Form 990
Department of the Treasury
Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
MELANOMA RESEARCH ALLIANCE FOUNDATION

Doing business as
1101 NEW YORK AVE NW
WASHING TON, DC 20005

Number and street (or P.O. box if mail is not delivered to street address)
Room/suite
City or town, state or province, country, and ZIP or foreign postal code

D Employer identification number
26-1636099

E Telephone number
202-336-8935

F Name and address of principal officer: MICHAEL KAPLAN
SAME AS C ABOVE

Website: WWW.MELANOMARESEARCHALLIANCE.ORG

G Gross receipts $6,435,802.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☒ No

If "No," attach a list. (see instructions)

J Form of organization: Corporation

Website: WWW.MELANOMARESEARCHALLIANCE.ORG

K Year of formation: 2007

M State of legal domicile: DE

Part I Summary

1 Briefly describe the organization’s mission or most significant activities: TO ACCELERATE SCIENTIFIC DISCOVERY TO ELIMINATE SUFFERING AND DEATH DUE TO MELANOMA

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)
3 23

4 Number of independent voting members of the governing body (Part VI, line 1b)
4 22

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)
5 13

6 Total number of volunteers (estimate if necessary)
6 50

7a Total unrelated business revenue from Part VIII, column (C), line 12
7a 0.

7b Net unrelated business taxable income from Form 990-T, line 38
7b 4,653.

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue - amount lines 8 through 11 (must equal Part VIII, column (A), line 12)
24,520,797.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

16b Total fundraising expenses (Part IX, column (D), line 25)
539,851.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f, 24d)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)
12,773,839.

19 Revenue less expenses. Subtract line 18 from line 12
4,746,958.

20 Total assets (Part X, line 16)
42,426,052.

21 Total liabilities (Part X, line 26)
12,059,569.

22 Net assets or fund balances. Subtract line 21 from line 20
30,366,483.

Part II Signature Block

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

Check signature of preparer

Michael Kaplan, President/CEO

Preparer's signature

Date

Preparer's EIN
95-1777440

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) ☐ Yes ☒ No

OMB No. 1545-0047

2018
Open to Public Inspection

Form 990 (2018)
Part III | Statement of Program Service Accomplishments

Briefly describe the organization's mission:

TO END SUFFERING AND DEATH DUE TO MELANOMA BY COLLABORATING WITH ALL STAKEHOLDERS TO ACCELERATE POWERFUL RESEARCH, ADVANCE CURES FOR ALL PATIENTS, AND PREVENT MORE MELANOMAS.

1

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [x] No

If "Yes," describe these new services on Schedule O.

2

Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [x] No

If "Yes," describe these changes on Schedule O.

3

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

4a (Code: ) (Expenses $ 15,743,033. including grants of $ 13,770,735. ) (Revenue $ )

THE MELANOMA RESEARCH ALLIANCE FOUNDATION ("MRA") SUPPORTS AMBITIOUS AND INNOVATIVE PROJECTS, INITIATED BY INDIVIDUAL SCIENTISTS AND SCIENCE RESEARCH TEAMS, TO PREVENT, DETECT AND TREAT MELANOMA. MRA CONVENES A WORLD CLASS, CROSS-DISCIPLINARY GROUP OF EXPERT RESEARCHERS POSSESSING CLINICAL AND SCIENTIFIC EXPERTISE TO DEVELOP A RESEARCH AGENDA THAT WILL PROVIDE INNOVATIVE SOLUTIONS TO CRITICAL RESEARCH ISSUES LEADING TO BETTER TREATMENTS AND A CURE FOR MELANOMA. MRA MAKES GRANTS TO DOMESTIC AND FOREIGN RESEARCH UNIVERSITIES, MEDICAL SCHOOLS, AND NONPROFIT MEDICAL RESEARCH ORGANIZATIONS DIRECTLY INVOLVED IN DETERMINING THE CAUSES AND CURES OF MELANOMA ON THE CONDITION THAT SUCH RESEARCH BE MADE AVAILABLE TO THE SCIENTIFIC COMMUNITY.

4b (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

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

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $ ) (Revenue $ )

4e Total program service expenses $ 15,743,033.
### Part IV: Checklist of Required Schedules

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If &quot;Yes,&quot; complete Schedule A</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2. Is the organization required to complete Schedule B, Schedule of Contributors?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If &quot;Yes,&quot; complete Schedule C, Part I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If &quot;Yes,&quot; complete Schedule D, Part II</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If &quot;Yes,&quot; complete Schedule D, Part VI</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6. 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 &quot;Yes,&quot; complete Schedule D, Part VII</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7. Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If &quot;Yes,&quot; complete Schedule D, Part VIII</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If &quot;Yes,&quot; complete Schedule D, Part III</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9. 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 &quot;Yes,&quot; complete Schedule D, Part I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>10. Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If &quot;Yes,&quot; complete Schedule D, Part IX</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11. Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If &quot;Yes,&quot; complete Schedule D, Part VIII</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12. Did the organization report an amount for other liabilities in Part X, line 25? If &quot;Yes,&quot; complete Schedule D, Part X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>13. Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>14. Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If &quot;Yes,&quot; complete Schedule F, Parts I and IV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>15. Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If &quot;Yes,&quot; complete Schedule G, Part I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>16. Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If &quot;Yes,&quot; complete Schedule G, Part II</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>17. Did the organization report more than $15,000 of expenses for professional fundraising services on Part IX, column (A), line 17? If &quot;Yes,&quot; complete Schedule I, Parts I and IV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>18. Did the organization report more than $5,000 of grants or other assistance to or for foreign organizations? If &quot;Yes,&quot; complete Schedule I, Parts I and III</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>19. 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 17? If &quot;Yes,&quot; complete Schedule I, Parts I and II</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
### Part IV Checklist of Required Schedules (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>23 Did the organization answer &quot;Yes&quot; 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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24d Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>25b 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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a A current or former officer, director, trustee, or key employee?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b A family member of a current or former officer, director, trustee, or key employee?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c 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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>29 Did the organization receive more than $25,000 in non-cash contributions?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>31 Did the organization liquidate, terminate, or dissolve and cease operations?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>34 Was the organization related to any tax-exempt or taxable entity?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>35b If &quot;Yes&quot; to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

### Part V Statements Regarding Other IRS Filings and Tax Compliance

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable</td>
<td>1a</td>
<td>13</td>
</tr>
<tr>
<td>1b Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable</td>
<td>1b</td>
<td>0</td>
</tr>
<tr>
<td>1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td>1c</td>
<td>X</td>
</tr>
</tbody>
</table>

Note. All Form 990 filers are required to complete Schedule O
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  

2a. \[13\]  

2b. 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. Did the organization have unrelated business gross income of $1,000 or more during the year?  

