)(3)	75,000.	. 0			YOUNG INVESTIGATOR AWARD
MASSACHUSETTS GENERAL HOSPITAL (THE GENERAL HOSPITAL CORPORATION) - 149, 13TH STREET - CHARLESTOWN, MA 02129	04-2697983	501(C)(3)	75,000.				YOUNG INVESTIGATOR AWARD
MEMORIAL SLOAN-KETTERING CANCER INSTITUTE - 1275 YORK AVENUE - NEW YORK, NY 10065	13-1924236	501(C)(3)	1,125,000.	.0			YOUNG INVESTIGATOR TEAM SCIENCE PARTNERSHIP ESTABLISHED INVESTIGATOR (2), YOUNG INVESTIGATOR
THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE BOX 252 NEW YORK, NY 10065	13-1624158	501(C)(3)	274,960.	0.			ESTABLISHED INVESTIGATOR (2) AND YOUNG INVESTIGATOR AWARDS
SAINT LOUIS UNIVERSITY 1100 S. GRAND BLVD. 8TH FLOOR ST. LOUIS, MO 63104	43-0654872	501(C)(3)	75,000.	0			YOUNG INVESTIGATOR AWARD
SANFORD-BURNHAM MEDICAL RESEARCH INSTITUTE - 10901 N TORREY PINES ROAD - LA JOLLA, CA 92037	51-0197108	501(C)(3)	100,000.	0.			ESTABLISHED INVESTIGATOR
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 10833 LE CONTE AVENUE - LOS ANGELES, CA 90095-1750	94-3067788	PUBLIC UNIVERSITY	175,000.	0.			YOUNG INVESTIGATOR AND ESTABLISHED INVESTIGATOR AWARDS
THE REGENTS OF UCSF DILLER CANCER RESEARCH BLDG 1450 3RD STREET, HD-365 - SAN FRANISCO, CA 94158	94-6036493	PUBLIC UNIVERSITY	258,333.				YOUNG INVESTIGATOR AND ESTABLISHED INVESTIGATOR PARTNERSHIP AWARDS
							Schedule I (Form 990)

Schedule I (Form 990) MELANOMA RESEARCH ALLIANCE FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	RESEARCH Assistance to Go	ALLIANCE FOU	FOUNDATION rganizations in the U	nited States (Sche	dule I (Form 990), Par		26-1636099 Page 1
(a) Name and address of organization or government	( <b>b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE WISTAR INSTITUTE 3601 SPRUCE STREET PHILADELPHIA, PA 19104	23-6227265	501(C)(3)	250,000.	.0			TEAM SCIENCE AWARD
THOMAS JEFFERSON UNIVERSITY 233 SOUTH 10TH STREET PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	83,333.	.0			ESTABLISHED INVESTGATOR PARTNERSHIP AWARD
TRUSTEES OF BOSTON UNIVERSITY, B U MEDICAL CAMPUS - 72 EAST CONCORD STREET, K-712C - BOSTON, MA 02118	04-2103547	501(C)(3)	100,000.	0			ESTABLISHED INVESTIGATOR AWARD
UNIVERSITY OF CHICAGO 5841 S. MARYLAND AVE. MC2115 CHICAGO, IL 60637	36-2177139	501(C)(3)	300,000.	o			TEAM SCIENCE AWARD
UNIVERSITY OF HOUSTON 4800 CALHOUN 316 E BUILDING HOUSTON, TX 77204-2015	74-6001399	501(C)(3)	75,000.	0.			YOUNG INVESTIGATOR AWARD
UNIVERSITY OF ILLINOIS AT URBANA SOUTH RESEARCH PARK, MC-685 1901 SOUTH FIRST STREET , SUITE A - CHAMPAIGN	37-6000511	PUBLIC UNIVERSITY	100,000.				ESTABLISHED INVESTIGATOR AWARD
UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE - 1400 N.W. 10TH AVE (R45) 10TH FLOOR - MIAMI, FL 33136	59-0624458	501(C)(3)	50,000.	.0			ESTABLISHED INVESTIGATOR AWARD
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	PUBLIC UNIVERSITY	75,000.	.0			YOUNG INVESTIGATOR AWARD
UNIVERSITY OF SOUTH CAROLINA 86 JONATHAN LUCAS STREET HCC506 CHARLESTON, SC 29425	23-1352685	PUBLIC UNIVERSITY	75,000.				YOUNG INVESTIGATOR AWARD
							Schedule I (Form 990)

