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Form	JJU	

** 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.



Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning and ending and ending

B	Check if applicab	E Name of organization	D Employer ident	ification number
	Addre	MELANOMA RESEARCH ALLIANCE FOUNDATION		
	Name			1636099
	Initial return		suite E Telephone num	Der
	Final return	1101 NEW YORK AVE NW 620	202	-336-8935
	ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	12,239,194.
	return	WASHINGION, DC 20005	H(a) Is this a group	
	_Applie		for subordinat	es? Yes X No
		SAME AS C ABOVE	``/	
	Advices MELANOMA RESEARCH ALLIANCE FOUNDATION 26-1636099 Doing business as 26-1636099 Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number Advices 202-336-8935 202-336-8935 City or town, state or province, country, and ZIP or foreign postal code H(a) is this a group return for subcordinates? Yes No Maxmended WASHINGTON, DC 20005 H(a) is this a group return for subcordinates? Yes No Metain SAME AS C ABOVE H(b) Are all subcordinates? Yes No Tax-exempt status: X 501(c)(3) 501(c) (.) ◀ (insert no.) 4947(a)(1) or 522 H(b) Are all subcordinates No Hor organization: IX Corporation Trust Association Other ► L Year of formation: 2007 M State of legal domicalit; DE art1 Summary Summary Summary 3 222 1 Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 3 224 1 Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 10 17 17			
	MELANOMA RESEARCH ALLIANCE FOUNDATION 26-1636099 Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number City or town, state or province, country, and ZIP or foreign postal code G ecose receivts is 12, 239, 194. Machine and address of principal officer/MICHAEL KAPLAN Forme and address of principal officer/MICHAEL KAPLAN Forme and address of principal officer/MICHAEL KAPLAN Some As C ABOVE Two, "attach a list, (see instructions) H(b) Are at subordinates includer) Yes No Mebsite: WWW. MELANOMARESEARCHALLIANCE • ORG H(c) Group exemption number ▶ Yes No Total number of voing members of the governing body (Part V, line 1a) L Year of formation: 3 222 A Number of individuals employed in calear year 2015 (Part V, line 2a) 5 177 6 5070 7 a Total number of woing members of the governing body (Part V, line 1a) 4 212 7, 666, 134. 11, 318, 796. 9 Program service revenue (Part VIII, column (C), line 12 7 7 0 0. 0 0 <t< td=""></t<>			
	applicative MELANOMA RESEARCH ALLIANCE FOUNDATION 26-1636099 Doing Dusiness as 26-1636099 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Present 101 NEW YORK AVE NW 620 G Grose receipts 3 12,239,194. Present No state or province, country, and ZIP or foreign postal code G Grose receipts 3 12,239,194. Present No state or province, country, and ZIP or foreign postal code H(a) Is this a group return for subordinates // No SAME AS C ABOVE SAME AS C ABOVE H(b) Are at aubordinates // No Yes No Tax exempt status: X 501(c)(3) 501(c)(.) < (insert no.)			
Pa				
e	1	Briefly describe the organization's mission or most significant activities: TO ACCEI	ERATE SCIENT	1F1C
and				
k Governa				
80				
ties				-
tivi				-
Ac				<u> </u>
	a	Net unrelated business taxable income from Form 990-1, line 54	1	N
	8	Contributions and grants (Part VIII line 1h)		
nue				
evel	1	•	38,164	48,679.
ň				
			9,879,193	
			0	
ŝ			1,258,958	. 1,410,354.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	. 0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) 688,421.		
ш				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		
		Revenue less expenses. Subtract line 18 from line 12		
s or Ices				r End of Year
sset: 3alar	20	Total assets (Part X, line 16)		
et A:	21			
			30,951,923	<u> </u>
Pa	art II	Signature Block		

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

Sign Here	Signature of officer MICHAEL KAPLAN, PRESIDENT/CEO	Date		
	Type or print name and title			
		Check PTIN		
Paid	LAUREN A. HAVERLOCK A Leave 16:23:27-07'	00' ^{if} _{self-employed} P00545829		
Preparer		Firm's EIN 95-1777440		
Use Only	Firm's address 💊 10990 WILSHIRE BLVD., 16TH FLOOR			
	LOS ANGELES, CA 90024-3929	Phone no. (310) 873-1600		
May the I	MICHAEL KAPLAN, PRESIDENT/CEO Type or print name and title Print/Type preparer's name LAUREN A. HAVERLOCK Firm's name GREEN HASSON & JANKS LLP Firm's name GREEN HASSON & JANKS LLP Firm's address 10990 WILSHIRE BLVD., 16TH FLOOR LOS ANGELES, CA 90024-3929 Phone no. (310) 873-1600 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes			
532001 12-1	6-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2015)		

4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	MELANOMA ON THE CONDITION THAT SUCH RESEARCH BE MADE AVAILABLE TO THE
	UNIVERSITIES, MEDICAL SCHOOLS, AND NONPROFIT MEDICAL RESEARCH ORGANIZATIONS DIRECTLY INVOLVED IN DETERMINING THE CAUSES AND CURES O
	A CURE FOR MELANOMA. MRA MAKES GRANTS TO DOMESTIC RESEARCH
	EXPERTISE TO DEVELOP A RESEARCH AGENDA THAT WILL PROVIDE INNOVATIVE SOLUTIONS TO CRITICAL RESEARCH ISSUES LEADING TO BETTER TREATMENTS AN
	EXPERT BIOMEDICAL RESEARCHERS POSSESSING CLINICAL AND SCIENTIFIC
	RELEVANT TO PATHWAYS GOVERNING THE BEHAVIOR AND CLINICAL OUTCOME OF MELANOMA. MRA CONVENES A WORLD CLASS, CROSS-DISCIPLINARY GROUP OF
	RESEARCH TEAMS, TO DEVELOP NOVEL DIAGNOSTIC AND THERAPEUTIC AVENUES
	THE MELANOMA RESEARCH ALLIANCE FOUNDATION ("MRA") SUPPORTS AMBITIOUS AND INNOVATIVE PROJECTS, INITIATED BY INDIVIDUAL SCIENTISTS AND SCIEN
4a	(Code:) (Expenses \$ 9,302,376 • including grants of \$ 7,834,570 •) (Revenue \$
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	If "Yes," describe these new services on Schedule O.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	STAKEHOLDERS TO ACCELERATE POWERFUL RESEARCH, ADVANCE CURES FOR ALL PATIENTS, AND PREVENT MORE MELANOMAS.
	TO END SUFFERING AND DEATH DUE TO MELANOMA BY COLLABORATING WITH ALL
1	Briefly describe the organization's mission:

F	000		
FOUL	990	(2015)	

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	bid 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	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		37	
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	├──
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-	х	
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Δ	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		- 27
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	х	
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18	17	
19	complete Schedule G. Part III	19		x

Form **990** (2015)

532003 12-16-15

MET. ANOMA	REGEARCH	AT.T.TANCE	FOUNDATION
MELANOMA	KESEAKUN	ALLIANCE	LOONDAITON

Form	990 (2015) MELANOMA RESEARCH ALLIANCE FOUNDATION 26-163	5099	P	age 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 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 "Yes,"			
	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):			
	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		Х
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			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	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		v	
	Part V, line 1	34	X	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0		
	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?			v
c =	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	0-		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	x	
	Note. All Form 990 filers are required to complete Schedule O	38	1	

Form **990** (2015)

532004 12-16-15

a Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable 1a 14 14 b Enter the number of Forms W-3G included in line 1a. Enter 0 if not applicable 1b 10 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambing witners? 1c X 2a Enter the number of energic-ses reported on Form W-3, Transmittal of Wage and Tax Statements. 2a 1.7 2b If the organization have unrelated business gross income of \$1,000 or more during the year? 3b X 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b X 3c Nut the organization for this year? If No? to fine 3b, provide are authenation. 3a X 3c Nut the organization have unrelated business gross income of \$1,000 or more during the year? 3b X 3c Nut the organization are of the foreign country. 3a X X 5c If Yes,: To line 5a or 5b, ddd the organization that was or is a party to a prohibited tax sheller transaction? 5c Se 3c If Yes,: To line 5a or 5b, ddd the organization in the ever solicitation an express statement that such contributions or gifts were not tax doductible an charbalic contributions? 5c Se 3c If Yes,: To line 5a or 5b, ddd the organization indere sothabal during the tax year? 5c <th>Pai</th> <th>Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V</th> <th></th> <th></th> <th>X</th>	Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			X
b Enter the number of Forms W-30 included in line 1a. Enter 0- if not applicable payments to vendors and reportable gaming (gambing) vinnings to pitze winners? 1c X 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2a 1.7 2b Enter the number of employees reported on line 2a, did the organization file all required feelari employment tax returns? 2b X 3a Did the organization have unrelated business gross income of \$1.000 or more during the year? 3a 3b 3b 3b Diff the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a toreingo Tor this year? 4a X 5a Diff the signal Tor (b) is group or provide an explanation in Schedule D 4a X 5b TYes, "neare of the foreign ocurity. 5a X 5c If Yes, "neare of the long another the organization have an interest in, or a signature or other authority over, a financial accounts (FIBAR). 5a X 5a If Yes, "tore for the signal Tor (b) is provide an explanation in Schedule D 5a X 5b If Yes, "tore the name of the foreign ocurity. 5a X 5a If Yes, "tore the foreign ocurity. 5a X 5b <th></th> <th></th> <th></th> <th>Yes</th> <th></th>				Yes	
b Description	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 14			
geneting) winnings to pitze winners? ic X 2a Enter the number of enolytexes reported on form W3. Transmittal of Wage and Tax Statements. 17 bit at least nei reported on line 2a, did the organization file all required to effect enolytiment tax returns? 2b X 3a Did the organization have unrelated business gross income of \$1.000 or more during the year? 3a X 3b Diff Ves, The sum of lines ta and 2a is greater than 250, you may be required to effect for the sum of the tain day san, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign outry (such as a bark account, securities account, or other financial accounts (FBAR). 3a X 5a Note, if the sum of the foreign outry (such as a bark account, securities account, or other financial accounts (FBAR). 5a X 5a Was the organization have annual goes neededs that an ormally greater than \$100,000, and did the organization solut any contributions that we an tax deutubles of such tax deutubles of such tax deutubles a contribution and express statement that such contributions or gills were not tax deutubles of such tax deutubles of such tax deutubles a contribution of auth every solicitation an express statement that such contribution angenes actives provided to the payo? 7a X 6a X If Yes, "indicate the number of forms 8282 field during the year? 7a X 7f Yes, "indicate the number of f	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 2a 17 2b If at least one is reported on line 2a, did the organization file all required tedral employment tax returns? 2b X Note, If the sum of lines 1a and 2a is greater than 250, you may be required to 2-file (see instructions) 3a X a Did the organization have underabled business greating than 250, you may be required to 2-file (see instructions) 3a X b If Yes, 'has it filed a form 90-T for this year? If No, 'to line 3b, provide an explanation in Schedule 0 3b 4a b If Yes, 'near the name of the organization have an interest n, or a signature or other authority over, a financial account if the organization have an interest n, or a signature or other authority over, a financial account in a party to a prohibited tax shelter transaction? 5a X b If Yes, 'to line 5a of 5b, dot the organization have have transaction 7? 5c 6b X b If Yes, 'to line 5a of 5b, dot the organization have manall greas realised bearth ontify the organization have manal greas realised bearts ontify the organization have anneal greas realised bearts ontify the organization have disclustible as charitable contributions of gifts were not tax deductible? 5c 6a X f If Yes, 'to line 5a of 5b, dot the organization have disposed tangible personal property for which it was required to the payor? 7a X 7b X </th <th>с</th> <th>Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming</th> <th></th> <th></th> <th></th>	с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
tied for the calendary year ending with or within the year covered by this return		(gambling) winnings to prize winners?	1c	X	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X b If "Yes," has it filed a Form 980.1 for this year? If "No," to line 30, provide an explanation in Schedule O 3a X b If "Yes," has it filed a Form 980.1 for this year? If "No," to line 30, provide an explanator in NS chedule O 3a X b If "Yes," tent the name of the foreign country (such as a bark account, securities account, or other financial accounts (FBAR). 5a X 5a Was the organization have unaul gross receives party to a prohibited tax shelter transaction? 5a X 5a Did any taxable pary notify the organization the 14 was or is a party to a prohibited tax shelter transaction? 5a X 5a Did any taxable pary notify the organization the 16 Form 8886.7 5a X 6a Did any canpitation nexice any amult pross receives for 170c). 5a X 6b If "Yes," did the organization neity any meth in excess of 55, mide party as a conthibution and party for prohibit as shelter transaction? 7a X 7 Organization neceve any funds, directer of 5h wade and ys a conthibution and party for prohibit as year?	2a		Í		
Note, If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) 3a 3a X 3a Diff the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b Diff the state of the organization have an interest in, or a signature or other authority over, a financial account) a content counts (state as a bank account, securities account, or other financial account); we have as a bank account, securities account, or other financial accounts (FBAR). 5a X 5a Was the organization or the foreign country. 5a X 5a was the organization that it was or is a party to a prohibited tax shelter transaction? 5a X 5b Diff any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions trans device the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a X 7 Organization solie, exchange, or otherwise dispose of tangible personal property for which it was required to the form 822? 7a X 7 Dift we organization notify the doror of the value of the organization see organization notify the dorore sholes of tangible personal property for which it w		filed for the calendar year ending with or within the year covered by this return 2a 2 17			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X bit /Yes, 'has if field a Form 900-T for this year? // 'No,' to line 3b, provide an explanation in Schedule 0 3b X bit /Yes, 'has if field a Form 900-T for this year? // 'No,' to line 3b, provide an explanation in Schedule 0 4a X bit /Yes, 'has if field a Form 900-T for this year? // 'No,' to line 3b, provide an explanation in Schedule 0 4a X bit /Yes, 'has if the organization have an interest in, or a signature or other authority over, a transciol account in the foreign country. 4a X bit /Yes, 'their the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X comparization setup annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions include with every solicitation an express statement that such contributions or gifts 5b X bit /Yes, ' did the organization nedic with every solicitation and explity or goods and services provided to the payarization solid the organization nedic with every solicitation and parity for goods and services provided to the payor? 7a X f) If /Yes, ' did the organization nedic with weight as a contribution of pays premiums, on a personal benefit contract? 7a X f) If /Yes, ' did the organization nedic with file for	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
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			14b		