3a. \[X\]  

3b. If "Yes," has it filed a Form 990-T for this year?  

3b. \[X\]  

3c. If "Yes," to line 3b, provide an explanation in Schedule O.  

4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  

4a. \[X\]  

4b. If "Yes," enter the name of the foreign country:  

4b.  


5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  

5a. \[X\]  

5b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  

5b. \[X\]  

5c. If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  

5c. \[\_\_\_\_\_\]  

6a. Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  

6a. \[X\]  

6b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  

6b. \[\_\_\_\_\_\]  

7 Organizations that may receive deductible contributions under section 170(c).  

7a. Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?  

7a. \[X\]  

7b. If "Yes," did the organization notify the donor of the value of the goods or services provided?  

7b. \[X\]  

7c. If "Yes," indicate the number of Forms 8282 filed during the year  

7c. \[X\]  

7d. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  

7d. \[\_\_\_\_\_\]  

7e. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  

7e. \[\_\_\_\_\]  

7f. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  

7f. \[\_\_\_\_\]  

7g. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  

7g. \[\_\_\_\_\]  

8 Sponsoring organizations maintaining donor advised funds.  

8  

9 Sponsoring organizations maintaining donor advised funds.  

9  

10 Section 501(c)(7) organizations. Enter:  

10a. Initiation fees and capital contributions included on Part VIII, line 12  

10b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  

11 Section 501(c)(12) organizations. Enter:  

11a. Gross income from members or shareholders  

11b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  

12a  

12b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year  

12b  

13 Section 501(c)(29) qualified nonprofit health insurance issuers.  

13a. Is the organization licensed to issue qualified health plans in more than one state?  

13a  

13b. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  

13b  

13c. Enter the amount of reserves on hand  

13c  

14a. Did the organization receive any payments for indoor tanning services during the tax year?  

14a. \[X\]  

14b. If "Yes," has it filed a Form 720 to report these payments?  

14b  

15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?  

15  

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

16  

Form 990 (2018)
### Section A. Governing Body and Management

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number of voting members of the governing body at the end of the tax year</td>
<td></td>
<td>23</td>
</tr>
<tr>
<td>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Enter the number of voting members included in line 1a, above, who are independent</td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?</td>
<td>2</td>
<td>X</td>
</tr>
<tr>
<td>3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?</td>
<td>3</td>
<td>X</td>
</tr>
<tr>
<td>4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</td>
<td>4</td>
<td>X</td>
</tr>
<tr>
<td>5 Did the organization become aware during the year of a significant diversion of the organization's assets?</td>
<td>5</td>
<td>X</td>
</tr>
<tr>
<td>6 Did the organization have members or stockholders?</td>
<td>6</td>
<td>X</td>
</tr>
<tr>
<td>7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</td>
<td>7a</td>
<td>X</td>
</tr>
<tr>
<td>b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</td>
<td>7b</td>
<td>X</td>
</tr>
<tr>
<td>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The governing body?</td>
<td>8a</td>
<td>X</td>
</tr>
<tr>
<td>b Each committee with authority to act on behalf of the governing body?</td>
<td>8b</td>
<td>X</td>
</tr>
<tr>
<td>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If &quot;Yes,&quot; provide the names and addresses in Schedule O.</td>
<td>9</td>
<td>X</td>
</tr>
</tbody>
</table>

### Section B. Policies

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a Did the organization have local chapters, branches, or affiliates?</td>
<td>10a</td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?</td>
<td>10b</td>
<td></td>
</tr>
<tr>
<td>11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</td>
<td>11a</td>
<td>X</td>
</tr>
<tr>
<td>b Describe in Schedule O the process, if any, used by the organization to review this Form 990.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12a Did the organization have a written conflict of interest policy? If &quot;No,&quot; go to line 13</td>
<td>12a</td>
<td>X</td>
</tr>
<tr>
<td>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</td>
<td>12b</td>
<td>X</td>
</tr>
<tr>
<td>c Did the organization regularly and consistently monitor and enforce compliance with the policy? If &quot;Yes,&quot; describe in Schedule O how this was done</td>
<td>12c</td>
<td>X</td>
</tr>
<tr>
<td>13 Did the organization have a written whistleblower policy?</td>
<td>13</td>
<td>X</td>
</tr>
<tr>
<td>14 Did the organization have a written document retention and destruction policy?</td>
<td>14</td>
<td>X</td>
</tr>
<tr>
<td>15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?</td>
<td>15a</td>
<td>X</td>
</tr>
<tr>
<td>a The organization's CEO, Executive Director, or top management official</td>
<td>15b</td>
<td>X</td>
</tr>
<tr>
<td>b Other officers or key employees of the organization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes&quot; to line 15a or 15b, describe the process in Schedule O (see instructions).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</td>
<td>16a</td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?</td>
<td>16b</td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

<table>
<thead>
<tr>
<th>Option</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Own website</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X Another's website</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X Upon request</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X Other (explain in Schedule O)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

MICHAEL KAPLAN - 202-336-8939
730 15TH ST. NW, 4TH FLOOR, WASHINGTON, DC 20005
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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.
- List all of the organization’s current key employees, if any. See instructions for definition of “key employee.”
- List all of the organization’s 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 current directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) DEBRA BLACK</td>
<td>10.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>CHAIR/CO-FOUNDER</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(2) LEON BLACK</td>
<td>0.30</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR/CO-FOUNDER</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(3) BEN BLACK</td>
<td>0.30</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(4) MARIA BELL</td>
<td>0.30</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(5) ELLEN DAVIS</td>
<td>0.30</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(6) JASON FEDERICI</td>
<td>0.30</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(7) JAMI GERTZ</td>
<td>0.30</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(8) DAISY HELMAN</td>
<td>0.30</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(9) SUSAN HESS</td>
<td>0.30</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(10) MICHAEL KLOWDEN</td>
<td>0.30</td>
<td>X</td>
<td>0.</td>
<td>672,741.</td>
<td>34,578.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>40.00</td>
<td>X</td>
<td>0.</td>
<td>672,741.</td>
<td>34,578.</td>
</tr>
<tr>
<td>(11) AMANDA ELLIAN</td>
<td>0.30</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(12) NANCY MARKS</td>
<td>0.30</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(13) MICHAEL MILKEN</td>
<td>0.30</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>15.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(14) RICHARD RESSLER</td>
<td>0.30</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(15) MARY JO ROGERS</td>
<td>0.30</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(16) JEFFREY ROWBOTTOM</td>
<td>0.30</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(17) ELLIOTT SIGAL</td>
<td>0.30</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) GREGORY SIMON DIRECTOR</td>
<td>0.30</td>
<td>Individual trustee or director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(19) JONATHAN SIMONS DIRECTOR</td>
<td>0.30</td>
<td>Individual trustee or director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(20) JONATHAN SOKOLOFF DIRECTOR</td>
<td>0.30</td>
<td>Individual trustee or director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(21) ELIZABETH STANTON DIRECTOR</td>
<td>0.30</td>
<td>Officer</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(22) SUZANNE TOPALIAN DIRECTOR</td>
<td>5.00</td>
<td>Key employee</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(23) MARGARET ANDERSON DIRECTOR/SECRETARY</td>
<td>0.50</td>
<td>Key employee</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(24) MICHAEL KAPLAN PRESIDENT &amp; CEO</td>
<td>40.00</td>
<td>Officer</td>
<td>331,744.</td>
<td>0.</td>
<td>21,762.</td>
</tr>
<tr>
<td>(25) JOHN HUNTER</td>
<td>10.00</td>
<td>Officer</td>
<td>380,184.</td>
<td>44,491.</td>
<td></td>
</tr>
<tr>
<td>(26) KAMYAB HASEMI NEJAD TREASURER (LEFT 3/15/18)</td>
<td>10.00</td>
<td>Officer</td>
<td>72,963.</td>
<td>6,135.</td>
<td></td>
</tr>
</tbody>
</table>