05-01-13

26-1636099 Page 1	tion of (h) Purpose of grant sistance or assistance	TEAM SCIENCE AWARD	YOUNG INVESTIGATOR AND TEAM SCIENCE AWARDS	TEAM SCIENCE AND ESTABLISHED INVESTIGATOR (2) AWARDS				Schedule I (Form 990)
1	art II.) (g) Description of non-cash assistance							-
	(f) Method of valuation (book, FMV, appraisal, other)							
	(e) Amount of non-cash assistance	0	0.	0.				
FOUNDATION	(d) Amount of cash grant	300,000.	306,809.	300,000.				
ALLIANCE FO	(c) IRC section if applicable	PUBLIC UNIVERSITY	PUBLIC UNIVERSITY	501(C)(3)				
RESEARCH ALLIANC	(b) EIN	74-6001118	41-2097394	06-0646973				
Schedule I (Form 990) MELANOMA	Commutation or Grams and Other Assistance to Governments and Organizations in the Omited States (Schedule 1 (Form 990), Fart II).       (a) Name and address of organization or government     (b) EIN     (c) IRC section     (d) Amount of cash grant     (f) Method of non-cash     (g) Method of valuation     (g) monon to the opticable     (g) Amount of the opticable     (h) Method of the opticable     (g) Amount of the opticable     (h) Method of the opticable     (g) Amount of the opticable     (h) Method of the opticable     (g) Amount of the opticable     (h) Method of the opticable     (g) Amount of the opticable     (h) Method of the opticable     (g) Amount of the opticable     (h) Method of the opticable     (g) Amount of the opticable     (h) Method of the opticable     (h) Method of the opticable     (h) Method of the opticable     (h) Amount of the opticable     (h) Method of the opticable     (h) Amount of the opticable     (h) Amo	UNIVERSITY OF TEXAS M.D. ANDERSON CANCER CENTER - 1515 HOLCOMBE BLVD, UNIT 0904 - HOUSTON, TX 77030	UNIVERSITY OF VIRGINIA PO BOX 800717 CHARLOTTESVILLE, VA 22908	YALE UNIVERSITY 15 YORK STREET NEW HAVEN, CT 06520				

Schedule I (Form 990) (2013) MELANOMA RESEARCH	R	LLIANCE FOUNDATION	TI ON		26-1636099 Page 2
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.	ii <b>ted States.</b> Con	nplete if the organiz	ation answered "Yes'	to Form 990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	l quired in Part I, lir	l ne 2, Part III, columr	ا (b), and any other aر	dditional information.	
PART I, LINE 2:					
EXPLANATION: EACH PROPOSAL TO THE	MRA IS R	REVIEWED FOR	R SCIENTIFIC	IC MERIT AND	
TRANSLATIONAL AND CLINICAL IMPACT	BY MRA'S	MRA'S WORLD-CLASS	SS GRANT REVIEW	EVIEW	
COMMITTEE (GRC). CRITERIA ARE DESC	DESCRIBED IN	IN THE MRA'S REQUEST	S REQUEST F	FOR PROPOSALS.	
GRC MEMBERS ARE SENIOR THOUGHT-LEADERS		IN MELANOMA A	AND CANCER	RESEARCH.	
AFTER SCIENTIFIC PEER REVIEW BY THE	GRC ,	HE MRA BOA	THE MRA BOARD OF DIRECTORS	CTORS	
APPROVES FINAL RESEARCH AWARDS FOR	R FUNDING.		RESEARCH AWARD FUNDS	DS ARE	
DISPENSED ON AN ANNUAL BASIS, CONT	CONTINGENT U	NT UPON MRA SI	STAFF REVIEW OF	OF ANNUAL	
PROGRESS REPORTS SUBMITTED BY THE	GRANTEES.				Schodillo I (Ecom 000) (2012)
332102 10-29-13		• •			Schedule I (Form 990) (2013)