MELANOMA RESEARCH ALLIANCE FOUNDATION

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Form 990 (2015)

Form 9	990 (2015)
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MELANOMA RESEARCH ALLIANCE FOUNDATION

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

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

4-	Enter the number of veting members of the governing bady of the and of the territory	10	2 2	Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year	1a -			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
h	Enter the number of voting members included in line 1a, above, who are independent	1b	21		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				
2			2	x	
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under th				┢
3	of officers, directors, or trustees, or key employees to a management company or other person?		3		2
4	Did the organization make any significant changes to its governing documents since the prior Form 9			+	2
	Did the organization become aware during the year of a significant diversion of the organization's as			+	2
6	Did the organization have members or stockholders?		·· – – – – – – – – – – – – – – – – – –	+	Σ
	Did the organization have members, stockholders, or other persons who had the power to elect or ap			+	+-
74	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				
	persons other than the governing body?		7b		Z
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea				
	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?			X	1
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				1
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		. 9		X
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Re				
				Yes	N
l0a	Did the organization have local chapters, branches, or affiliates?		. 10a		Σ
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		. 10b		
1 1 a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form	2 11 a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		. 12 a		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		. 12 b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye				
	in Schedule O how this was done		. 120		
	Did the organization have a written whistleblower policy?			X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approva	al by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official			X	
b	Other officers or key employees of the organization		. 15 b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a			
	taxable entity during the year?		. 16 a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				
) ¹	exempt status with respect to such arrangements?		16 b		1
		0			
	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE			I- I -	
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 501(C)(3)s on	y) availa	eia	
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)	in Cohodula O			
10		in Schedule O)	ond for		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	muct of interest policy,	ang fina	ncial	
00	statements available to the public during the tax year.				
	State the name, address, and telephone number of the person who possesses the organization's bo MICHAEL KAPLAN - 202-336-8935 1101 NEW YORK AVE NEW # 620 NACHTNOMON DC 20005	oks and records: P			
	1101 NEW YORK AVE NW # 620, WASHINGTON, DC 20005				
			_	000	10-
32006	12-16-15 6		For	m 990	(20

Part VII	Co	mpensation	of Officers	, Directors,	, Trustees,	Key Employees,	Highest	Compensate	ec
	Em	ployees, ar	nd Independ	ent Contra	ctors				

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.

Name and Tile Average hours per veck (list any personal and expension of the use for intervent and a ference/intervent met a ference/intervent met a ference/intervent met and fer	(A)	(B)			(0	C)			(D)	(E)	(F)
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(15) ELLIOTT SIGAL 0.30 X 0.00000000000000000000000000000000000		0.30									
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(16) GREGORY SIMON 0.30		0.30									
		0.00	X						0.	0.	0.
DIRECTOR X 0. 0.		0.30								_	_
		0.00	X						0.	0.	0.
(17) JONATHAN SIMONS 0.30		0.30									_
DIRECTOR X 0. 0. 0.			X						0.	0.	

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7 2015.04020 MELANOMA RESEARCH ALLIANCE Form 990 (2015)

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26-1636099 Page 8

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, and	d Hi	ghe	st (Compensated Employe	es (continued)		
(A)	(B)			(0		<u> </u>		(D)	(E)	(F	;)
Name and title	Average			Pos	ition	ı		Reportable	Reportable	Estim	
	hours per		not cl						compensation	amou	
	week	offi	cer an	d a d	irecto	or/trus	tee)	from	from related	oth	
	(list any	ector						the	organizations	comper	nsation
	hours for	or dire				ted		organization	(W-2/1099-MISC)	from	the
	related	stee (ruste			oen sa		(W-2/1099-MISC)		organiz	
	organizations below	lal tru	onal t		loyee	com				and re	
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organiz	ations
(18) JONATHAN SOKOLOFF	0.30		=	0	1 ×	Ξæ	ш.				
DIRECTOR		x						0.	0.		0.
(19) ELIZABETH STANTON	0.30										
DIRECTOR		Х						0.	0.		0.
(20) SUZANNE TOPALIAN	5.00										-
DIRECTOR	0.00	Х						0.	0.		0.
(21) DAISY HELMAN	0.30	.,									0
DIRECTOR	0.20	X						0.	0.		0.
(22) MARY JO ROGERS	0.30	x						0.	0.		0.
DIRECTOR (23) WENDY SELIG (THROUGH 06/30/15)	40.00							0.	0.		0.
PRESIDENT & CEO	40.00			x				226,298.	0.	14	655.
(24) MARGARET ANDERSON (FROM 07/15)	5.00		\square					220,250.		<u> </u>	033.
INTERIM PRESIDENT & CEO				x				0.	368,052.	24,	090.
(25) ROBIN DAVISSON (FROM 11/2/15	10.00									,	
PRESIDENT & CEO		1		Х				12,500.	0.		0.
(26) KAMYAB HASHEMI-NEJAD	10.00										
TREASURER	40.00			Х				0.	183,875.		436.
1b Sub-total								238,798.		91,	649.
c Total from continuation sheets to Part V	I, Section A							508,750.		63,	799.
d Total (add lines 1b and 1c)								747,548.	1,099,621.	155,	448.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bove	e) wł	no r	received more than \$100	0,000 of reportable		
compensation from the organization											4
										Ye	s No
3 Did the organization list any former officer,											
line 1a? If "Yes," complete Schedule J for s	uch individual									3	X
4 For any individual listed on line 1a, is the su	um of reportab	le co	ompe	ensa	atior	n and	d ot	her compensation from	the organization		
and related organizations greater than \$15	0,000? If "Yes,	" CO	mple	ete S	Sche	edule	e J	for such individual		4 X	<u> </u>
5 Did any person listed on line 1a receive or a	accrue compei	nsat	ion f	rom	any	/ unr	ela	ted organization or indiv	idual for services		
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	son .				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest co	-									sation fron	n
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithi	ŭ	year.	(0)	
(A) Name and business	address							(B) Description of s	services	(C) Compensa	tion
THE ALEXANDER GROUP, 270			7 7	7.15			_	Description of e		bomponou	
SUITE 2400, HOUSTON,						,		RECRUITING		125.	292.
							_			,	
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	steo	d above) who received n	nore than		
\$100,000 of compensation from the organi						1					
SEE PART VII, SECTION	N A CON	1,11	NUZ	7.I.J	LOI	NS	эĦ	EETS		Form 99	U (2015)
12-16-15						8					
						-					

	RESEAR	СН	AI	LL	IAI	NCI	ΞI	FOUNDATION	26-163	6099
Part VII Section A. Officers, Directors, Tru	1	nplo	byee			ligh	est			
(A) Name and title	(B) Average hours	(cl	(C) Position (check all that apply)					(D) Reportable compensation from	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	trom the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) LOUISE PERKINS CHIEF SCIENCE OFFICER	40.00					x		289,223.	0.	16,424.
(28) LAURA BROCKWAY-LUNARDI	40.00							205,225.		10,1210
SCIENTIFIC PROGRAM DIRECTOR						x		113,936.	0.	30,634.
(29) LOGAN KASTNER	40.00									
DIRECTOR, MKTG & DEVELOPMENT						X		105,591.	0.	16,741.
				_						
		\vdash		\vdash						
		-		-	-	-				
		-	-	-		\vdash				
		-								
	1	<u> </u>	<u> </u>	<u> </u>		<u> </u>				
Total to Part VII, Section A, line 1c								508,750.		63,799.

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			/		EARCH ALL	IANCE FOUN	DATION	26-1636	099 Page 9
Pa	rt V		Statement of Reve	nue					
			Check if Schedule O cont	tains a response	or note to any lin				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 :	a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
ts, (Arr		с	Fundraising events	1c	6,942,925.				
Gif ilar		d	Related organizations	1d					
ns, Sim			Government grants (contribut						
utio er S	t	f	All other contributions, gifts, gran						
Oth			similar amounts not included abo		4,375,871.				
nd		-	Noncash contributions included in lines	-	1,034,861.	11 210 500			
aC		h	Total. Add lines 1a-1f		1	11,318,796.			
	•	_			Business Code				
Program Service Revenue	2	a b							
Ser		c							
an		d							
Be		e							
Pre			All other program service reve	enue					
			Total. Add lines 2a-2f						
	3		Investment income (including						
			other similar amounts)			48,679.			48,679.
	4		Income from investment of ta						
	5		Royalties						
				(i) Real	(ii) Personal				
			Gross rents						
			Less: rental expenses						
			Rental income or (loss)	•					
			Net rental income or (loss) . Gross amount from sales of	(i) Securities	(ii) Other				
	1	a	assets other than inventory						
	1	b	Less: cost or other basis						
			and sales expenses						
		с	Gain or (loss)						
			Net gain or (loss)		►				
er	8	а	Gross income from fundraisin	•					
Other Revenue			including \$ 6,942	,925. of					
Rev			contributions reported on line	,					
Jer			Part IV, line 18						
Oŧ			Less: direct expenses		· · · · · ·	-10,740.			-10,740.
			Net income or (loss) from fund		····· •	-10,740.			-10,740.
	9	a	Gross income from gaming ad Part IV, line 19						
	1	b	Less: direct expenses		1				
			Net income or (loss) from gan						
			Gross sales of inventory, less						
			and allowances	а					
	I	b	Less: cost of goods sold						
		с	Net income or (loss) from sale	es of inventory	▶				
			Miscellaneous Revenu	le	Business Code				-
			OTHER INCOME		900099	8,419.			8,419.
		b							
		с с							
			All other revenue Total. Add lines 11a-11d			8,419.			
	12	J	Total revenue. See instructions.			11,365,154.	0.	0.	46,358.
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MELANOMA RESEARCH ALLIANCE FOUNDATION