1b Sub-total | 331,744. | 1,125,888. | 106,966. |

c Total from continuation sheets to Part VII, Section A | 676,119. | 0. | 46,902. |

d Total (add lines 1b and 1c) | 1,007,863. | 1,125,888. | 153,868. |

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization | 5 |

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | Yes | No | 3 | X |

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual | Yes | No | 4 | X |

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | Yes | No | 5 | X |

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization | 0 |
<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(27) JOAN RUSSO CHIEF DEVELOPMENT OFFICER</td>
<td>40.00</td>
<td>X</td>
<td>220,306.</td>
<td>0.</td>
<td>601.</td>
</tr>
<tr>
<td>(28) LOUISE PERKINS</td>
<td>0.00</td>
<td>X</td>
<td>214,153.</td>
<td>0.</td>
<td>34,547.</td>
</tr>
<tr>
<td>(29) KRISTEN MUELLER SCIENTIFIC PROGRAM DIRECTOR</td>
<td>40.00</td>
<td>X</td>
<td>137,905.</td>
<td>0.</td>
<td>4,353.</td>
</tr>
<tr>
<td>(30) CODY BARNETT DIRECTOR OF COMMUNICATIONS</td>
<td>40.00</td>
<td>X</td>
<td>103,755.</td>
<td>0.</td>
<td>7,401.</td>
</tr>
</tbody>
</table>

Total to Part VII, Section A, line 1c ........................................................................................................ 676,119.  46,902.
### Part VIII Statement of Revenue

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

#### Contributions, Gifts, Grants and Other Similar Amounts

<table>
<thead>
<tr>
<th></th>
<th>Total revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Federated campaigns</td>
</tr>
<tr>
<td>1b</td>
<td>Membership dues</td>
</tr>
<tr>
<td>1c</td>
<td>Fundraising events</td>
</tr>
<tr>
<td>1d</td>
<td>Related organizations</td>
</tr>
<tr>
<td>1e</td>
<td>Government grants (contributions)</td>
</tr>
<tr>
<td>1f</td>
<td>All other contributions, gifts, grants, and similar amounts not included above</td>
</tr>
<tr>
<td>g</td>
<td>Noncash contributions included in lines 1a-1f: $832,009</td>
</tr>
<tr>
<td>h</td>
<td>Total. Add lines 1a-1f: $5,541,600</td>
</tr>
</tbody>
</table>

#### Program Service Revenue

<table>
<thead>
<tr>
<th></th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>All other program service revenue</td>
</tr>
<tr>
<td>g</td>
<td>Total. Add lines 2a-2f</td>
</tr>
</tbody>
</table>

#### Investment income (including dividends, interest, and other similar amounts)

<table>
<thead>
<tr>
<th></th>
<th>Total revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

#### Income from investment of tax-exempt bond proceeds

<table>
<thead>
<tr>
<th></th>
<th>Total revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

#### Royalties

<table>
<thead>
<tr>
<th></th>
<th>(i) Real</th>
<th>(ii) Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Gross rents

<table>
<thead>
<tr>
<th></th>
<th>(i) Securities</th>
<th>(ii) Other</th>
</tr>
</thead>
</table>

#### Less: rental expenses

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

#### Rental income or (loss)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

#### Net rental income or (loss)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

#### Gross amount from sales of assets other than inventory

<table>
<thead>
<tr>
<th></th>
<th>(i) Securities</th>
<th>(ii) Other</th>
</tr>
</thead>
</table>

#### Less: cost or other basis and sales expenses

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

#### Gain or (loss)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

#### Net gain or (loss)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

#### Gross income from fundraising events (not including $2,103,434 of contributions reported on line 1c). See Part IV, line 18

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

#### Less: direct expenses

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

#### Net income or (loss) from fundraising events

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

#### Gross income from gaming activities. See Part IV, line 19

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

#### Less: direct expenses

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

#### Net income or (loss) from gaming activities

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

#### Gross sales of inventory, less returns and allowances

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

#### Less: cost of goods sold

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

#### Net income or (loss) from sales of inventory

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

#### Miscellaneous Revenue

<table>
<thead>
<tr>
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<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>All other revenue</td>
</tr>
<tr>
<td>e</td>
<td>Total. Add lines 11a-11d</td>
</tr>
<tr>
<td>12</td>
<td>Total revenue. See instructions</td>
</tr>
</tbody>
</table>

### Total Revenue

<table>
<thead>
<tr>
<th></th>
<th>123,689.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1b</td>
<td>2,103,434.</td>
</tr>
<tr>
<td>1f</td>
<td>3,438,166.</td>
</tr>
<tr>
<td>g</td>
<td>1,863.</td>
</tr>
<tr>
<td>h</td>
<td>117,200.</td>
</tr>
<tr>
<td>i</td>
<td>182,199.</td>
</tr>
<tr>
<td>j</td>
<td>-64,999.</td>
</tr>
<tr>
<td>k</td>
<td>2,103,434.</td>
</tr>
<tr>
<td>12a</td>
<td>5,844,183.</td>
</tr>
</tbody>
</table>
### Part IX: Statement of Functional Expenses