## Part IV Supplemental Information

ALL MRA-FUNDED INVESTIGATORS AND THEIR INSTITUTIONS MUST AGREE TO PERFORM THE RESEARCH PROPOSAL IN FULL COMPLIANCE WITH ALL APPLICABLE LAWS AND REGULATIONS, THE TERMS AND CONDITIONS OF THE MRA REQUEST FOR PROPOSALS, THE REQUIREMENTS OF THE MRA TERMS AND CONDITIONS OF THE RESEARCH PROPOSAL. AT ANY TIME DURING THE AWARD PERIOD, AWARDEES MUST NOTIFY AND MRA MUST APPROVE ANY SIGNIFICANT CHANGES TO THE RESEARCH PROPOSAL INCLUDING RESEARCH PLAN, BUDGET, AND PERSONNEL. AWARDEES PROVIDE MRA WITH ANNUAL WRITTEN REPORTS OF THEIR RESEARCH PROGRESS AND COMPLIANCE WITH BUDGET GUIDELINES. FUNDS ARE DISTRIBUTED IN ANNUAL INSTALLMENTS AND NEXT YEAR'S INSTALLMENT IS NOT PROVIDED UNTIL SATISFACTORY REVIEW BY THE MRA CHIEF SCIENCE OFFICER AND SCIENTIFIC PROGRAM DIRECTOR. AWARDEES MUST KEEP SYSTEMATIC AND COMPLETE RECORDS ON THE RECEIPT AND DISBURSEMENT OF ALL AWARD FUNDS, AND MAY NOT CO-MINGLE ANY FUNDS FROM OTHER SOURCES.

PART II, LINE 1, COLUMN (H):

(H) PURPOSE OF GRANT OR ASSISTANCE: YOUNG INVESTIGATOR TEAM SCIENCE

PARTNERSHIP ESTABLISHED INVESTIGATOR (2), YOUNG INVESTIGATOR (2) AWARDS

Schedule I (Form 990)

SC	HEDULE J   Compensation Information	1	OMB No.	1545-00	47	
	For certain Officers, Directors, Trustees, Key Employees, and Highest	F	20	13	2	
•	Compensated Employees		ZU	Ū	)	
Dono	Treasury     The Treasury     The Treasury     The Treasury     Attach to Form 990.     See separate instructions.     See Separate instructions.	3.	Open to	Publ	ic	
	Attach to Form 990. ► See separate instructions. Information about Schedule J (Form 990) and its instructions is at www irs dow	form990	Inspe	ction		
Nam	ne of the organization	Employer id			mber	
	MELANOMA RESEARCH ALLIANCE FOUNDATION	26-1	63609	9		
Pa	art I Questions Regarding Compensation					
				Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in For	m 990,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel					
	Travel for companions Payments for business use of persona					
	Tax indemnification and gross-up payments					
	Discretionary spending account Personal services (e.g., maid, chauffeu	r, chef)				
-	a an a character and a character an					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
•	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		<b>1</b> b			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2			
2	Indicate which if any of the following the filing experiantian used to establish the companyation of the experi	ization's				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organ CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organi					
	establish compensation of the CEO/Executive Director, but explain in Part III.           X         Compensation committee         Written employment contract					
	LX       Compensation committee       Written employment contract         Independent compensation consultant       Compensation survey or study					
	Image       Image       Compensation survey of study         Image       Compensation survey of study         Image       Image         Image       Compensation survey of study         Image       Image	n committoo				
		Committee				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?		4a		Х	
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?				X	
	Participate in, or receive payment from, an equity-based compensation arrangement?				Х	
	c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.					
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	tion				
	contingent on the revenues of:					
а	The organization?		5a		X	
b	Any related organization?		5b		Х	
	If "Yes" to line 5a or 5b, describe in Part III.					
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ition				
	contingent on the net earnings of:					
а	The organization?		6a		X	
b	Any related organization?		6b		X	
	If "Yes" to line 6a or 6b, describe in Part III.					
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payme					
	not described in lines 5 and 6? If "Yes," describe in Part III		7		X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to	o the				
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?		9			
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forr	n 990)	2013 (	