2000	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon		-		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	C 077 705	C 077 705		
	and domestic governments. See Part IV, line 21	6,277,725.	6,277,725.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1 556 945	1 556 945		
	individuals. See Part IV, lines 15 and 16	1,556,845.	1,556,845.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	253,453.	101,381.	50,691.	101 201
	trustees, and key employees	255,455.	101,301.	50,091.	101,381.
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	975,686.	473,703.	212 677	288,306.
7	Other salaries and wages	.000,010	4/3,/03.	213,677.	200,300.
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	106,637.	52,780.	22,438.	31,419.
9	Other employee benefits	74,578.	36,543.	16,407.	21,628
10	Payroll taxes	74,570.	50,545.	10,407.	21,020.
11	Fees for services (non-employees):				
	Management	3,899.	1,658.	745.	1,496.
		20,250.	±,050.	20,250.	1,490.
	Accounting	20,230.		20,230.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	172,266.	93,619.	33,926.	44,721.
10	column (A) amount, list line 11g expenses on Sch O.)	58,566.	35,706.		14,249
12	Advertising and promotion	44,706.	28,627.	6,145.	9,934
13	Office expenses	142,767.	95,418.	18,506.	28,843
14	Information technology	112,707.	55,410.	10,500.	20,043.
15	Royalties	156,201.	76,828.	32,725.	46,648.
16		315,348.	232,225.	9,044.	74,079
17	Travel	515,540.	252,225.	5,011	14,0156
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings	211,159.	203,523.	3,143.	4,493.
19 20		211/1000	20070201	571150	1,1950
20	Payments to affiliates				
21	Depreciation, depletion, and amortization	21,892.	10,727.	4,816.	6,349.
22 23		15,628.	7,658.	3,438.	4,532.
23 24	Other expenses. Itemize expenses not covered 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.) CREDIT CARD PROCESSING	22,409.	10,981.	4,930.	6,498.
a b	STATE FILING FEES	13,160.	6,429.	2,886.	3,845.
с С			· · · · · · · · · · · · · · · · · · ·	2,000.	5,013.
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	10,443,175.	9,302,376.	452,378.	688,421.
26	Joint costs. Complete this line only if the organization		2,002,00		,
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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_____ if following SOP 98-2 (ASC 958-720)

Check here

11 2015.04020 MELANOMA RESEARCH ALLIANCE

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MELANOMA RESEARCH ALLIANCE FOUNDATION

26-1636099 Page 11

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(2013)		T(DDDIII(CII	110011000	100		20
Balance She	eet					
Check if Schedu	ule O contains a respo	onse or note to an	y line in this Part X			
					(A) Beginning of year	
Cash - non-inter	est-bearing				1,339,596.	1

					(A) Beginning of year		(B) End of year
	1	Cash pap interact bearing			1,339,596.	1	3,424,292.
		Cash - non-interest-bearing			14,877,111.		18,777,790.
	2	Savings and temporary cash investments			14,958,422.		10,620,521.
	3	Pledges and grants receivable, net			14,750,422.		10,020,521.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for		· · ·			
		trustees, key employees, and highest compense				_	
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual		(
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
Assets	_	employees' beneficiary organizations (see instr).			6		
Ass	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	42 027
	9				36,673.	9	43,037.
	10a	Land, buildings, and equipment: cost or other		101 170			
		basis. Complete Part VI of Schedule D		101,179. 71,879.	20 026		20.200
		Less: accumulated depreciation			30,836.	10c	29,300.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			014	14	
	15	Other assets. See Part IV, line 11			914.		254.
	16	Total assets. Add lines 1 through 15 (must equ			31,243,552.		32,895,194.
	17	Accounts payable and accrued expenses			139,129.	<u> </u>	714,723.
	18	Grants payable			150 500	18	
	19	Deferred revenue			152,500.		265,000.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to current and forme					
oilit		key employees, highest compensated employee					
Lial		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines			0.	0.5	41,569.
	~	Schedule D			291,629.		1,021,292.
	26	Total liabilities. Add lines 17 through 25			291,029.	26	1,021,292.
(0)		Organizations that follow SFAS 117 (ASC 958		ck nere 📂 🖾 and			
ces	07	complete lines 27 through 29, and lines 33 and lines 34			12,920,141.	07	17,015,455.
lan	27	Unrestricted net assets			18,031,782.	27	14,858,447.
Ba	28	Temporarily restricted net assets			10,051,702.	28	14,030,447.
pur	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (A		N abaak bara N		29	
Ē		and complete lines 30 through 34.	190 990	b), check here			
0 2	20					200	
set	30 21	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed				31	
Net	32	Retained earnings, endowment, accumulated in			30,951,923.	32	31,873,902.
_	33	Total net assets or fund balances			31,243,552.	1	32,895,194.
	34	Total liabilities and net assets/fund balances			JI,44J,JJ4•	34	54,095,194.

Form **990** (2015)

Form	1990 (2015) MELANOMA RESEARCH ALLIANCE FOUNDATION	26-	-1636	099	Pa	ge 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		,36		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10	,44		
3	Revenue less expenses. Subtract line 2 from line 1	3				79.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30	,95	1,9	23.
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	31	,87	<u>3,9</u>	02.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	e 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				37	
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
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 Au	dit			v
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	000	

Form **990** (2015)

532012 12-16-15

(Form	990	or	990-	EZ)
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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.	
or 990-FZ) and its instructions	is at www.irs.gov/form990.

Open to Public Inspection

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OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service
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Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/for
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Nam	e of t	he organization		, , , , , , , , , , , , , , , , , , ,				Employer	identification number
- turn			NOMA RESEA	RCH ALLIANCE	FOUN	DATIO	N		6-1636099
Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
The c	organ	ization is not a private found							
1		A church, convention of ch		•		,	I)(A)(i).		
2		A school described in sect	·						
3		A hospital or a cooperative					ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	in sectio	n 170(b)(1)(A)(iii). Enter t	he hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ted by a g	overnmental u	unit describ	ed in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6		A federal, state, or local go	vernment or governn	nental unit described in a	section 17	70(b)(1)(A)	(v).		
7	7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	nd gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its support	from gross investment
		income and unrelated busin		(less section 511 tax) from	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Co							
10	37	An organization organized	-		•				
11	Х	An organization organized	-	•	-			•	
		more publicly supported or	-						heck the box in
_	v	lines 11a through 11d that				-		-	al da a
а	X		-	-	•				
		the supported organization			a majority (of the dire	ctors or truste	es of the s	upporting
h		organization. You must o	-		tion with it	o oupport	od organizatio	n(a) by ba	vina
b	L	Type II. A supporting org control or management or	-				-		-
		organization(s). You mus			arrie perso			ige the sup	ported
с		Type III functionally inte			in connect	tion with a	and functiona	llv integrate	ed with
Ŭ		its supported organizatio						ny mograte	, with,
d		Type III non-functionally						rted organiz	ration(s)
		that is not functionally int						-	
		requirement (see instruct	• •		•		-		
е	X			-				II, Type III	
		functionally integrated, o	r Type III non-functio	nally integrated support	ing organiz	zation.			
f	Ente	er the number of supported of							1
		vide the following information		ed organization(s).					
	() Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the or listed i		. ,		(vi) Amount of
		organization		above (see instructions))	governing o		support instructi		other support (see instructions)
					Yes	No	Instructi	0113)	
		ILKEN		_					
INS	STI	TUTE	95-4240775	7	X		7,834	.,570.	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

0.

5575___1

7,834,570.

Total

14 2015.04020 MELANOMA RESEARCH ALLIANCE

Schedule A (Form 990 or 990-EZ) 2015 MELANOMA RESEARCH ALLIANCE FOUNDATION 26-1636099 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9							
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruct	ions)			12	
	First five years. If the Form 990 is for		,				
	organization, check this box and stop						
Se	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2015 (I	ine 6, column (f) c	livided by line 11,	column (f))		14	%
15	Public support percentage from 2014	Schedule A, Parl	II, line 14			15	%
	33 1/3% support test - 2015. If the c					more, check this I	box and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			
k	33 1/3% support test - 2014. If the c						
	and stop here. The organization quali	fies as a publicly	supported organiz	zation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	ed organization		
k	0 10% -facts-and-circumstances test	-	-		•		
	more, and if the organization meets th						
	organization meets the "facts-and-circ				• •		
18	Private foundation. If the organizatio						ons 🕨 🗌
							0 or 000 E7) 2016

Schedule A (Form 990 or 990-EZ) 2015

532022 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 MELANOMA RESEARCH ALLIANCE FOUNDATION 26-1636099 Page 3 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.)

	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 20)15	(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								
2	Gross receipts from activities that								
3	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-		1						
4	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities		1						
5	furnished by a governmental unit to								
	the organization without charge								
e			+		1		-+		
	Total. Add lines 1 through 5		+	+	+		+		
18	Amounts included on lines 1, 2, and								
ŀ	3 received from disqualified persons Amounts included on lines 2 and 3 received		<u> </u>	+	+		+		
L	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year		1				ł		
	Add lines 7a and 7b						ł		
8	Public support. (Subtract line 7c from line 6.)								
	ndar year (or fiscal year beginning in)	(-) 0011	(1-) 0010	(-) 0010	(-1) 001 ((-) 0		(f) T -+ -	
	Amounts from line 6	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 20	115	(f) Total	
	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								
	Add lines 10a and 10b								
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly corride on								
2	Other income. Do not include gain or loss from the sale of capital								
12	assets (Explain in Part VI.)								
		the examination	L first second thi	rd fourth or fifth t		$\frac{1}{1}$		ation	
14	First five years. If the Form 990 is for	-			•			· · · · · ·	
200	check this box and stop here	ic Support De	rcontago					PL	
	-								
	Public support percentage for 2015 (I					15			%
						16			%
	ction D. Computation of Inves		¥			1 1			
17	Investment income percentage for 20			ne 13, column (f))		17			%
18	Investment income percentage from					18			%
19a	1 33 1/3% support tests - 2015. If the	organization did	not check the box	on line 14, and lin	e 15 is more than :	33 1/3%, a	nd line 1	7 is not	
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	ation		ÞL	
b	33 1/3% support tests - 2014. If the	0			-				
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The org	anization qualifies	as a publicly supp	orted orga	nization .	▶Ĺ	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t					
320	23 09-23-15				Sch	edule A (F	orm 990	or 990-EZ) 2	015
				16					
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Schedule A (Form 990 or 990-EZ) 2015 MELANOMA RESEARCH ALLIANCE FOUNDATION 26-1636099 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2015

17

Yes

х

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

х

No

Х

Х

Х

Х

Х

х

Х

Х

х

Х

Schedule A (Form 990 or 990 EZ) 2015 MELANOMA RESEARCH ALLIANCE FOUNDATION 26-1636099 Page 5

Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
-	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Х
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
~	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. Ition E. Type III Functionally-Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
1				
a L	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		,	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
53202	5 09-23-15 Schedule A (Form 9	90 or 99	90-EZ)	2015
	18			

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Schedule A (Form 990 or 990-EZ) 2015 MELANOMA RESEARCH ALLIANCE FOUNDATION 26-1636099 Page 6

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

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	y-integra	ated Type III supporting ord	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2015

532026 09-23-15

1

Schedule A (Form 990 or 990-EZ) 2015 MELANOMA RESEARCH ALLIANCE FOUNDATION 26-1636099 Page 7

Par	t V Type III Non-Functionally Integrated 509	0(a)(3) Supporting Org	anizations <u>(continued)</u>				
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe	empt purposes					
2	Amounts paid to perform activity that directly furthers exemp	pt purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of supported organizations						
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which t	he organization is responsive	е				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2015 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
		(i)	(ii)	(iii)			
Conti	on E. Distribution Allocations (cost instructions)	Excess Distributions	Underdistributions	Distributable			
Secu	on E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015			
1	Distributable amount for 2015 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2015						
	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2015:						
а							
b							
с							
d	From 2013						
е	From 2014						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2015 distributable amount						
i	Carryover from 2010 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2015 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2015 distributable amount						
с	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2015, if						
	any. Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions).						
6	Remaining underdistributions for 2015. Subtract lines 3h						
	and 4b from line 1 (if amount greater than zero, see						
	instructions).						
7	Excess distributions carryover to 2016. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а							
b							
с	Excess from 2013						
d	Excess from 2014						
е	Excess from 2015						

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15

 Schedule A (Form 990 or 990-EZ) 2015
 MELANOMA
 RESEARCH
 ALLIANCE
 FOUNDATION
 26-1636099
 Page 8

 Part VI
 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART IV, SECTION A, LINE 6

THE AMOUNT OF SUPPORT REPORTED TO MILKEN INSTITUTE REPRESENTS THE

AMOUNT OF FUNDS THAT MRA PAYS DIRECTLY TO RESEARCH ORGANIZATIONS LISTED

ON SCHEDULES F AND I THAT SUPPORT MELANOMA RESEARCH THAT ADVANCES THE

MISSION OF BOTH MRA AND THE MILKEN INSTITUTE.