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

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>12,095,211.</td>
<td>12,095,211.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td>1,675,524.</td>
<td>1,675,524.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td>823,113.</td>
<td>502,099.</td>
<td>90,543.</td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>609,089.</td>
<td>371,544.</td>
<td>67,000.</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td>17,036.</td>
<td>10,392.</td>
<td>1,874.</td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>56,960.</td>
<td>34,746.</td>
<td>6,265.</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>82,454.</td>
<td>50,297.</td>
<td>9,070.</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>253.</td>
<td>253.</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>14,700.</td>
<td>14,700.</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td>17,907.</td>
<td>17,907.</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td>253.</td>
<td>253.</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td>14,700.</td>
<td>14,700.</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>126,595.</td>
<td>103,031.</td>
<td>19,533.</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>27,121.</td>
<td>19,400.</td>
<td>5,253.</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>85,611.</td>
<td>61,238.</td>
<td>16,582.</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>143,493.</td>
<td>98,552.</td>
<td>35,770.</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>144,917.</td>
<td>88,399.</td>
<td>15,941.</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>339,836.</td>
<td>304,904.</td>
<td>12,598.</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td>287,859.</td>
<td>273,208.</td>
<td>12,927.</td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>16,891.</td>
<td>12,082.</td>
<td>3,272.</td>
</tr>
<tr>
<td>24</td>
<td>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 O.)</td>
<td>20,747.</td>
<td>14,841.</td>
<td>4,018.</td>
</tr>
<tr>
<td>a</td>
<td>DUES &amp; SUBSCRIPTIONS</td>
<td>12,779.</td>
<td>9,141.</td>
<td>2,475.</td>
</tr>
<tr>
<td>b</td>
<td>STATE FILING FEES</td>
<td>7,387.</td>
<td>5,284.</td>
<td>1,431.</td>
</tr>
<tr>
<td>c</td>
<td>RESEARCH MATERIALS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td>18,371.</td>
<td>17,907.</td>
<td>539,851.</td>
</tr>
</tbody>
</table>

Check here if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720)
### Balance Sheet

**Part X**

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>6,718,915.</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>13,428,469.</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>18,009,454.</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>75,043.</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>101,179.</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>0.</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>4,194,171.</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>42,426,052.</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>137,004.</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>11,848,581.</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>57,240.</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>16,744.</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>12,059,569.</td>
</tr>
<tr>
<td>27</td>
<td>Organizations that follow SFAS 117 (ASC 958), check here □ and complete lines 27 through 29, and lines 33 and 34.</td>
<td>12,357,029.</td>
</tr>
<tr>
<td>28</td>
<td>Unrestricted net assets</td>
<td>18,009,454.</td>
</tr>
<tr>
<td>29</td>
<td>Permanently restricted net assets</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
<td>30,366,483.</td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
<td>42,426,052.</td>
</tr>
</tbody>
</table>
### Part XI Reconciliation of Net Assets

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

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td></td>
<td>5,844,183.</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td></td>
<td>16,623,854.</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td></td>
<td>-10,779,671.</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td></td>
<td>30,366,483.</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td></td>
<td>-253,488.</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td></td>
<td>190,791.</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td></td>
<td>19,524,115.</td>
</tr>
</tbody>
</table>

### Part XII Financial Statements and Reporting

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

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Cash</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accrual</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? |   |   |
|    |   |   | Yes | No |
|    |   |   | X   |   |

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consolidated basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 2b | Were the organization's financial statements audited by an independent accountant? |   |   |
|    |   |   | Yes | No |
|    |   |   | X   |   |

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consolidated basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? |   |   |
|    |   | Yes | No |
|    |   | X   |   |

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? |   |   |
|    |   | Yes | No |
|    |   | X   |   |

| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits |   |   |
|    |   |   |   |
**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

---

Name of the organization: **MELANOMA RESEARCH ALLIANCE FOUNDATION**

Employer identification number: 26-1636099

---

### Part I: Reason for Public Charity Status

(Activity limitations apply to Type II, Type III non-functionally integrated organizations)

All organizations must complete this part. See instructions.

<table>
<thead>
<tr>
<th>Reason for Public Charity Status</th>
<th>Check</th>
<th>(All organizations must complete this part.) See instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 A school described in section 170(b)(1)(A)(ii).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital’s name, city, and state:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).</td>
<td></td>
<td>Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.</td>
</tr>
<tr>
<td>6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 A community trust described in section 170(b)(1)(A)(vi).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2).</td>
<td></td>
<td>Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.</td>
</tr>
<tr>
<td>11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</td>
<td></td>
<td>Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.</td>
</tr>
<tr>
<td>a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Enter the number of supported organizations</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>g Provide the following information about the supported organization(s).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE MILKEN INSTITUTE</td>
<td>95-4240775</td>
<td>7</td>
<td>X</td>
<td>13,770,735.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Total: 13,770,735. 0.
### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
</tr>
<tr>
<td>5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4.</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section B. Total Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar year (or fiscal year beginning in)</td>
</tr>
<tr>
<td>7 Amounts from line 4</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
</tr>
<tr>
<td>15 Public support percentage from 2017 Schedule A, Part II, line 14</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
</tr>
<tr>
<td>16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
</tr>
<tr>
<td>16b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
</tr>
<tr>
<td>17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
</tr>
<tr>
<td>17b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
</tr>
<tr>
<td>18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
<td>[\ldots]</td>
</tr>
</tbody>
</table>
### Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

**Section A. Public Support**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>membership fees received. (Do not</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>include any &quot;unusual grants.&quot; )</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Gross receipts from admissions,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>merchandise sold or services performed,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or facilities furnished in any activity</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>that is related to the organization's</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>are not an unrelated trade or business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organ-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ization's benefit and either paid to</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or expended on its behalf</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>furnished by a governmental unit to</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Amounts included on lines 2 and 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>received from other than disqualified</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>persons that exceed the greater of $5,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or 1% of the amount on line 13 for the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7c from</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section B. Total Support**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>dividends, payments received on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>securities loans, rents, royalties,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Unrelated business taxable income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(less section 511 taxes) from businesses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>activities not included in line 10b,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>whether or not the business is</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or loss from the sale of capital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and 12.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

**Section C. Computation of Public Support Percentage**

| 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) | 15 % |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 % |

**Section D. Computation of Investment Income Percentage**

| 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) | 17 % |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 % |