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Schedule J (Form 990) 2013 MELAN	NOM	MELANOMA RESEARCH AL	LIANCE	FOUNDATION	26-1636099	660		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	bldm	yees, and Highest C	Compensated Emp	loyees. Use duplica	te copies if additional s	space is needed.		
For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.	be re Form	ported in Schedule J 1 990, Part VII.	, report compensat	on from the organiz	ation on row (i) and fro	m related organization	s, described in the ins	tructions, on row (ii).
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the to	ed inc	dividual must equal th	ne total amount of F	<sup>-</sup> orm 990, Part VII, S	tal amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	cable column (D) and (	E) amounts for that inc	lividual.
		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Delients	(n)-(i)(a)	in prior Form 990
(1) MICHAEL KLOWDEN	(i)	•0	•0	• 0	•0	•0	•0	•0
DIRECTOR		390,771.	100,000.	•0	2,	15,278	511,049.	0
(2) WENDY SELIG	Ξ	70	25,000.	•0		18,074.		.0
PRESIDENT & CEO	Ξ	•0	.0				•0	.0
(3) KAMYAB HASHEMI-NEJAD	(i)							
TREASURER	(ii)	161,524.	5,000.		3,50	1		
(4) LOUISE PERKINS	(i)	224,785.	.0			8,	233,	
CHIEF SCIENCE OFFICER	(ii)							0.
(5) LAUREN LEIMAN	(i)	161,165.	15,000.		3,20	10,02	189,38	.0
DIRECTOR OF DEVELOPMENT	<b>(</b>	•0	.0	.0	•0	• 0	• 0	.0
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	(i)							
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	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
332112				Ca			Schedu	Schedule J (Form 990) 2013

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

## **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

. Inspection Employer identification number

Name	e of the organization				Ŭ	Employer i	identificat	ion nu	mber
	MELANOMA RES	EARCH	ALLIANCE	FOUNDATION		26	5-1636	5099	
Par	t I Types of Property								
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	r	Method noncash cor	(d) of determin ntribution a	-	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	4	178,955.	PRC	CEEDS	(SEC	SAL	ES)
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other $\blacktriangleright$ (SILENT AUCTIO)	Х	4						
26	Other ► ( GALA GIFT BAG )	Х	5	51,200.	FAI	R MARI	KET VA	LUE	
27	Other ► ()								
28	Other 🕨 ( )								
29	Number of Forms 8283 received by the organia	zation durin	g the tax year for o	contributions					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				0	
								Yes	No
30a	During the year, did the organization receive by	y contributio	on any property re	ported in Part I, lines 1 - 28, 1	hat it	must hold f	or		
	at least three years from the date of the initial of	contribution	, and which is not	required to be used for exen	npt pu	urposes for			
	the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	oolicy that r	equires the review	of any non-standard contrib	utions	s?	31	X	
32a	Does the organization hire or use third parties	or related or	rganizations to soli	icit, process, or sell noncash					
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) f	for a type of prope	rty for which column (a) is ch	ecke	d,			
	describe in Part II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2013)

332141 09-03-13

	is reporti	ng in Part I	, column (b), ditional inforn	the num	ber of cor	tributions	, the ni	umber of items	s receive	ed, or a	l combina	tion of b	oth. Al	organization Iso complete
SCHEDU	JLE M,	PART	I, COI	LUMN	(B):									
EXPLAI	NATION	: THE	"NUMBI	ER OF	' CONI	RIBU	FORS	REPORT	'ED"	ON	SCHED	ULE	MA	RE
THE NU	JMBER	OF SE	PARATE	CONT	RIBUI	IONS	OF	SECURIT	IES	REC	EIVED	BY	MRA	•
332142 09-03	3-13											Sched	ule M (	(Form 990) (
		L4 106	1		0010	0402		33 ELANOMA	DEC				~ =	1061_