MRA PROVIDES DIRECT SUPPORT TO PUBLIC CHARITIES AND EDUCATIONAL

INSTITUTIONS FOR THE PURPOSES OF CANCER RESEARCH SPECIFICALLY RELATED

TO MELANOMA. SUPPORTING THESE UNRELATED RESEARCH ORGANIZATIONS DIRECTLY

SUPPORTS THE MISSION OF THE MILKEN INSTITUTE SINCE PART OF THE

INSTITUTE'S MISSION IS TO IMPROVE HEALTH WORLDWIDE. BY MRA PROVIDING

THE GRANTS DIRECTLY TO THE CHARITIES AND EDUCATIONAL INSTITUTIONS, IT

FURTHER ASSISTS THE MILKEN INSTITUTE. BECAUSE THERE IS A DIRECT LINE OF

COMMUNICATION BETWEEN DONOR AND GRANT RECIPIENT, THE INSTITUTE CAN RELY

ON MRA TO PROVIDE GRANT MONITORING AND GRANT SUPPORT SERVICES TO GRANT

RECIPIENTS.

532028 09-23-15

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

MELA

FORDIC DISCHOROKE COLI	* *	PUBLIC	DISCLOSURE	COPY	* *
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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

2015

Employer identification number

	NOMA	RESEARCH	ALLIANCE	FOUNDATION	
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26-1636099

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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) (2015)

14370922 758461 5575

Page 2

Employer identification number

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

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 X 1 Person Payroll 1,100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 Χ Person Payroll 515,781. X Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 500,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Χ Person Payroll 450,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 445,589. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Payroll 375,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15 23

2015.04020 MELANOMA RESEARCH ALLIANCE 5

5575 1

Page 2

Employer identification number

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

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 7 Person Payroll 375,000. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Х 8 Person Payroll 278,229. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X Person Payroll 260,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 Χ Person Payroll 225,070. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 225,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 12 X Person Payroll 225,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

5575 1

523452 10-26-15

24 2015.04020 MELANOMA RESEARCH ALLIANCE

Page 2

Employer identification number

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

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 X 13 Person Payroll 225,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Χ 14 Person Payroll 225,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 15 X Person Payroll 225,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 Х Person Payroll 225,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 X Person Payroll X 225,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 18 X Person Payroll 190,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15 25

2015.04020 MELANOMA RESEARCH ALLIANCE 5575___1

Page 2

Employer identification number

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

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 19 X Person Payroll 162,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 20 Х Person Payroll 153,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 21 X Person Payroll 150,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 22 Person Payroll 150,000. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 23 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 24 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15 26

14370922 758461 5575

2015.04020 MELANOMA RESEARCH ALLIANCE 5575 1

Page 2

Employer identification number

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

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 25 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 26 Χ Person Payroll 79,500. X Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 27 X Person Payroll 75,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 28 Х 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 29 X Person Payroll 67,326. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 30 X Person Payroll 66,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15 27

14370922 758461 5575

2015.04020 MELANOMA RESEARCH ALLIANCE 5575___1

Page 2

Employer identification number

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

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 31 X Person Payroll 60,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 32 Person Payroll 53,462. X Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 33 X Person Payroll 53,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 34 Х Person Payroll 52,700. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 35 X Person Payroll 50,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 36 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15 28

2015.04020 MELANOMA RESEARCH ALLIANCE

14370922 758461 5575

5575 1

Page 2

Employer identification number

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

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 37 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Х 38 Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 39 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 40 Х Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 41 X Person Payroll 50,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 42 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15 29

2015.04020 MELANOMA RESEARCH ALLIANCE 5575 1

Employer identification number

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 43 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Х 44 Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 45 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 46 Х Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 47 X Person Payroll 50,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 48 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.)

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

5575 1

30

2015.04020 MELANOMA RESEARCH ALLIANCE

14370922 758461 5575

523452 10-26-15

Employer identification number

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

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 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 50 Х Person Payroll 45,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 51 X Person Payroll 45,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 52 Х Person Payroll 40,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 53 X Person Payroll 40,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 54 X Person Payroll 40,000. Noncash \$ (Complete Part II for noncash contributions.) 523452 10-26-15

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

14370922 758461 5575

2015.04020 MELANOMA RESEARCH ALLIANCE 5575 1

31

Page 2

Employer identification number

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

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 55 X Person Payroll 35,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 56 Χ 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 57 X Person Payroll 35,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 58 Х 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 59 X Person Payroll 35,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 60 X Person Payroll 35,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15 32

14370922 758461 5575

2015.04020 MELANOMA RESEARCH ALLIANCE 5575___1

Employer identification number

(d)

Type of contribution

X

26-1636099

Person

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

 61
 \$ 35,000

62		 \$35,000.	Payroll Noncash (Complete Part II for noncash contributions.)
a a a b a b constant and a contribution (a) Name, address, and ZIP + 4 contributions contribution contribution (b) No. Name, address, and ZIP + 4 Total contributions Person x (a) Name, address, and ZIP + 4 s 35,000. 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 contributions Person x (b) (c) (d) Type of contribution (a) Name, address, and ZIP + 4 Total contributions Person x (b) (c) (d) Type of contribution (a) Name, address, and ZIP + 4 Total contributions Person x (b) (c) (d) Type of contribution Person x (a) Name, address, and ZIP + 4 Total contributions Person x (a) Name, address, and ZIP + 4 Total contributions Person x			(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of contributions 6.3	62	\$35,000.	Payroll Noncash
(a) (b) (c) (d) Mo. Name, address, and ZIP + 4 Total contributions Type of contribution 64			(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of contributions 64	63	\$35,000.	Payroll Noncash
(a) (b) (c) (d) Mo. Name, address, and ZIP + 4 Total contributions Type of contribution 65 (c) (d) Type of contributions Type of contribution (a) (b) (c) Total contributions Type of contribution 65 (c) (c) Type of contribution Type of contribution (a) (b) (c) (c) Person X (a) (b) (c) (c) (c) (d) No. Name, address, and ZIP + 4 Total contributions (complete Part II for noncash contribution (a) (b) (c) (d) (complete Part II for noncash contribution (a) Name, address, and ZIP + 4 Total contributions Type of contribution 66 (c) (c) (d) Type of contribution 5 29 , 500 · Person X			(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of contributions 65	<u>64</u>	 \$32,200.	Payroll Noncash
(a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 66 \$ 29,500. Person X Payroll Payroll Payroll			(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of contributions 66	65	 \$30,000.	Payroll Noncash
66			(d) Type of contribution
	66	 \$29,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

Employer identification number

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

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 67 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 Х 68 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 69 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 70 Х 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 71 X Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 72 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15 34

2015.04020 MELANOMA RESEARCH ALLIANCE 5575 1

14370922 758461 5575

Page 2

Employer identification number

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

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 73 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 74 Х 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 75 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 76 Х 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 77 X Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 78 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15 35

2015.04020 MELANOMA RESEARCH ALLIANCE 5575___1

Page 2

Employer identification number

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

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 79 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Х 80 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 81 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 82 Х 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 83 X Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 84 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15 36

2015.04020 MELANOMA RESEARCH ALLIANCE 5575___1

Page 2

Employer identification number

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

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 85 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 Χ 86 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 87 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 88 Х Person Payroll 24,400. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 89 X Person Payroll 22,230. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 90 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15 37

2015.04020 MELANOMA RESEARCH ALLIANCE 5575___1

Employer identification number

26-1636099 MELANOMA RESEARCH ALLIANCE FOUNDATION 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 91 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 92 Χ Person Payroll 19,173. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 93 X Person Payroll 17,500. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 94 Х Person Payroll 16,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 95 X Person Payroll 15,900. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 96 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.)

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

523452 10-26-15

38 2015.04020 MELANOMA RESEARCH ALLIANCE 5575 1

Page 2

Employer identification number

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

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 97 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 98 Χ Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 99 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 100 Х Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 101 X Person Payroll 15,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 102 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15 39

2015.04020 MELANOMA RESEARCH ALLIANCE 5575___1

Page 2

Employer identification number

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

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 103 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ 104 Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 105 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 106 Х Person Payroll 14,000. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 107 X Person Payroll 12,500. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 108 X Person Pavroll 12,500. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15 40

2015.04020 MELANOMA RESEARCH ALLIANCE 5575___1

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Employer identification number

(d)

Type of contribution

X

26-1636099

Person Payroll

Noncash

MELANOMA RESEARCH ALLIANCE FOUNDATION

			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110		\$11,989.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111		\$11,200.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112		\$ <u>10,379.</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>10,000.</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>114</u> 523452 10-20		\$\$\$\$\$Schedule B (Form	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2015)
	11		

Page 2

2015.04020 MELANOMA RESEARCH ALLIANCE 5575___1

Employer identification number

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

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 115 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Χ 116 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 117 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 118 Х 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 119 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 120 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15

14370922 758461 5575

42

2015.04020 MELANOMA RESEARCH ALLIANCE

Employer identification number

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

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 121 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Χ 122 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 123 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 124 Х 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 125 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 126 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

523452 10-26-15

14370922 758461 5575

43 2015.04020 MELANOMA RESEARCH ALLIANCE

Employer identification number

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

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 127 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Χ 128 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 129 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 130 Х 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 131 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 132 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) 523452 10-26-15

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page 2

14370922 758461 5575

44

2015.04020 MELANOMA RESEARCH ALLIANCE

Employer identification number

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

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 133 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Χ 134 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 135 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 136 Х 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 137 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 138 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

523452 10-26-15

14370922 758461 5575

2015.04020 MELANOMA RESEARCH ALLIANCE 5575___1

Employer identification number

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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 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ 140 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 141 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 142Х 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 143 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 144X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) 523452 10-26-15

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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46 2015.04020 MELANOMA RESEARCH ALLIANCE

Employer identification number

5575 1

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

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 145 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Χ 146 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 147 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 148 Х 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 149 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 150 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15 47

2015.04020 MELANOMA RESEARCH ALLIANCE

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Name of organization Employer identification number 26-1636099 MELANOMA RESEARCH ALLIANCE FOUNDATION 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 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 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 153 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 154 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 155 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 156 Person

> Noncash (Complete Part II for noncash contributions.)

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Payroll

523452 10-26-15

48 2015.04020 MELANOMA RESEARCH ALLIANCE 5575 1

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10,000.

Employer identification number

5575 1

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

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 157 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Χ 158 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 159 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 160 Х 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 161 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 162 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15

14370922 758461 5575

49 2015.04020 MELANOMA RESEARCH ALLIANCE

Employer identification number

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

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 163 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Χ 164 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 165 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 166 Х 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 167 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 168 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

523452 10-26-15

2015.04020 MELANOMA RESEARCH ALLIANCE 5575___1

Employer identification number

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

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5575 1

2015.04020 MELANOMA RESEARCH ALLIANCE

51

Page 2

Employer identification number

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

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 175 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 Χ 176 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 177 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 178 Х 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 179 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 180 X Person Payroll 9,400. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15 52

2015.04020 MELANOMA RESEARCH ALLIANCE 5575___1

Page 2

Employer identification number

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

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 181 X Person Payroll 9,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 182 Person Payroll 8,230. X Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 183 X Person Payroll 6,500. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 184 Х Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 185 X Person Payroll 6,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 186 X Person Pavroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15 53

2015.04020 MELANOMA RESEARCH ALLIANCE 5575___1

Page 2

Employer identification number

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

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 187 X Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Χ 188 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 189 X Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 190 Х Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 191 X Person Payroll 5,850. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 192 X Person Pavroll 5,520. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15 54

2015.04020 MELANOMA RESEARCH ALLIANCE 5575___1

Employer identification number

26-1636099 MELANOMA RESEARCH ALLIANCE FOUNDATION 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 193 Person Payroll 5,300. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 194 Person Payroll 5,146. X Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 195 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 196 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 197 Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 198 Person Pavroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page 2

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523452 10-26-15

2015.04020 MELANOMA RESEARCH ALLIANCE 5575 1

Page 2

Employer identification number

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

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 199 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Χ 200 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 201 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 202 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 203 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 204 X Person Pavroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15 56

14370922 758461 5575

2015.04020 MELANOMA RESEARCH ALLIANCE 5575___1

Page 2

Employer identification number

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

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 205 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Χ 206 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 207 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 208 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 209 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 210 X Person Pavroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15 57

14370922 758461 5575

2015.04020 MELANOMA RESEARCH ALLIANCE 5575 1

Employer identification number

26-1636099 MELANOMA RESEARCH ALLIANCE FOUNDATION 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 211 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Χ 212 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 213 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 214Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 215 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 216 X Person Pavroll 5,000. Noncash \$ (Complete Part II for

> noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

523452 10-26-15

58 2015.04020 MELANOMA RESEARCH ALLIANCE 5575 1

Employer identification number

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 217 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Χ 218 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 219 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 220 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 221 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 222 X Person Pavroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