**33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

**33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

**Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
### Part IV  
**Supporting Organizations**

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

#### Section A. All Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Are all of the organization’s supported organizations listed by name in the organization’s governing documents?</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?</td>
<td>Yes</td>
</tr>
<tr>
<td>3a</td>
<td>Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?</td>
<td>Yes</td>
</tr>
<tr>
<td>4a</td>
<td>Was any supported organization not organized in the United States (“foreign supported organization”)?</td>
<td>Yes</td>
</tr>
<tr>
<td>5a</td>
<td>Did the organization add, substitute, or remove any supported organizations during the tax year?</td>
<td>Yes</td>
</tr>
<tr>
<td>6</td>
<td>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?</td>
<td>Yes</td>
</tr>
<tr>
<td>7</td>
<td>Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor?</td>
<td>Yes</td>
</tr>
<tr>
<td>8</td>
<td>Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?</td>
<td>Yes</td>
</tr>
<tr>
<td>9a</td>
<td>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))?</td>
<td>Yes</td>
</tr>
<tr>
<td>9b</td>
<td>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?</td>
<td>Yes</td>
</tr>
<tr>
<td>9c</td>
<td>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?</td>
<td>Yes</td>
</tr>
<tr>
<td>10a</td>
<td>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)?</td>
<td>Yes</td>
</tr>
<tr>
<td>10b</td>
<td>Did the organization have any excess business holdings in the tax year?</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Part IV

Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

   a. 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?
      Yes     No 11a X

   b. A family member of a person described in (a) above?
      Yes     No 11b X

   c. 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.
      Yes     No 11c X

Section B. Type I Supporting Organizations

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.
      Yes     No 1 X

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.
      Yes     No 2 X

Section C. Type II Supporting Organizations

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).
      Yes     No 1

Section D. All Type III Supporting Organizations

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?
      Yes     No 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).
      Yes     No 2

3 By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? If “Yes,” describe in Part VI the role the organization’s supported organizations played in this regard.
      Yes     No 3

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
   a. The organization satisfied the Activities Test. Complete line 2 below.
   b. The organization is the parent of each of its supported organizations. Complete line 3 below.
   c. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
   Yes     No
   a          X
   b          X
   c

2 Activities Test. Answer (a) and (b) below.
   a. Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If “Yes,” then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
      Yes     No 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 been engaged in these activities but for the organization’s involvement.
      Yes     No 2b

3 Parent of Supported Organizations. Answer (a) and (b) below.
   a. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
      Yes     No 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.
      Yes     No 3b
### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6, and 7 from line 4)</td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td><strong>Total</strong> (add lines 1a, 1b, and 1c)</td>
<td><strong>1d</strong></td>
</tr>
<tr>
<td>e</td>
<td><strong>Discount</strong> claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035</td>
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<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td><strong>8</strong></td>
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</tbody>
</table>

### Section C - Distributable Amount

<table>
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<tr>
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<th>Current Year</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td><strong>Distributable Amount.</strong> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
</tr>
</tbody>
</table>

7 | Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |
**Part V. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

### Section D - Distributions

<table>
<thead>
<tr>
<th>1</th>
<th>Amounts paid to supported organizations to accomplish exempt purposes</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td><strong>Total annual distributions. Add lines 1 through 6.</strong></td>
</tr>
</tbody>
</table>

### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2018</th>
<th>(iii) Distributable Amount for 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td><strong>Total</strong> of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2013 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2018 from Section D, line 7: $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Excess distributions carryover to 2019. Add lines 3j and 4c.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2018</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.
** PUBLIC DISCLOSURE COPY **

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

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

2018

Name of the organization: MELANOMA RESEARCH ALLIANCE FOUNDATION
Employer identification number: 26-1636099

Organizations type (check one):

<table>
<thead>
<tr>
<th>Filers of:</th>
<th>Section:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or 990-EZ</td>
<td>☑ 501(c)(3) (enter number) organization</td>
</tr>
<tr>
<td>Form 990 or 990-EZ</td>
<td>4947(a)(1) nonexempt charitable trust not treated as a private foundation</td>
</tr>
<tr>
<td>Form 990 or 990-EZ</td>
<td>527 political organization</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>☑ 501(c)(3) exempt private foundation</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>4947(a)(1) nonexempt charitable trust treated as a private foundation</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>☑ 501(c)(3) taxable private foundation</td>
</tr>
</tbody>
</table>

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

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

General Rule

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

Special Rules

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

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

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

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

**Employer identification number**

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$757,223.</td>
<td>Person</td>
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<tr>
<td></td>
<td></td>
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<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$500,000.</td>
<td>Person</td>
</tr>
<tr>
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<td>Payroll</td>
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<tr>
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<td></td>
<td></td>
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</tr>
<tr>
<td>3</td>
<td></td>
<td>$470,000.</td>
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</tr>
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<td>4</td>
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<td>$294,000.</td>
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</tr>
<tr>
<td>5</td>
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</tr>
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<td>6</td>
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<td>$175,000.</td>
<td>Person</td>
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<td>Noncash</td>
</tr>
</tbody>
</table>
Name of organization | 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.

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
<td>$ 132,500.</td>
<td>Person X Payroll Noncash</td>
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<td>$ 100,000.</td>
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</tr>
<tr>
<td>9</td>
<td></td>
<td>$ 100,000.</td>
<td>Person X Payroll Noncash</td>
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<tr>
<td>10</td>
<td></td>
<td>$ 99,950.</td>
<td>Person X Payroll Noncash</td>
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<tr>
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<td></td>
<td>$ 98,000.</td>
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<tr>
<td>12</td>
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<td>$ 75,403.</td>
<td>Person X Payroll Noncash</td>
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<tr>
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<td>Type of contribution</td>
</tr>
<tr>
<td>-----</td>
<td>----------------------------</td>
<td>---------------------</td>
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<tr>
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<td>18</td>
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</table>
## Part I

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

<table>
<thead>
<tr>
<th>No.</th>
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<th>Total contributions</th>
<th>Type of contribution</th>
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<tbody>
<tr>
<td>19</td>
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<td>$ 50,000.</td>
<td>Person ☑, Payroll ☐, Noncash ☐</td>
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<tr>
<td>20</td>
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<td>21</td>
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### Part I: Contributors

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<tbody>
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<tr>
<td>26</td>
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<tr>
<td>29</td>
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<td>$35,000.</td>
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<tr>
<td>30</td>
<td></td>
<td>$30,000.</td>
<td>Person [X] Payroll [ ] Noncash [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td></td>
<td>$25,300.</td>
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</tr>
<tr>
<td>32</td>
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</tr>
<tr>
<td>33</td>
<td></td>
<td>$25,000.</td>
<td>Person [X], Payroll [], Noncash []</td>
</tr>
<tr>
<td>34</td>
<td></td>
<td>$25,000.</td>
<td>Person [X], Payroll [], Noncash []</td>
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**MELANOMA RESEARCH ALLIANCE FOUNDATION**