Schedule M (Form 990) (2013) MELANOMA RESEARCH ALLIANCE FOUNDATION

26-1636099

Page **2** 

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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

- 201

Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Internal Revenue Service Name of the organization

MELANOMA RESEARCH ALLIANCE FOUNDATION

Employer identification number 26 - 1636099

OMB No. 1545-0047

Open to Public

Inspection

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

SCIENTIFIC COMMUNITY. MRA ALSO MAKES GRANTS TO FOREIGN RESEARCH

UNIVERSITIES, MEDICAL SCHOOLS AND MEDICAL RESEARCH ORGANIZATIONS.

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: DEBRA BLACK AND LEON BLACK HAVE A FAMILY RELATIONSHIP. DEBRA

BLACK AND RICHARD RESSLER HAVE A FAMILY RELATIONSHIP. JAMI GERTZ AND DEBRA

BLACK HAVE A FAMILY RELATIONSHIP.

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

EXPLANATION: MRA'S CEO AND TREASURER JOINTLY REVIEW THE FORM 990. THE FINAL DRAFT IS MADE AVAILABLE ELECTRONICALLY TO ALL THE BOARD MEMBERS BEFORE THE CEO SIGNS THE DOCUMENT AND IT IS FILED WITH THE IRS.

FORM 990, PART V, LINE 2A

EXPLANATION: THE ORGANIZATION DOES NOT ISSUE ANY W-2S FOR THEIR

EMPLOYEES. THE SUPPORTED ORGANIZATION, THE MILKEN INSTITUTE ISSUES ALL

W-2S BUT EMPLOYEE COMPENSATION IS PAID BY THE MELANOMA RESEARCH

ALLIANCE ITSELF. W-2S REPORTED ARE THOSE THAT ARE ISSUED BY MILKEN ON

BEHALF OF MRA.

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

EXPLANATION: AS STATED IN THE MRA BYLAWS, EACH DIRECTOR, TRUSTEE, PRINCIPAL

OFFICER, AND MEMBER OF A COMMITTEE OF THE BOARD IS TO SIGN A STATEMENT

ANNUALLY AFFIRMING THEY HAVE RECEIVED THE CONFLICT OF INTEREST POLICY, THEY
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
Schedule O (Form 990 or 990-EZ) (2013)
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2013.04030 MELANOMA RESEARCH ALLIANCE 1061\_\_\_1

Schedule O (Form 990 or 990-EZ) (2013)	Page <b>2</b>
Name of the organization MELANOMA RESEARCH ALLIANCE FOUNDATION	Employer identification number 26-1636099
HAVE READ AND UNDERSTAND IT, AND THEY AGREE TO COMPLY WIT	H IT. UPON
POTENTIAL CONFLICT OF INTERESTS, THE BOARD OR COMMITTEE W	VILL RESOLVE THE
CONFLICT IN THE BEST INTEREST OF THE ORGANIZATION.	

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

EXPLANATION: ACCORDING TO THE MRA BYLAWS, MEMBERS OF THE BOARD REVIEW AND APPROVE THE MRA CEO SALARY TO ENSURE IT IS JUST AND REASONABLE. DURING THIS ANNUAL REVIEW, MEMBERS OF THE BOARD USE THE FEDERAL FORM 990 OF OTHER ORGANIZATIONS FOR COMPARABLES. THERE ARE NO OTHER OFFICERS, DIRECTORS, OR KEY EMPLOYEES THAT ARE COMPENSATED BY MRA.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AZ,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,MA,MD,ME,MI,MN,NH,NJ,NM,NY,NC,ND,PA OR,OK,OH,RI,SC,TN,UT,VA,WA,WI,WV

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

EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. A COPY OF THE FORM 990 AND THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