5575 1

523452 10-26-15

14370922 758461 5575

59 2015.04020 MELANOMA RESEARCH ALLIANCE Page 2

Employer identification number

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

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 223 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 224 Χ 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 225 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 226 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 227 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 228 X Person Pavroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15

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2015.04020 MELANOMA RESEARCH ALLIANCE 5575___1

Employer identification number

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

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 229 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Χ 230 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 231 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 232 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 233 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 234 X Person Pavroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15

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61 2015.04020 MELANOMA RESEARCH ALLIANCE

Page 2

Employer identification number

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

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 235 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Χ 236 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 237 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 238 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 239 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 240 X Person Pavroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15 62

2015.04020 MELANOMA RESEARCH ALLIANCE 5575___1

Employer identification number

(d)

Type of contribution

26-1636099

MELANOMA RESEARCH ALLIANCE FOUNDATION

<u>241</u>		\$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 contributi
		\$	Person Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
		\$	Person Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
		\$	Person Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
		\$	Person Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
		\$	Person Payroll Noncash (Complete Part II for noncash contribution

Employer identification number

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	(b) Description of noncash property given		(c) MV (or estimate)	(d) Date received
Part I		(s	ee instructions)	
	CONTRIBUTION INCLUDES \$225,000 CASH			
	ONATION AND \$290,781 IN DONATED			
S	ECURITIES.	_		
_		_ \$	515,781.	12/31/15
(-)				
(a) No.	(b)		(c)	(d)
from	Description of noncash property given		VIV (or estimate)	Date received
Part I		(s	ee instructions)	
A	RTWORK			
_		- .		10/01/15
-		- \$	375,000.	12/31/15
(a)		_		
No.	(b)		(c)	(d)
from	Description of noncash property given		VIV (or estimate)	Date received
Part I		(S	ee instructions)	
	ONTRIBUTION INCLUDES \$149,967 CASH	-		
	ONATION AND \$75,033 IN DONATED	-		
<u>s</u>	ECURITIES.	- .		
-		- \$	225,000.	12/31/15
(a)				
No.	(b)		(c)	(d)
from	Description of noncash property given		MV (or estimate) ee instructions)	Date received
Part I		(*		
22	EWELRY	-		
		-		
-		- \$	150,000.	12/31/15
-		- *	,	
(a)			(c)	
No.	(b)	FN	(C) VIV (or estimate)	(d)
from Port I	Description of noncash property given		ee instructions)	Date received
Part I	ONTRIBUTION INCLUDES \$32,500 CASH	-	-	
	ONATION AND \$47,000 IN DONATED GIFT	-		
	BAGS AND TOTES.	-		
-		- \$	79,500.	12/31/15
(a)			(c)	
No.	(b)	FN	MV (or estimate)	(d)
from Part I	Description of noncash property given		ee instructions)	Date received
	ONATED SECURITIES			
32		-		
		-		
-		\$	53,462.	12/31/15
				990, 990-EZ, or 990-PF) (2

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2015.04020 MELANOMA RESEARCH ALLIANCE

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Employer identification number

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
106	CONTRIBUTION INCLUDES \$9,000 CASH DONATION AND \$5,000 IN DONATED SPONSORSHIP SIGNS.		10/21/15
		\$\$	12/31/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
110	CONTRIBUTION INCLUDES \$183 CASH DONATION AND \$11,800 IN DONATED SHIRTS.		10/21/15
		\$11,989.	12/31/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
111	CONTRIBUTION INCLUDES \$10,000 CASH DONATION AND \$1,200 IN DONATED TICKETS.		
		\$11,200.	12/31/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
182	BOOKS	_	
102		\$8,230.	12/31/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
194	DONATED SECURITIES	_	
		\$5,146.	12/31/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	

14370922 758461 5575

65 2015.04020 MELANOMA RESEARCH ALLIANCE

5575___1

Name of orga	anization		Employer identification number
MELANO	MA RESEARCH ALLIANCE F		26-1636099
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete	tributions to organizations describe columns (a) through (e) and the follo	ed in section 501(c)(7), (8), or (10) that total more than \$1,000 for lowing line entry. For organizations
	completing Part III, enter the total of exclusively religion Use duplicate copies of Part III if addition	us, charitable, etc., contributions of \$1,000	or less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
523454 10-26-1	45		Schedule B (Form 990, 990-EZ, or 990-PF) (201

14370922 758461 5575

66 2015.04020 MELANOMA RESEARCH ALLIANCE 5575___1

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

SCHEDULE C Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. 2015

OMB No. 1545-0047

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

Department of the Treasury

Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

 Section 501(c)(4), 	(5), or (6) organizations: Complete Part III.
Name of organization	

n number
)99
No No
No No
No No
zation
cal
d or a
political ceived and
directly

	filing organization's funds. If none, enter -0	contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2015

⁵³²⁰⁴¹ 10-05-15

Sch	edule C (Form 990 or 990-EZ) 2015 MELAN	OMA RESEARCH ALLIANCE FOUNDA	TION 26-1	636099 Page 2
Pa	rt II-A Complete if the organization	on is exempt under section 501(c)(3) and fil	led Form 5768 (e	lection under
	section 501(h)).			
A C	heck 🕨 🛄 if the filing organization belon	gs to an affiliated group (and list in Part IV each affiliated	l group member's nam	e, address, EIN,
	expenses, and share of exces	ss lobbying expenditures).		
BC	heck 🕨 📃 if the filing organization check	ed box A and "limited control" provisions apply.	-	
		bying Expenditures leans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence pub	lic opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	1,000.	
c	Total lobbying expenditures (add lines 1a and	d 1b)	1,000.	
d			9,994,613.	
е		es 1c and 1d)	9,995,613.	
f	Lobbying nontaxable amount. Enter the amo		649,781.	
	If 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	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
			1.00.445	
		f line 1f)	162,445.	
h	Subtract line 1g from line 1a. If zero or less, e		0.	
i		nter -0-	0.	
j		er line 1h or line 1i, did the organization file Form 4720		Yes No
	(Some organizations that made	4-Year Averaging Period Under section 501(h) a section 501(h) election do not have to complete all	of the five columns b	elow.

organizations that made a section 501(h) election do not have to complete all of the five colum See the separate instructions for lines 2a through 2f.)

	Lobbying Expen	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	594,761.	670,199.	738,010.	649,781.	2,652,751.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					3,979,127.
c Total lobbying expenditures	2,500.	4,200.	18,000.	1,000.	25,700.
d Grassroots nontaxable amount	148,690.	167,550.	184,503.	162,445.	663,188.
e Grassroots ceiling amount (150% of line 2d, column (e))					994,782.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2015

532042 10-05-15

Schedule C (Form 990 or 990 EZ) 2015 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 on lines 1a through 1i below, provide in Part IV a detailed description	(8	a)	ł))
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	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)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	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				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	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	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				
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 political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
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	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5			5		
	t IV Supplemental Information				
Prov	de 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, lines 1 a	and 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2015

532043 10-05-15

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

 Supplemental Financial Statements

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

 ▶ Attach to Form 990.

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



Name	of the organization MELANOMA RESEARCH ALLIANCE FOUNDATION	Employer identification number 26-1636099
Par		
i ui	organization answered "Yes" on Form 990, Part IV, line 6.	
		b) Funds and other accounts
4		
	Total number at end of year	
	Aggregate value of contributions to (during year)	
	Aggregate value at end of year	uda
	are the organization informal donors and donor advisors in writing that the assets field in donor advised full are the organization's property, subject to the organization's exclusive legal control?	
	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	•
Par		
	Purpose(s) of conservation easements held by the organization (check all that apply).	,
	Preservation of land for public use (e.g., recreation or education) Preservation of a historically	important land area
	Protection of natural habitat	-
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	peopletion assemble on the last
	day of the tax year.	Held at the End of the Tax Year
	Total number of conservation easements	2a
	Total acreage restricted by conservation easements	2b
	Number of conservation easements on a certified historic structure included in (a)	2c
	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	
	year >	
	Number of states where property subject to conservation easement is located	
	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes
	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservati	
		0, 1
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	asements during the year
	►\$	3 y
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the org	ganization's accounting for
	conservation easements.	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	rvice, provide the following amounts
	relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	. 🕨 \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
	Assets included in Form 990, Part X	. 🕨 \$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2015

70

14370922 758461 5575

532051 11-02-15

2015.04020 MELANOMA RESEARCH ALLIANCE 5575___1

Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Sche	dule D (Form 990) 2015 MELANOM	A RESEARCH	ALL	IANCE	FOUNDA	TION	2	26-16	3609	Pa	ige 2
clenck all flat apply: d Loan or exchange programs a Police exhibition d Loan or exchange programs b Scholarly research e Other	Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	reasures,	or Othe	er Simila	ar Asse	ts (contin	ued)	
a Public axhibition d L Can or exchange programs b Scholarly research e Other	3		ion, and other record	ls, chec	k any of the	following that	at are a si	gnificant ı	use of its	collectio	n items	3
b Scholary research e Other												
c Preservation for future generations 4 Provide a description of the organization solicit or receive donations of art. historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Ves No Pert IV Excrement AC Lucodial Arrangements. Complete if the organization answered "Yes" on Form 800, Part IV, line 90, Part X, line 21. The percent and anount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 10 11 d Additions during the year 10 10 11 B Det morganization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Image: Part V Fordowment Funds. Complete if the organization solutor form 990, Part X, line 21, for escrow or custodial account liability? Ves No b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a			d									
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization is collection?	b		е	•	Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Ves No. Part IV Escrow and Custodial Arrangements. Complete if the organization's collection? Ves no. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP Is the organization angent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP Is the organization angent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP It is the organization angent, fustee, custodian or other intermediary for contributions or custodial account liability? Ves No 6 Beginning balance It is the organization answered 'Yes' on Form 990, Part XP, line 21, for escrow or custodial account liability? Ves No 9 Part V Endowment Funds. Complete the organization answerd 'Yes' on Form 990, Part VP, line 40. No If 'Yes', explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII. Image: Part VP in the Part VP in the explanation has been provided on Part XII. No 7 Gotther expenditures for facilities and programs Imagent VP in the explanation has been provided on Part X	С	-										
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. for escrow or custodial account liability? In the organization and the year c Beginning balance In the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? In the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ne Ne Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. In the organization agent in Part XIII. Check here if the explanation has been provided on Part XIII. In the organization agent in Part XIII. Check here if the explanation asswered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. In the intermediary for control the organization agent in Part XIII. In the organization agent in Part XIII. Check here if the explanate on the inte									se in Par	XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (Direct). Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21. Image: Complete intermediary for contributions of complete intermediary for contributions of complete intermediary for excerve or custodial account itability? Ves No b If "Ves," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII Part V Image: Complete intermediary for excerve or custodial account itability? Ves No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete intermediary for contributions on Part XIII Pert V Endowment Funds. Image: Complete intermediary for contributions on Part XIII Image: Complete intermedintermediary for con	5							1		1		
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trastee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escretary or custodial account liability? No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 16 d Additions during the year 1e 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part X Inc 24 Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ine seginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back b Contributions. (b) Prior year (c) Two years back (e) Four years back (e) Four years back a Beginning of year balance (b) Prior year (c) Two years back (e) Four years back (e) Four years back b Contributions. (b) Prior year (b) Prior year (d) Three years back (e) Four years back	Do								No			
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on Form 990, Part X? Yes No b If 'Yes,'' explain the arangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d g Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,'' explain the arangement in Part XIII. Check here if the explanation has been provided on Part IV. line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (d) Three years back (e) Four years back for any complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (d) Three years back for tablittee and programs 1a Administrative expenses	1a											
b If "Yes," explain the arrangement in Part XII and complete the following table:	iu								No			
c Beginning balance Ic Amount d Additions during the year Id Id e Distributions during the year Id Id d Additions during the year Id Id d Distributions during the year Id Id d Distributions during the year Id Id Id d Distributions during the year Id Id Id Id d Distributions during the year If Id Id Id Id d Distributions during the year subst include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No No Part V Endowment Funds. Complete if the organization answered "Ves" on Form 990, Part IV, line 10. Id Image: State	h								······			NO
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e Distributions during the year 1e 1f f Ending balance 1f 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: State												
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2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?												
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Two years back (e) Four years back c Other expenditures for facilities (a)										Yes		No
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1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs	Par	t V Endowment Funds. Complete i	if the organization ar	nswered	"Yes" on Fe	orm 990, Par	t IV, line 1	0.				
b Contributions			(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years l	back
c Net investment earnings, gains, and losses	1a	Beginning of year balance										
d Grants or scholarships	b	Contributions										
e Other expenditures for facilities and programs	с	Net investment earnings, gains, and losses										
and programs	d	Grants or scholarships										
f Administrative expenses	е	Other expenditures for facilities										
g End of year balance		and programs										
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% mthe percentages on lines 2a, 2b, and 2c should equal 100%. 3a a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	f	Administrative expenses										
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (ii) alg(ii) alg(iii) alg(iii) (iii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value (d) Book value (d) Equipment (d) Equipment (d) Equipment (d) Equipment (d) Equipment (d) Equipment	g	-										
b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations				e (line 1	g, column (a)) held as:						
c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (ii) related organizations (ii) related organizations (iii) related organization sisted as required on Schedule R? (iii) Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value basis (investment) (i) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Equipment (d) Equipment (i) Cost or other basis (other) (i) Cost or other basis (other) (i) Cost or other basis (other)												
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organization subserved "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Buildings (f) Equipment (f) 101,179, 71,879, 29,300. (f) Equipment (f) 101,179, 71,879, 29,300. 												
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i)	с											
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements d Equipment c Other (b) Cost or 010 (c) Accumulated (c) Accum												
(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 0 c Leasehold improvements 101,179. d Equipment 101,179. e Other 0	За		ession of the organiz	ation the	at are held a	and administe	ered for th	ne organiz	ation	Г	<u></u>	
(ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings		-									Yes	NO
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land												
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	h											
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land										30		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	_			JWITIETT	iunus.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	i ai) Part I	/ line 11a s	See Form 99(0 Part X	line 10				
Image: basis (investment) basis (other) depreciation 1a Land									d		value	
1a Land		becomption of property							ŭ	(u) 2001	vulue	
b Buildings	1a	Land		,								
c Leasehold improvements 101,179. 71,879. 29,300. e Other 0 <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>												
d Equipment 101,179. 71,879. 29,300.												
e Other					10)1,179.		71,81	79.	2	9,30)0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)												
	Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line	10c.)				2	9,30)0.