**Name of organization:**

**Employer identification number:** 26-1636099
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(Complete Part II for noncash contributions.)
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(Complete Part II for noncash contributions.)
Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

MELANOMA RESEARCH ALLIANCE FOUNDATION

Employer identification number

26-1636099

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<td>Person X, Payroll X, Noncash X (Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>122</td>
<td></td>
<td>$10,000.</td>
<td>Person X, Payroll X, Noncash X (Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>123</td>
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</tr>
<tr>
<td>124</td>
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</tr>
<tr>
<td>125</td>
<td></td>
<td>$7,812.</td>
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</tr>
<tr>
<td>126</td>
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</tr>
<tr>
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</tr>
<tr>
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<tr>
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## Part I  Contributors

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

<table>
<thead>
<tr>
<th>(a) No.</th>
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<tbody>
<tr>
<td>133</td>
<td></td>
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<td>Person X, Payroll</td>
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<td>Person X, Payroll</td>
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<td>Person X, Payroll</td>
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</table>
**Schedule B (Form 990, 990-EZ, or 990-PF) (2018)**

**Name of organization**

**MELANOMA RESEARCH ALLIANCE FOUNDATION**

**Employer identification number**

**26-1636099**

**Part I**

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
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(Complete Part II for noncash contributions.)
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<td>Person X Payroll</td>
</tr>
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<td>Noncash</td>
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<td>Person X Payroll</td>
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<tr>
<td>163</td>
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<td>$5,000.</td>
<td>Person <strong>X</strong>, Payroll, Noncash (Complete Part II for noncash contributions.)</td>
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<tr>
<td>164</td>
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<td>$5,000.</td>
<td>Person <strong>X</strong>, Payroll, Noncash (Complete Part II for noncash contributions.)</td>
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<tr>
<td>165</td>
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<td>Person <strong>X</strong>, Payroll, Noncash (Complete Part II for noncash contributions.)</td>
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<tr>
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<td>Person <strong>X</strong>, Payroll, Noncash (Complete Part II for noncash contributions.)</td>
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(Complete Part II for noncash contributions.)

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<th>(a) No.</th>
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<td>Person X</td>
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<tr>
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<td>Person X</td>
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<td></td>
<td></td>
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<td></td>
<td>Payroll</td>
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<td></td>
<td></td>
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</table>

(Complete Part II for noncash contributions.)

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(Complete Part II for noncash contributions.)

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</tr>
<tr>
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<td></td>
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<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
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</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
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<th>(b) Name, address, and ZIP + 4</th>
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<td></td>
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<td></td>
<td></td>
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</tbody>
</table>

(Complete Part II for noncash contributions.)

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<td>Payroll</td>
</tr>
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<td></td>
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<td>Noncash</td>
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(Complete Part II for noncash contributions.)
<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Description of noncash property given</th>
<th>FMV (or estimate)</th>
<th>Date received</th>
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<tbody>
<tr>
<td>12</td>
<td>DONATED STOCK OF $75,037 &amp; CASH DONATION OF $366</td>
<td>$ 75,403.</td>
<td>12/31/18</td>
</tr>
<tr>
<td>24</td>
<td>DONATED STOCK OF $33,600 &amp; CASH DONATION OF $16,400</td>
<td>$ 50,000.</td>
<td>12/31/18</td>
</tr>
<tr>
<td>124</td>
<td>DONATED GIFT BAGS</td>
<td>$ 8,000.</td>
<td>12/31/18</td>
</tr>
<tr>
<td>145</td>
<td>DONATED STOCK OF $7,052 &amp; CASH DONATION OF $448</td>
<td>$ 7,500.</td>
<td>12/31/18</td>
</tr>
</tbody>
</table>
Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.) $.

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I  (b) Purpose of gift  (c) Use of gift  (d) Description of how gift is held  (e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
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(a) No. from Part I  (b) Purpose of gift  (c) Use of gift  (d) Description of how gift is held  (e) Transfer of gift

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(a) No. from Part I  (b) Purpose of gift  (c) Use of gift  (d) Description of how gift is held  (e) Transfer of gift

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(a) No. from Part I  (b) Purpose of gift  (c) Use of gift  (d) Description of how gift is held  (e) Transfer of gift

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<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
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<tbody>
<tr>
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<td></td>
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</table>

(a) No. from Part I  (b) Purpose of gift  (c) Use of gift  (d) Description of how gift is held  (e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
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<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

MELANOMA RESEARCH ALLIANCE FOUNDATION

Name of organization

Employer identification number

26-1636099

Part III

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)
**SCHEDULE C**  
(Form 990 or 990-EZ)

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

### Part I-A

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1. Provide a description of the organization’s direct and indirect political campaign activities in Part IV.
2. Political campaign activity expenditures .......................................................... $  
3. Volunteer hours for political campaign activities ............................................

### Part I-B

Complete if the organization is exempt under section 501(c)(3).

1. Enter the amount of any excise tax incurred by the organization under section 4955 .......................................................... $  
2. Enter the amount of any excise tax incurred by organization managers under section 4955 .................................................. $  
3. If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  
   □ Yes □ No  
4a. Was a correction made? ..........................................................  
   □ Yes □ No  
b. If "Yes," describe in Part IV.

### Part I-C

Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1. Enter the amount directly expended by the filing organization for section 527 exempt function activities .................................. $  
2. Enter the amount of the filing organization’s funds contributed to other organizations for section 527 exempt function activities .................................. $  
3. Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b .................................. $  
4. Did the filing organization file Form 1120-POL for this year?  
   □ Yes □ No  
5. Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization’s funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

<table>
<thead>
<tr>
<th>(a) Name</th>
<th>(b) Address</th>
<th>(c) EIN</th>
<th>(d) Amount paid from filing organization’s funds. If none, enter -0-.</th>
<th>(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.</th>
</tr>
</thead>
<tbody>
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</table>

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

LHA  
832041 11-08-18  

OMB No. 1545-0047  
Department of the Treasury  
Internal Revenue Service  
832041 11-08-18  

2018  
Open to Public Inspection  

2018.04030 MELANOMA RESEARCH ALLIANCE 5575.T_1
Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

<table>
<thead>
<tr>
<th></th>
<th>(a) Filing organization's totals</th>
<th>(b) Affiliated group totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Total lobbying expenditures to influence public opinion (grass roots lobbying)</td>
<td>2,000.</td>
</tr>
<tr>
<td>b</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>2,000.</td>
</tr>
<tr>
<td>c</td>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td>16,082,003.</td>
</tr>
<tr>
<td>d</td>
<td>Other exempt purpose expenditures</td>
<td>16,084,003.</td>
</tr>
<tr>
<td>e</td>
<td>Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td>954,200.</td>
</tr>
<tr>
<td>f</td>
<td>Lobbying nontaxable amount. Enter the amount from the following table in both columns.</td>
<td>238,550.</td>
</tr>
</tbody>
</table>

If the amount on line 1e, column (a) or (b) 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.