SCHEDULE R (Form 990)	Comp	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	and Unrelated Pa 'es" on Form 990, Part IV, I	rtnerships ine 33, 34, 35b, 3	6, or 37.	<u> </u>	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	▶ Info	Attach to Form 990. See separate instructions. Information about Schedule R (Form 990) and its instructions is at wwww irs. cov/form990.	See separate instructions. 0) and its instructions is at www.ir.	ictions. www.irs.gov/forr	n990.	0	Open to Public Inspection
Name of the organization	MELANOMA RI	RCH ALLIANCE FOUNDATION	ATION	)		Employer identification number 26-1636099	ication number 0 9 9
Part I Identification	Identification of Disregarded Entities Complete if the organization	e if the organization answered "Yes" o	answered "Yes" on Form 990, Part IV, line 33.				
Name, addres of dis	<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
Part II Identification	Identification of Related Tax-Exempt Organiz: organizations during the tax year.	Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	nswered "Yes" on Form 990	Part IV, line 34 b	ecause it had one c	r more related tax-exe	mpt
Name, of rels	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity? Yes No
MILKEN INSTITUTE - 1250 FOURTH STREET SANTA MONICA, CA 9	95-4240775 90401	EDUCATIONAL, ECONOMIC RESEARCH, HEALTHCARE RESEARCH	CALIFORNIA	501(C)(3)	LINE 7	N/A	
For Paperwork Reduction	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	is for Form 990.				Schedule R	Schedule R (Form 990) 2013

86

	3 (Form 990) 2013 MELANOMA RESEARCH ALLIANCE FOUNDATION 26-1636099 Page 2 Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.	(c)(d)(e)(f)(g)(h)(i)(i)(i)(j)(k)Legal domicile entityDirect controllingPredominant income (related, unrelated, 		is a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	-	(b)(c)(d)(e)(f)(f)(g)(h)(i)Primary activityLegal domicileDirect controllingType of entityShare of totalShare ofPercentageState forfatte orentity(C corp, S corp,incomeend-of-yearownershipcontrolledfareigncountryor trust)or trust)or trust)yesyesyes			
Income Bell Zong     And Annual	ד כטעונטיי די איני די הטעוני די	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		ust Complete if the organization answered "Yes"	-	(d) Direct controlling entity			
	RESEARCH ALLIANCE as Taxable as a Partnership Comp during the tax year.					<b>(b)</b> Primary activity			

FOUNDATION
ALLIANCE
RESEARCH
MELANOMA
Form 990) 2013
Schedule R (I

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

				_ L
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Xe	Yes No
During the tax year, did the organization engage in any of the following tr	ns with one or more re	ansactions with one or more related organizations listed in Parts II-IV?		>
				4
<b>b</b> Gift, grant, or capital contribution to related organization(s)			<b>₽</b>	×
<b>c</b> Gift, grant, or capital contribution from related organization(s)			10	×
d Loans or loan guarantees to or for related organization(s)			10	X
				×
e Loans or loan guarantees by related organization(s)				4
<ul> <li>Dividends from related organization(s)</li> </ul>			÷	×
				•
g Sale of assets to related organization(s)			19	4
h Purchase of assets from related organization(s)			1h	X
i Exchange of assets with related organization(s)			ţ	X
j Lease of facilities, equipment, or other assets to related organization(s)			[F	×
k Lease of facilities, equipment, or other assets from related organization(s)			14	×
<ol> <li>Performance of services or membership or fundraising solicitations for related organization(s)</li> </ol>	anization(s)		=	X
m Performance of services or membership or fundraising solicitations by related organizations by related organizations and the services of the	lated organization(s)			×
Charina of facilities acruinment mailing lists or other seeds with related	tion(s)		<b>4</b>	×
oriaring or actinities, equipriferit, maining iists, or ourier assets with related	le)i Ion			* >
o Sharing of paid employees with related organization(s)			10	4
			A	5
			+	*
d Heimbursement paid by related organization(s) for expenses			br	4
			•	>
r Uther transfer of cash or property to related organization(s)				4 2
<i>~</i>			1s	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	is line, including covered	relationships and transaction thresholds.	
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved	
(1) MILKEN INSTITUTE	м	138,916.RENTAL	RENTAL EXPENSE PER SUBLEASE	
	f	1 635 610		
(2) MILINEN LINETURE	ч	T, 033, 010. CASH	UANAA AGNAAT.	
(3)				
(4)				
(5) (5)				
10/ 332163 06-12-13	88		Schedule R (Form 990) 2013	90) 2013
	)			