Schedule D (Form 990) 2015

532052 09-21-15

(a) Descript	Complete if the organization answered "Yes'	' on Form 990, Part IV	, line 11b. See Form 990, Par	t X, line 12.
(M) Doportpr	tion of security or category (including name of security)	(b) Book value	(c) Method of valua	ation: Cost or end-of-year market value
1) Financia	Il derivatives			
	held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal . (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11c. See Form 990, Par	t X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua	ation: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	o) must equal Form 990, Part X, col. (B) line 13.) 🕨			
(4)	Complete if the organization answered "Yes" (a)	on Form 990, Part IV Description	, line 11d. See Form 990, Par	t X, line 15. (b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
	mn (b) must equal Form 990, Part X, col. (B) lir Other Liabilities.	ne 15.)		
Part X				
Part X	Complete if the organization answered "Yes"	on Form 990, Part IV		90, Part X, line 25.
	Complete if the organization answered "Yes" (a) Description of liability	' on Form 990, Part IV	, line 11e or 11f. See Form 99 (b) Book value	90, Part X, line 25.
I. (1) Fede	(a) Description of liability eral income taxes	on Form 990, Part IV	(b) Book value	90, Part X, line 25.
I. (1) Fede	(a) Description of liability	' on Form 990, Part IV		90, Part X, line 25.
I. (1) Fede	(a) Description of liability eral income taxes	on Form 990, Part IV	(b) Book value	30, Part X, line 25.
I. (1) Fede (2) DU	(a) Description of liability eral income taxes	on Form 990, Part IV	(b) Book value	30, Part X, line 25.
I. (1) Fede (2) DU (3)	(a) Description of liability eral income taxes	on Form 990, Part IV	(b) Book value	30, Part X, line 25.
(2) DU (3) (4)	(a) Description of liability eral income taxes	on Form 990, Part IV	(b) Book value	30, Part X, line 25.
I. (1) Fede (2) DU (3) (4) (5)	(a) Description of liability eral income taxes	on Form 990, Part IV	(b) Book value	90, Part X, line 25.
(1) Fede (2) DU (3) (4) (5) (6)	(a) Description of liability eral income taxes	on Form 990, Part IV	(b) Book value	90, Part X, line 25.
(1) Fede (2) DU (3) (4) (5) (6) (7)	(a) Description of liability eral income taxes	on Form 990, Part IV	(b) Book value	30, Part X, line 25.
I. (1) Feda (2) DU (3) (4) (5) (6) (7) (8) (9)	(a) Description of liability eral income taxes		(b) Book value	30, Part X, line 25.

MELANOMA RESEARCH ALLIANCE FOUNDATION

Schedule D (Form 990) 2015

26-1636099 Page 3

532053 09-21-15

Schedule D (Form 990) 2015

-	edule D (Form 990) 2015 MELANOMA RESEARCH ALLIA				1636099 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With R	evenue per R	eturi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	11,365,799.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	645.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	645.
3	Subtract line 2e from line 1			3	11,365,154.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11,365,154.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With E	Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1					
· ·	Total expenses and losses per audited financial statements			1	10,443,820.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	10,443,820.
_	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a	645.	1	10,443,820.
_	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a		1	10,443,820.
2 a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b		1	10,443,820.
2 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c		1	
2 a b c	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	645.	2e	645.
2 a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	645.		
2 a b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	645.	2e	645.
2 a b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	645.	2e	645.
2 a b c d e 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	645.	2e	645. 10,443,175.
2 a b c d e 3 4 a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	645.	2e 3 4c	645. 10,443,175. 0.
2 a b c d e 3 4 a b c 5	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18</i>)	2a 2b 2c 2d 2d 4a 4b	645.	2e 3	645. 10,443,175.
2 a b c d e 3 4 a b c 5 Pa	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d 4a 4b	645.	2e 3 4c 5	645. 10,443,175. 0. 10,443,175.

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.

Name of the organization					Employer identif	fication number
MELANOMA RESEAR	CH ALLIA	NCE FOUN	DATION		26-163609	99
			tside the United States. Comple	ete if the organ		
Form 990, Part IN	/, line 14b.					
			ds to substantiate the amount of its gra			
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance? X	Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistance out	side the
	he following Par	t L line 3 table c	an be duplicated if additional space is r	needed)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region		vity listed in (d)	(f) Total
	offices	èmployees, agents, and	(by type) (e.g., fundraising, program		gram service,	expenditures
	in the region	independent contractors	services, investments, grants to		e specific type	for and investments
		in region	recipients located in the region)	of servi	ce(s) in region	in region
MIDDLE EAST AND			GRANTS TO RECIPIENTS			
NORTH AFRICA	0	0	LOCATED IN THE REGION			1,031,845.
EAST ASIA AND THE			GRANTS TO RECIPIENTS			
PACIFIC	0	0	LOCATED IN THE REGION			112,500.
EUROPE (INCLUDING			GRANTS TO RECIPIENTS			
ICELAND & GREENLAND)	0	0	LOCATED IN THE REGION			412,500.
						1.556.045
3 a Sub-total	0	0				1,556,845.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a	Ľ – Ť	, , , , , , , , , , , , , , , , , , ,				
and 3b)	0	0				1,556,845.

Statement of Activities Outside the United States

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 Attach to Form 990.

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

Schedule F (Form 990) 2015

OMB No. 1545-0047

Open to Public

Inspection

5

532071 10-01-15

SCHEDULE F

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule F (Form 990) 2015 Part II Grants and Other recipient who rece	5 MELANOMA ler Assistance to Organizat ceived more than \$5,000. Pa	(Form 990) 2015 MELANOMA RESEARCH ALL Grants and Other Assistance to Organizations or Entities Outside recipient who received more than \$5,000. Part II can be duplicated if	LIANCE • the United additional s	FOUNDAT ION States. Complete if the or pace is needed.	26-1636099 ganization answered "Yes" on	36099 I "Yes" on Form !	990, Part IV, line 15, fo	r any
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)
		MIDDLE EAST AND NORTH AFRICA	TEAM SCIENCE AWARD	394,345.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	TEAM SCIENCE AWARD	300,000.	СНЕСК	0.		
		MIDDLE EAST AND NORTH AFRICA	TEAM SCIENCE AWARD	225,000.CHECK	СНЕСК	. 0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TEAM SCIENCE AWARD/ESTABLISHED INVESTIGATOR AWARD	412,500.	WIRE	.0		
		MIDDLE EAST AND NORTH AFRICA	ESTABLISHED INVESTIGATOR AWARD	112,500.	WIRE	.0		
		EAST ASIA AND THE PACIFIC	ESTABLISHED INVESTIGATOR AWARD	112,500.	WIRE	0.		
2 Enter total number of the IRS, or for which t	f recipient organization the grantee or couns	ons listed above that are el has provided a sectior	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	xempt by		9
3 Enter total number of other organizations or entities	f other organizations	or entities					Carlos	Schedule E (Eorm 990) 2015
							OCHER	עו אבער אין אבער אין

Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2015
	IV, line 16.	(g) Description of non-cash assistance					Sched
26-1636099	on Form 990, Part	(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.	(e) Manner of cash disbursement					
ALLIANCE FOU	ates. Complete if	(d) Amount of cash grant					
RESEARCH ALL	le the United Sta d.	c) Number of recipients					
MELANOMA RESE	e to Individuals Outsic dditional space is neede	(b) Region					
Schedule F (Form 990) 2015 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) 2015 MELANOMA RESEARCH ALLIANCE FOUNDATION 26-1636099 Page 4 Part IV Foreign Forms 26-1636099 Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes," 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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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 (see Instructions for Form 8621)</i>	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? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 MELANOMA RESEARCH ALLIANCE FOUNDATION	26-1636099	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting	ng method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method	d); and Part III, column (d	;)
(estimated number of recipients), as applicable. Also complete this part to provide any additional inform	ation.	
PART I, LINE 2:		
EACH PROPOSAL TO THE MRA IS REVIEWED FOR SCIENTIFIC MERIT	AND	
TRANSLATIONAL AND CLINICAL IMPACT BY MRA'S WORLD-CLASS GRA	NT REVIEW	
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. RESEARCH AWARD

FUNDS ARE DISPENSED ON AN ANNUAL BASIS, CONTINGENT UPON MRA STAFF REVIEW

OF ANNUAL PROGRESS REPORTS SUBMITTED BY THE GRANTEES.

PART I, LINE 3:

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.

(Form 990 or 990-EZ) Department of the Treasury	plete if the	ental Information Regarding organization answered "Yes" on organization entered more than \$1 Attach to Form 990 about Schedule G (Form 990 or 990-EZ)	Form 9 5,000 or Fo	990, P on Fo rm 99	Part IV, lines 17, 18, o rm 990-EZ, line 6a. 00-EZ.	or 19	, or if the	OMB No. 1545-0047	
Name of the organization		A RESEARCH ALLIANC						dentification numb	ber
Part I Fundraising A required to compl		Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV, I	line 1	7. Form 990	EZ filers are not	
 a Mail solicitations b Internet and email c Phone solicitations d In-person solicitation 2 a Did the organization have key employees listed in F 	solicitations ons e a written o form 990, P est paid ind	s f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (inclue rofess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Y	to be	
(i) Name and address of ind or entity (fundraiser)		(ii) Activity	(iii) fundr have c or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paic or retained by fundraiser ted in col. (i)	y) to (or retained b	by)
			Yes	No	-				
Total									
3 List all states in which the or licensing.	organizatio	on is registered or licensed to solicit	contrib	oution	s or has been notified	d it is	exempt fron	registration	
LHA For Paperwork Reduction	on Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	che	dule G (Forn	n 990 or 990-EZ) 2	015

 Schedule G (Form 990 or 990-EZ) 2015
 MELANOMA
 RESEARCH
 ALLIANCE
 FOUNDATION
 26-1636099
 Page 2

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990 EZ. lines 1 and 6b. List events with gross receipts greater than \$5.000

		of fundraising event contributions and gr	oss income on Form 990)-EZ, lines 1 and 6b. List e	events with gross recei	pts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			LEVEREDGED	BENEFITS	NONE	(add col. (a) through
			FINANCE	DINNER		
			(event type)	(event type)	(total number)	- col. (c))
shue						
Revenue	1	Gross receipts	1,598,714.	6,207,511.		7,806,225.
	2	Less: Contributions	1,530,314.	5,412,611.		6,942,925.
	3	Gross income (line 1 minus line 2)	68,400.	794,900.		863,300.
	4	Cash prizes				
	·					
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	27,436.	26,758.		54,194.
ect EX	7	Food and beverages	123,000.	36,440.		159,440.
<u> </u>	~					
	8	Entertainment				660 400
	9	Other direct expenses		•		660,406. 874,040.
		Direct expense summary. Add lines 4 through			🕨	-10,740
	rt I	Net income summary. Subtract line 10 from li II Gaming. Complete if the organization		- 000 Dath N/ Kas 40		10,7400
		\$15,000 on Form 990-EZ, line 6a.				1
Hevenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
не	1	Gross revenue				
┥	<u> </u>					
ses	2	Cash prizes				
-xbeu	3	Noncash prizes				
Ulrect Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	□ No	Νο	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
	0	The gaming income summary. Subtract line r				
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		🗌 Yes 🗌 No
b	lf "I	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
	_					
2000	2 09	9-14-15			Schedule G (Fo	orm 990 or 990-EZ) 201
200						