4-Year Averaging Period Under Section 501(h)

Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a Lobbying nontaxable amount</td>
<td>649,781</td>
<td>1,000,000</td>
<td>705,026</td>
<td>954,200</td>
<td>3,309,007</td>
</tr>
<tr>
<td>b Lobbying ceiling amount (150% of line 2a, column(e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4,963,511</td>
</tr>
<tr>
<td>c Total lobbying expenditures</td>
<td>1,000</td>
<td>1,500</td>
<td>2,000</td>
<td>2,000</td>
<td>6,500</td>
</tr>
<tr>
<td>d Grassroots nontaxable amount</td>
<td>162,445</td>
<td>250,000</td>
<td>176,257</td>
<td>238,550</td>
<td>827,252</td>
</tr>
<tr>
<td>e Grassroots ceiling amount (150% of line 2d, column (e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,240,878</td>
</tr>
<tr>
<td>f Grassroots lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes ☐ No ☐

Schedule C (Form 990 or 990-EZ) 2018
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 each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Volunteers?</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Media advertisements?</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Mailings to members, legislators, or the public?</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Publications, or published or broadcast statements?</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Grants to other organizations for lobbying purposes?</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Direct contact with legislators, their staffs, government officials, or a legislative body?</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Other activities?</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Total. Add lines 1c through 1i</td>
<td></td>
</tr>
</tbody>
</table>

2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  Yes  No  Amount

2b If "Yes," enter the amount of any tax incurred under section 4912

2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912

2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Were substantially all (90% or more) dues received nondeductible by members?</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Did the organization make only in-house lobbying expenditures of $2,000 or less?</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?</td>
<td></td>
</tr>
</tbody>
</table>

Part III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dues, assessments and similar amounts from members</td>
</tr>
<tr>
<td>2</td>
<td>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</td>
</tr>
<tr>
<td>a</td>
<td>Current year</td>
</tr>
<tr>
<td>b</td>
<td>Carryover from last year</td>
</tr>
<tr>
<td>c</td>
<td>Total</td>
</tr>
<tr>
<td>3</td>
<td>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</td>
</tr>
<tr>
<td>4</td>
<td>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carry over to the reasonable estimate of nondeductible lobbying and political expenditure next year?</td>
</tr>
<tr>
<td>5</td>
<td>Taxable amount of lobbying and political expenditures (see instructions)</td>
</tr>
</tbody>
</table>

Part IV  Supplemental Information

Provide 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 II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.
## Supplemental Financial Statements

**Schedule D (Form 990)**

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.

**2018 Open to Public Inspection**

**Name of the organization**

**MELANOMA RESEARCH ALLIANCE FOUNDATION**

**Employer identification number**

26-1636099

<table>
<thead>
<tr>
<th>Part I</th>
<th>Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered &quot;Yes&quot; on Form 990, Part IV, line 6.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
</tr>
<tr>
<td>5</td>
<td>Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization’s property, subject to the organization’s exclusive legal control?</td>
</tr>
<tr>
<td>6</td>
<td>Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part II</th>
<th>Conservation Easements. Complete if the organization answered &quot;Yes&quot; on Form 990, Part IV, line 7.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Purpose(s) of conservation easements held by the organization (check all that apply).</td>
</tr>
<tr>
<td></td>
<td>Preservation of land for public use (e.g., recreation or education)</td>
</tr>
<tr>
<td></td>
<td>Preservation of a historically important land area</td>
</tr>
<tr>
<td></td>
<td>Protection of natural habitat</td>
</tr>
<tr>
<td></td>
<td>Preservation of open space</td>
</tr>
<tr>
<td>2</td>
<td>Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.</td>
</tr>
<tr>
<td>2a</td>
<td>Total number of conservation easements</td>
</tr>
<tr>
<td>2b</td>
<td>Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>2c</td>
<td>Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td>2d</td>
<td>Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td>
</tr>
<tr>
<td>3</td>
<td>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year</td>
</tr>
<tr>
<td>4</td>
<td>Number of states where property subject to conservation easement is located</td>
</tr>
<tr>
<td>5</td>
<td>Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</td>
</tr>
<tr>
<td>6</td>
<td>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</td>
</tr>
<tr>
<td>7</td>
<td>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</td>
</tr>
<tr>
<td>8</td>
<td>Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?</td>
</tr>
<tr>
<td>9</td>
<td>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part III</th>
<th>Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered “Yes” on Form 990, Part IV, line 8.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</td>
</tr>
<tr>
<td>b</td>
<td>If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:</td>
</tr>
<tr>
<td>(i)</td>
<td>Revenue included on Form 990, Part VIII, line 1</td>
</tr>
<tr>
<td>(ii)</td>
<td>Assets included in Form 990, Part X</td>
</tr>
<tr>
<td>2</td>
<td>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:</td>
</tr>
<tr>
<td>a</td>
<td>Revenue included on Form 990, Part VIII, line 1</td>
</tr>
<tr>
<td>b</td>
<td>Assets included in Form 990, Part X</td>
</tr>
</tbody>
</table>
Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   a  Public exhibition
   b  Scholarly research
   c  Preservation for future generations
   d  Loan or exchange programs
   e  Other

4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection? □ Yes □ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ Yes □ No
   If “Yes,” explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? □ Yes □ No
   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

<table>
<thead>
<tr>
<th>Current year</th>
<th>Prior year</th>
<th>Two years back</th>
<th>Three years back</th>
<th>Four years back</th>
</tr>
</thead>
</table>

   b Contributions

   c Net investment earnings, gains, and losses

   d Grants or scholarships

   e Other expenditures for facilities and programs

   f Administrative expenses

   g End of year balance

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a Board designated or quasi-endowment ▶% 
   b Permanent endowment ▶% 
   c 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 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.

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.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td></td>
<td></td>
<td>101,179.</td>
<td>101,179.</td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td></td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 0.
### Part VII  Investments - Other Securities.