26-1636099 Page 4

Schedule R (Form 990) 2013 MELANOMA RESEARCH ALLIANCE FOUNDATION

89

	JANOMA RESEARCH ALLIANCE FOUNDATION	26-1636099 Pa
Part VII Supplemental Information	on r responses to questions on Schedule R (see instructions).	
Fronde additional information ic		
32165 09-12-13		Schedule R (Form 990
11023 144414 1061	90 2013.04030 MELANOMA RESEARCH A	LLIANCE 1061

Page 2

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you Part	are filing for an Automatic 3-Month Extension, comple Additional (Not Automatic) 3-Month E				nico noodod)					
Fart		xtensio	· · · · ·		ng number, see ins	tructions				
Туре о	r Name of exempt organization or other filer, see instru	ictions			<b>2</b>					
print	Name of exempt organization of other nier, see institu			Linployei	mployer identification number (EIN) or					
File by the	MELANOMA RESEARCH ALLIANCE	FOUND	ATION		26-163609	99				
due date filing your	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity number (SSN	I)				
return. Se	e 1101 NEW YORK AVE NW NO 620									
instructio	<sup>15.</sup> City, town or post office, state, and ZIP code. For a for WASHINGTON, DC 20005	oreign add	Iress, see instructions.							
Enter th	ne Return code for the return that this application is for (file	e a separa	te application for each return)			01				
Applica	ation	Return	Application			Return				
Is For		Code	Is For			Code				
Form 9	90 or Form 990-EZ	01								
Form 9	90-BL	02	Form 1041-A			08				
Form 4	720 (individual)	03	Form 4720 (other than individual)			09				
Form 9	Form 990-PF 04 Form 5227 10									
Form 9	Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11									
	Form 990-T (trust other than above)       06       Form 8870       12         STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.       12									
<ul> <li>The Tele</li> <li>If the</li> </ul>	<b>KAMYAB HASHEMI</b> books are in the care of $\blacktriangleright$ 1250 FOURTH ST phone No. $\blacktriangleright$ 310-570-4612 e organization does not have an office or place of busines s is for a Group Return, enter the organization's four digit	- NEJA REET	D - SANTA MONICA, CA Fax No. ►	9040	1					
box ►			ich a list with the names and EINs of							
			BER 15, 2014							
	or calendar year 2013, or other tax year beginning		, and ending	a						
	the tax year entered in line 5 is for less than 12 months, c	heck reas		Final r	eturn					
[	Change in accounting period									
7 S <i>P</i>	tate in detail why you need the extension <b>AN ATTEMPT TO OBTAIN INFORMAT</b>	ION N	ECESSARY FOR FILING	GAR	ETURN WAS					
F	REQUESTED IN A TIMELY FASHION	, BUT	THE INFORMATION WA	AS NO	T FURNISHE	ED IN				
2	SUFFICIENT TIME TO PERMIT THE	TIME	LY FILING OF THE R	ETURN	•					
8a lf	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			_				
<u>n</u>	onrefundable credits. See instructions.			8a	\$	0.				
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	), enter an	y refundable credits and estimated							
ta	ax payments made. Include any prior year overpayment al	lowed as a	a credit and any amount paid			•				
	previously with Form 8868.			8b	\$	0.				
	alance due. Subtract line 8b from line 8a. Include your pa	•	h this form, if required, by using			0.				
E	FTPS (Electronic Federal Tax Payment System). See instru Signature and Verificat		t be completed for Dort II a	80	\$	0.				
	enalties of perjury, I declare that I have examined this form, includ	ling accomp	st be completed for Part II of panying schedules and statements, and to	-	f my knowledge and b	elief,				
it is true	, correct, and complete, and that I am authorized to prepare this fo									

Signature 🕨

Title 🕨 CPA

Date 🕨

Form 8868 (Rev. 1-2014)

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