Sch	edule G (Form 990 or 990-EZ) 2015 MELANOMA RESEARCH ALLIANCE FOUNDATION 26-1636099 Page 3
	Does the organization conduct gaming activities with nonmembers?
	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 conducted in:
	The organization's facility 13a %
	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name
	Address ►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ 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
	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
h	retain the state gaming license? Yes No Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
D.	organization's own exempt activities during the tax year > \$
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
53208	33 09-14-15 Schedule G (Form 990 or 990-EZ) 2015
	81

14370922 758461 5575 2015.04020 MELANOMA RESEARCH ALLIANCE 5575 1

Schedule G	a (Form 990 or 990-EZ) Supplemental Info	MELANOMA	RESEARCH	ALLIANCE	FOUNDATION	26-1636099	Page 4
Part IV	Supplemental Info	rmation (continued)				
						Schedule G (Form 990 or	990-EZ)
532084 04-01-15				0.0			-,
				82			

14370922 758461 5575 2015.04020 MELANOMA RESEARCH ALLIANCE 5575 1

SCHEDULE I (Form 990)		Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22	Other Assistance to Organizations, , and Individuals in the United State zation answered "Yes" on Form 990, Part IV, line 21 o	ce to Organi s in the Unit on Form 990, Par	izations, ted States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	 Informat 	Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Attach to Form 990. Form 990) and its instru	n 990. instructions is at	www.irs.gov/form99	ö	Open to Public Inspection
Name of the organization MELANOMA	RESEARCH	ALLIANCE FO	FOUNDATION		,		Employer identification number $26 - 1636099$
art	and Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	<pre> / for the grants or ass</pre>	istance, and the selec	A
criteria used to award the grants or assistance?	stance? ocedures for moni	toring the use of grant	grant funds in the United States.	d States.			A Yes No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organ	izations and Domestic	c Governments. C	omplete if the orga	nization answered "Y	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5,000. Part II car	he duplicated if additi	onal space is need	led.	20 M other of 05		
1 (a) Name and address of organization or government	NI3 (q)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(r) Mernod of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYLOR COLLEGE OF MEDICINE ONE RAVIOR PLAZA P407							
	74-1613878	501(C)(3)	75,000.	0.			YOUNG INVESTIGATOR AWARD
BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET							
BOSTON, MA 02115	04-2312909	501(C)(3)	175,000.	0.			YOUNG INVESTIGATOR AWARD
DANA-FARBER CANCER INSTITUTE							YOUNG INVESTIGATOR AWARD, INDUSTRY PARTNERSHIP
450 BROOKLINE AVENUE D1542 BOSTON, MA 02215	04-2263040	501(C)(3)	425,000.	.0			AWARD, AND TEAM SCIENCE AWARD
DUKE UNIVERSITY							
23U RESEARCH DRIVE MSRBI DURHAM, NC 27710	56-0532129	501(C)(3)	25,000.	0.			YOUNG INVESTIGATOR AWARD
FRED HUTCHINSON CANCER RESEARCH CENTER - 1100 FAIRVIEW AVENUE N J6-500 PO BOX 19024 - SEATTLE,							
ADTOA W	T/ NQCT/ -27	0 T (C) (2)	L/3,0/3.				TOUNG INVESTIGATOR AWARD
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - 1 GUSTAVE L LEVY PLACE -							
NEW YORK, NY 10029	13-6171197	501(C)(3)	37,500.	0.			ESTABLISHED INVESTIGATOR
	and government or	ganizations listed in th	e line 1 table				38.
	is listed in the line	1 table					
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. S32101	, see the Instruct IV FOR CC	ructions for Form 990. COLUMN (H) DE). DESCRIPTIONS	ß			Schedule I (Form 990) (2015)
10-28-15			ר ס				

Schedule I (Form 990) MELANOMA	RESEARCH	ALLIANCE FO	FOUNDATION			2	6-1636099 Page 1	
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Orgar	nizations in the Ur	nited States (Sche	dule I (Form 990), Pa	н II.)		
(a) Name and address of organization or government	(P) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	 (f) Method of valuation (book, FMV, appraisal, other) 	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
JOAN & SANFORD I. WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 413 EAST 69TH ST. 13TH FLOOR, BOX 50 - NEW YORK, NY 10021	13-1623978	501(C)(3)	150,000.	.0			TEAM SCIENCE AWARD	
JOHNS HOPKINS UNIVERSITY 1650 ORLEANS ST CRB1 RM 452 BALTIMORE, MD 21287	52-0595110	501(C)(3)	120,000.	0.			ACADEMIC- INDUSTRY PARTNERSHIP AWARD AND TEAM SCIENCE AWARD	
KAISER FOUNDATION DIVISION OF RESEARCH - 2000 BROADWAY, 3RD FL - OAKLAND, CA 94612	94-1340523	501(C)(3)	82,090.	.0			TEAM SCIENCE AWARD	
LA JOLLA INSTITUTE FOR A&I 9420 ATHENA CIRCLE LA JOLLA, CA 92037	33-0328688	501(C)(3)	75,000.	0.			YOUNG INVESTIGATOR AWARD	
MASSACHUSETTS GENERAL HOSPITAL CUTANEOUS BIOLOGY RESEARCH CENTER BUILDING 149 3RD FLOOR - CHARLESTOWN, MA 0	04-2697983	501(C)(3)	692,910.	0.			TEAM SCIENCE AWARD AND YOUNG INVESTIGATOR AWARD	
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	362,500.	.0			TEAM SCIENCE AWARD AND ESTABLISHED INVESTIGATOR AWARD	
MEMORIAL SLOAN-KETTERING CANCER CENTER - 44 BINNEY STREET - BOSTON, MA 02115	13-1924236	501(C)(3)	962,500.	.0			ESTABLISHED INVESTIGATOR AWARD, ACADEMIC INDUSTRY PARTNERSHIP AWARD, TEAM SCIENCE AWARD, AND YOUNG	
NEW YORK UNIVERSITY 546 FIRST AVENUE NEW YORK, NY 10016	13-6562308	501(C)(3)	37,500.	.0			ESTABLISHED INVESTIGATOR	
NORTHWESTERN UNIVERSITY - CHICAGO CAMPUS - 300 E. SUPERIOR STREET TARRY 13-705 - CHICAGO, IL 60611	36-2167817	501(C)(3)	50,000.	• 0			PILOT AWARD	
							Schedule I (Form 990)	

Schedule I (Form 990) MELANOMA RESEARCH ALLIANCE FOUNDATION	RESEARCH	ALLIANCE FO	FOUNDATION	tited Ctates (Scho	dulo I (Eorm 000) Day		26-1636099 Page 1
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	31-6025986	PUBLIC UNIVERSIT	37,500.				YOUNG INVESTIGATOR AWARD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA IRVINE - 845 HEALTH SERVICES ROAD, SUITE 3022 - IRVINE, CA 92697	95-2226406	PUBLIC UNIVERSIT	75,000.				YOUNG INVESTIGATOR AWARD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - UCLA SCHOOL OF MEDICINE, 52-121 CHS DEPT OF MEDICINE/DERMATOLOGY 10833	94-3067788	PUBLIC UNIVERSIT	375,000.	.0			TEAM SCIENCE AWARD AND YOUNG INVESTIGATOR AWARD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1450 3RD ST, HD-365, HELEN DILLER CR BLDG., - SAN FRANCISCO, CA	94-6036493	PUBLIC UNIVERSIT	246,126.	0			ESTABLISHED INVESTIGATOR AWARD, ESTABLISHED INVESTIGATOR PARTNERSHIP AWARD, AND YOUNG
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 615 WEST 131ST STREET, 3RD FLOOR - NEW YORK, NY 10027	13-5598093	501(C)(3)	33,000.	0			ACADEMIC INDUSTRY PARTNERSHIP AWARD
THOMAS JEFFERSON UNIVERSITY 233 SOUTH 10TH STREET PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	83,333.	0.			ESTABLISHED INVESTIGATOR PATNERSHIP AWARD
TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2103547	501(C)(3)	250,000.	.0			YOUNG INVESTIGATOR AWARD AND ESTABLISHED INVESTIGATOR AWARD
THE WISTAR INSTITUTE 3601 SPRUCE STREET PHILADELPHIA, PA 19104	23-6227265	501(C)(3)	325,000.	• 0			TEAM SCIENCE AWARD AND YOUNG INVESTIGATOR AWARD
UNIVERSITY OF CHICAGO 5841 S. MARYLAND AVE. MC2115 CHICAGO, IL 60637	36-2177139	501(C)(3)	300,000.				TEAM SCIENCE AWARD Schedule (Form 990)

Schedule I (Form 990) MELANOMA	RESEARCH ALLIANCE	ALLIANCE FO	FOUNDATION				26-1636099 Page 1
Continue and address of organization or governments (b) EIN (c) IRC section (d) Amount of organization (f) Method of valuation (a) Name and address of organization or government (b) EIN (c) IRC section (d) Amount of non-cash organization (f) Method of valuation (g) Method of valuation (g) Amount of non-cash organization (f) Method of valuation (g) Amount of non-cash organization (f) Method of valuation (g) Met		(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(1) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CINCINNATI 3225 EDEN AVENUE 225C WHERRY HALL CINCINNATI, OH 45221	31-6000989	PUBLIC UNIVERSIT	20,000.	.0			YOUNG INVESTIGATOR AWARD
UNIVERSITY OF HOUSTON 4800 CALHOUN 316 E CULLEN BLDG. HOUSTON, TX 77204	74-6001399	PUBLIC UNIVERSIT	75,000.	.0			YOUNG INVESTIGATOR AWARD
UNIVERSITY OF KENTUCKY MARKEY CANCER FOUNDATION - 800 ROSE STREET COMBS 204 - LEXINGTON, KY 40536	31-0944925	501(C)(3)	87,500.	.0			ESTABLISHED INVESTIGATOR
UNIVERSITY OF NC- CHAPEL HILL 120 MASON FARM RD., 4016 GENETIC MEDICINE BLDG CHAPEL HILL, NC 27599-7365	56-6001393	PUBLIC UNIVERSIT	77,193.	0.			INDUSTRIAL PARTNERSHIP AWARD
UNIVERSITY OF MARYLAND FOUNDATION, INC 3300 METZAROTT ROAD - ADELPHI, MD 20783	52-1125883	501(C)(3)	25,000.	0.			YOUNG INVESTIGATOR AWARD
UNIVERSITY OF MICHIGAN 3003 S STATE STREET ANN ARBOR, MI 48109-1274	38-6006309	501(C)(3)	75,000.	0.			YOUNG INVESTIGATOR AWARD
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	75,000.	.0			YOUNG INVESTIGATOR AWARD
UNIVERSITY OF PITTSBURGH 5117 CENTRE AVENUE PITTSBURGH, PA 15213	25-0965591	501(C)(3)	100,000.	.0			MRA ACADEMIC-INDUSTRY PARTNERSHIP AWARD
UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET, 6TH FLOOR COLUMBIA, SC 29208	57-5001153	501(C)(3)	125,000.	.0			FILOT AWARD AND YOUNG INVESTIGATOR AWARD Scheduid Lform 900
							Schedule I (FOTH 390)

Schedule I (Form 990) (2015) MELANOMA RESEAF	RCH ALLIA	RESEARCH ALLIANCE FOUNDATION	TION T		26-1636099 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	Is. Complete if the	organization answ	ered "Yes" on Form 9	90, 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, lin	ie 2, Part III, columr	l (b), and any other a	dditional information.	
PART I, LINE 2:					
EACH PROPOSAL TO THE MRA IS REVIEWED	FOR	SCIENTIFIC	MERIT AND	TRANSLATIONAL	
AND CLINICAL IMPACT BY MRA'S WORLD-CLASS GRANT REVIEW COMMITTEE (GRC).	D-CLASS G	RANT REVIE	W COMMITTE	E (GRC).	
CRITERIA ARE DESCRIBED IN THE MRA'S	'S REQUEST FOR		PROPOSALS. GRC	MEMBERS ARE	
SENIOR THOUGHT-LEADERS IN MELANOMA	AND	CANCER RESEARCH.	AFTER	SCIENTIFIC	
PEER REVIEW BY THE GRC, THE MRA BC	BOARD OF D	DIRECTORS A	PPROVES FI	APPROVES FINAL RESEARCH	
AWARDS FOR FUNDING. RESEARCH AWARD	FUNDS	ARE DISPENSED ON		AN ANNUAL BASIS,	
CONTINGENT UPON MRA STAFF REVIEW C	OF ANNUAL	PROGRESS	REPORTS SU	SUBMITTED BY	
THE GRANTEES.		d			
532102 10-28-15		88			Schedule I (Form 990) (2015)

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):

NAME OF ORGANIZATION OR GOVERNMENT:

MEMORIAL SLOAN-KETTERING CANCER CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ESTABLISHED INVESTIGATOR AWARD,

ACADEMIC INDUSTRY PARTNERSHIP AWARD, TEAM SCIENCE AWARD, AND YOUNG

INVESTIGATOR AWARD

NAME OF ORGANIZATION OR GOVERNMENT:

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

(H) PURPOSE OF GRANT OR ASSISTANCE: ESTABLISHED INVESTIGATOR AWARD,

ESTABLISHED INVESTIGATOR PARTNERSHIP AWARD, AND YOUNG INVESTIGATOR AWARD

Schedule I (Form 990)

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sc	HEDULE J	Compensation Information	1	OMB No. 1	545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	20	15	
		Compensated Employees		20	IJ)
Depa	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/formation about Schedule J (Form 990) and its instructions is at www.irs.gov/formation		Inspe		
Nan	ne of the organizatio			identificati		mber
		MELANOMA RESEARCH ALLIANCE FOUNDATION	26-1	163609	9	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	ו 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		cation and gross-up payments				
	Discretionary	spending account Personal services (e.g., maid, chauffeur, o	chef)			
	If any of the h					
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or		41		
0		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	0	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?					
3	3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's					
Ŭ	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
	Independent compensation consultant Compensation survey or study					
	X Form 990 of c		committee			
		, , , , , , , , , , , , , , , , ,				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	4 During the year, did any person listed on Form 990, Part VII, Section A, line Ta, with respect to the filing organization or a related organization:					
а	Receive a severand	e payment or change-of-control payment?		4a	Х	
b	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?		4b		X
с	Participate in, or re	ceive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					37
а	The organization?			5a		X
b		ation?		5b		X
~		r 5b, describe in Part III.				
6	•	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
_	contingent on the r	5		0.		x
		ation 0				X
a		ation? or 6b, describe in Part III.		6b		17
7		on 60, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payment	te			
'		nes 5 and 6? If "Yes," describe in Part III		7	Х	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
0	•	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x
9		d the organization also follow the rebuttable presumption procedure described in				
5		a the organization also follow the rebuttable presumption procedure described in a solution of the rebuttable procedure described in a solution of the rebutta		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990) 2015

532111 10-14-15

Schedule J (Form 990) 2015 MELANOMA	IOM	A RESEARCH	ALLIANCE	FOUNDATION	r 26-1636099	660		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	oldm	yees, and Highest (Compensated Emp	Ioyees. Use duplica	te copies if additional s	pace is needed.		
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.	oe rel Form	ported on Schedule 990, Part VII.	J, report compensa	tion from the organi	zation on row (i) and fro	m related organization	ıs, described in the ins	tructions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	ed inc	dividual must equal t	he total amount of I	⁻ orm 990, Part VII, S	ection A, line 1a, applic	able column (D) and (E	E) amounts for that inc	lividual.
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	ISC compensation	(C) Retirement and	able	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficience	(n)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) MICHAEL KLOWDEN	Ü	•0	.0	.0	•0	.0	•0	0.
DIRECTOR		447,694.	100,000.	.0	5,300	21,168.	574,162.	0.
(2) WENDY SELIG (THROUGH 06/30/15)	Ξ	, 29	.0	50,00	• 0	14,655.	240,953.	• 0
PRESIDENT & CEO	(ii)	• 0	0.			• 0	• 0	.0
(3) MARGARET ANDERSON (FROM 07/15)	(i)							• 0
INTERIM PRESIDENT & CEO	(ii)	318,052.	50,000.	•	5,30	18,790.	392,142.	.0
(4) KAMYAB HASHEMI-NEJAD	(i)	•0						.0
TREASURER	(ii)	N	5,		3,	_	- N	.0
(5) LOUISE PERKINS	(i)	274,223.	15,000.	• 0	5,300.	11,124.	305,647.	•0
CHIEF SCIENCE OFFICER	i)	•0	.0	.0	•0	.0	.0	0.
	Ξ							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
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	(ii)							
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91

532112 10-14-15

Schedule J (Form 990) 2015 MELANOMA RESEARCH ALLIANCE FOUNDATION	26-1636099 Page 3
Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	s part for any additional information.
PART I, LINE 3:	
MARGARET ANDERSON, INERIM PRESIDENT AND CEO WAS COMPENSATED BY THE RELATED	
ORGANIZATION, THE MILKEN INSTITUTE. THE CEO OF MILKEN INSTITUTE ANNUALLY	
PROVIDES THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS A DETAILED	
REPORT OF ALL COMPENSATION ADJUSTMENTS, INCLUDING ADJUSTMENTS FOR THE	
OFFICERS AND SENIOR EMPLOYEES.	
PART I, LINE 4A:	
WENDY SELIG, PRESIDENT AND CEO RECEIVED A SEVERANCE PAYMENT OF \$50,000.	
PART I, LINE 7:	
EMPLOYEES WERE ELIGABLE TO RECEIVE PERFORMANCE-BASED BONUSES.	
	Schedule J (Form 990) 2015

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public

 15

Department of the Treasury
Internal Revenue Service

Name of the organization

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

MEL	ANOMA	RESEARCH	ALLIANCE	FOUNDATION

	MELANOMA RE	ESEARCH	ALLIANCE	FOUNDATION	26	-1636	099	
Par	rt I Types of Property				•			
	•	(a)	(b)	(c)		(d)		
		Check if	Number of	Noncash contribution		of determin		
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1	noncash con	tribution a	mount	S
1	Art - Works of art	X	1	375,000	•FMV			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications			8,230	FMV			
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		8	429.853	.PROCEEDS	(SEC	SAL	ES)
10	Securities - Closely held stock					(===		_~ /
11	Securities - Partnership, LLC, or							
•••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
10	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 (JEWELRY) X	1	150,000	•FMV			
26	Other (GIFT BAGS/TOT	x	1	47,000				
27	Other (MISC. ITEMS	x	5	-				
28	Other (SHIRTS) X	1	11,800				
29	Number of Forms 8283 received by the orga	anization durin	g the tax year for c	ontributions	•			
	for which the organization completed Form							
				- ·····			Yes	No
30a	During the year, did the organization receive	e by contributio	on any property rep	ported in Part I, lines 1 thro	ough 28, that it			
	must hold for at least three years from the c	date of the initia	al contribution, and	d which is not required to b	be used for			
	exempt purposes for the entire holding period					30a		Х
b	If "Yes," describe the arrangement in Part II							
31	Does the organization have a gift acceptant	ce policy that r	equires the review	of any non-standard contr	ibutions?	31	Х	
32a	Does the organization hire or use third partie							
	•		-			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount	t in column (c) t	for a type of prope	rty for which column (a) is	checked,			

describe in Part II. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2015)

532141 08-21-15

14370922 758461 5575

Schedule M (Form 990) (2015) M	IELANOMA	RESEARCH	ALLIANCE	FOUNDATION	26-1636099	Page 2
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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NON CASH DONATIONS ARE LISTED BY TOTAL NUMBER OF DONORS.

Schedule M (Form 990) (2015)

532142 08-21-15

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.



MELANOMA RESEARCH ALLIANCE FOUNDATION

Employer identification number 26 - 1636099

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:

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:

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

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 INSTITUTE ON BEHALF

OF MRA.

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

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

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Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization MELANOMA RESEARCH ALLIANCE FOUNDATION	Employer identification number 26-1636099
READ AND UNDERSTAND IT, AND THEY AGREE TO COMPLY WITH IT.	UPON POTENTIAL
CONFLICT OF INTERESTS, THE BOARD OR COMMITTEE WILL RESOLV	E THE CONFLICT IN
THE BEST INTEREST OF THE ORGANIZATION.	

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

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:

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.

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SCHEDULE R (Form 990) Com Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▲ Attach to Form 990. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.	ions and Unrelated Pa rered "Yes" on Form 990, Part IV, ► Attach to Form 990. Form 990) and its instructions is a	rtnerships line 33, 34, 35b, 3 t www.irs.gov/forr	16, or 37. <i>n990</i> .		OMB No. 1545-0047 2015 Open to Public Inspection
ation MELANOMA R	RESEARCH ALLIANCE FOUND	FOUNDATION			Employer identification number 26-1636099	fication number 099
Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	ete if the organization answered "Yes"	on Form 990, Part IV, line 33				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total income	(e) End-of-year assets		(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations Complete if th organizations during the tax year. organizations during the tax year.		e organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	, Part IV, line 34 b	ecause it had one	or more related tax-exe	empt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
MILKEN INSTITUTE - 95-4240775 1250 FOURTH STREET SANTA MONICA, CA 90401	EDUCATIONAL, ECONOMIC RESEARCH, HEALTHCARE RESEARCH	CALIFORNIA	501(C)(3)	LINE 7	N/A	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 990.				Schedule F	Schedule R (Form 990) 2015

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R (Form 990) 2015 MELANOMA RESEARCH ALLIA	H ALLIANCE FOU a Partnership Complete if 'ear.	FOUNDATION ete if the organizatio	T on answered "Ye	s" on Form 990, I	Part IV, line 3	4 because	NCE FOUNDATION 26–1636099 Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	36099 re related	Page 2
	(c) (d) Legal domicile (state or foreign contry)	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total SI income enc	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No	(k) Percentage ownership
1									
0	Identification of Related Organizations Taxable as a Corporation or Trust Co organizations treated as a corporation or trust during the tax year.	omplete if the o	rganization answ	/ered "Yes" on Fo	orm 990, Par	t IV, line 34	or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	one or mo	re relat
	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	total	(g) Share of Pe end-of-year ov assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
$\left \right $									
		98				1	Schedu	le R (Forr	Schedule R (Form 990) 2015

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Schedule R (Form 990) 2015	

26-1636099 Page 3

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transactio	ons with one or more re	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ity			1a		×
b Gift, grant, or capital contribution to related organization(s)				1b		X
c Gift, grant, or capital contribution from related organization(s)				10		X
d Loans or loan guarantees to or for related organization(s)				1d		×
e Loans or loan guarantees by related organization(s)				1e		×
f Dividends from related organization(s)				1f		X
g Sale of assets to related organization(s)				1g		X
Purchase of assets from related organization(s)				1h		×
				÷		×
				1j		X
k Lease of facilities, equipment, or other assets from related organization(s)				¥	Х	
 Performance of services or membership or fundraising solicitations for related or 	related organization(s)			Ŧ		×
m Performance of services or membership or fundraising solicitations by related or	elated organization(s)			1		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s)			1		×
o Sharing of paid employees with related organization(s)				9	×	
b Reimbursement paid to related organization(s) for expenses				ę	X	
				1q		X
				ł		*
				•	Τ	: >
<i>~</i>				1s		4
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	nis line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
532163 09-08-15	66		Schedule R (Form 990) 2015	R (Forn	(066 (2015

Page 4 26-1636099 Page 4 red "Yes" on Form 990, Part IV, line 37.	Income Are all Are all 501(c)(3) (f) (g) (h) (i) (j) (k) income Are all and all of text and tax under Share of 501(c)(3) Dispropor- total Code V-UBI annaging of Schedule K-1 General or pertner? Percentage ownership 2-514) Yes No income Are No Form 1065) Yes No				
Schedule R (Form 990) 2015 MELANOMA RESEARCH ALLIANCE FOUNDATION Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. 26-1636099 Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)	that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (a) (b) (c) (d) (d) partnerships. Name, address, and EIN Primary activity Legal domicile Predominant income partnerships. of entity Reader or foreign excluded from tax under country) sections 512-514) y				

Schedule R (Form 990) 201

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

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