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

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(3) Other</td>
<td>[A]</td>
<td>[ ]</td>
</tr>
<tr>
<td></td>
<td>[B]</td>
<td>[ ]</td>
</tr>
<tr>
<td></td>
<td>[C]</td>
<td>[ ]</td>
</tr>
<tr>
<td></td>
<td>[D]</td>
<td>[ ]</td>
</tr>
<tr>
<td></td>
<td>[E]</td>
<td>[ ]</td>
</tr>
<tr>
<td></td>
<td>[F]</td>
<td>[ ]</td>
</tr>
<tr>
<td></td>
<td>[G]</td>
<td>[ ]</td>
</tr>
<tr>
<td></td>
<td>[H]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**Total.** (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

### Part VIII  Investments - Program Related.

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

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(2)</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(3)</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(4)</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(5)</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(6)</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(7)</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(8)</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(9)</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**Total.** (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

### Part IX  Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>[ ]</td>
</tr>
<tr>
<td>(2)</td>
<td>[ ]</td>
</tr>
<tr>
<td>(3)</td>
<td>[ ]</td>
</tr>
<tr>
<td>(4)</td>
<td>[ ]</td>
</tr>
<tr>
<td>(5)</td>
<td>[ ]</td>
</tr>
<tr>
<td>(6)</td>
<td>[ ]</td>
</tr>
<tr>
<td>(7)</td>
<td>[ ]</td>
</tr>
<tr>
<td>(8)</td>
<td>[ ]</td>
</tr>
<tr>
<td>(9)</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 15.)

### Part X  Other Liabilities.

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

#### 1. Description of liability

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td>[ ]</td>
</tr>
<tr>
<td>(2) DUE TO AFFILIATE</td>
<td>109,159.</td>
</tr>
<tr>
<td>(3)</td>
<td>[ ]</td>
</tr>
<tr>
<td>(4)</td>
<td>[ ]</td>
</tr>
<tr>
<td>(5)</td>
<td>[ ]</td>
</tr>
<tr>
<td>(6)</td>
<td>[ ]</td>
</tr>
<tr>
<td>(7)</td>
<td>[ ]</td>
</tr>
<tr>
<td>(8)</td>
<td>[ ]</td>
</tr>
<tr>
<td>(9)</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

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

109,159.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

[ ]
**Schedule D (Form 990) 2018**

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

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

<table>
<thead>
<tr>
<th>1</th>
<th>Total revenue, gains, and other support per audited financial statements</th>
<th>1</th>
<th>5,562,604.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Net unrealized gains (losses) on investments</td>
<td>2a</td>
<td>-253,488.</td>
</tr>
<tr>
<td>b</td>
<td>Donated services and use of facilities</td>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Recoveries of prior year grants</td>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
<td>2d</td>
<td>-28,091.</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>2e</td>
<td>-281,579.</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
<td>5,844,183.</td>
</tr>
</tbody>
</table>

| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | 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 | 5,844,183. |

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

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

<table>
<thead>
<tr>
<th>1</th>
<th>Total expenses and losses per audited financial statements</th>
<th>1</th>
<th>16,404,972.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Donated services and use of facilities</td>
<td>2a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Prior year adjustments</td>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Other losses</td>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
<td>2d</td>
<td>-218,882.</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>2e</td>
<td>-218,882.</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
<td>16,623,854.</td>
</tr>
</tbody>
</table>

| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 16,623,854. |

**Part XIII | Supplemental Information.**

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

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

LOSS ON WRITE-OFF OF UNCOLLECTIBLE PLEDGES RECEIVABLE -28,091.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

BAD DEBT EXPENSE 26,091.

DISCOUNT ON GRANTS -58,630.

GRANT FUNDS RETURNED -186,343.

TOTAL TO SCHEDULE D, PART XII, LINE 2D -218,882.
### Statement of Activities Outside the United States

**Part I  General Information on Activities Outside the United States.**

- **Name of the organization:** MELANOMA RESEARCH ALLIANCE FOUNDATION
- **Employer identification number:** 26-1636099

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.**

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of offices in the region</th>
<th>Number of employees, agents, and independent contractors in the region</th>
<th>Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)</th>
<th>If activity listed in (d) is a program service, describe specific type of service(s) in the region</th>
<th>Total expenditures for and investments in the region</th>
</tr>
</thead>
<tbody>
<tr>
<td>EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,</td>
<td>0</td>
<td>0</td>
<td>GRANTS TO RECIPIENTS LOCATED IN THE REGION</td>
<td></td>
<td>778,574.</td>
</tr>
<tr>
<td>EUROPE (INCLUDING ICELAND &amp; GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM</td>
<td>0</td>
<td>0</td>
<td>GRANTS TO RECIPIENTS LOCATED IN THE REGION</td>
<td></td>
<td>671,950.</td>
</tr>
<tr>
<td>MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,</td>
<td>0</td>
<td>0</td>
<td>GRANTS TO RECIPIENTS LOCATED IN THE REGION</td>
<td></td>
<td>225,000.</td>
</tr>
</tbody>
</table>

**3 a Subtotal** | 0 | 0 | | | 1,675,524. |

**3 b Total from continuation sheets to Part I** | 0 | 0 | | | 0. |

**3 c Totals (add lines 3a and 3b)** | 0 | 0 | | | 1,675,524. |
### Part II: Grants and Other Assistance to Organizations or Entities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a)</th>
<th>Name of organization</th>
<th>(b)</th>
<th>IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of noncash assistance</th>
<th>(h) Description of noncash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,</td>
<td>TEAM SCIENCE AWARD</td>
<td>778,574</td>
<td>WIRE</td>
<td>0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>EUROPE (INCLUDING ICELAND &amp; GREENLAND) - ALBANIA, ANDORRA,</td>
<td>TEAM SCIENCE AWARD</td>
<td>446,950</td>
<td>WIRE</td>
<td>0.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>EUROPE (INCLUDING ICELAND &amp; GREENLAND) - ALBANIA, ANDORRA,</td>
<td>YOUNG INVESTIGATOR AWARD</td>
<td>225,000</td>
<td>WIRE</td>
<td>0.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,</td>
<td>YOUNG INVESTIGATOR AWARD</td>
<td>225,000</td>
<td>WIRE</td>
<td>0.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 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

3 Enter total number of other organizations or entities
**Part III  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.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Region</th>
<th>(c) Number of recipients</th>
<th>(d) Amount of cash grant</th>
<th>(e) Manner of cash disbursement</th>
<th>(f) Amount of noncash assistance</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>
1. Was the organization a U.S. transferor of property to a foreign corporation during the tax year? 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) ................................................................. [ ] Yes [X] No

2. Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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; don’t file with Form 990) ................................................................. [ ] Yes [X] No

3. Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) ................................................................. [ ] Yes [X] No

4. Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," 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) ................................................................. [ ] 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; don’t file with Form 990) ................................................................. [ ] Yes [X] No
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). CRITERIA ARE DESCRIBED IN THE MRA'S REQUEST FOR PROPOSALS. GRC MEMBERS ARE SENIOR THOUGHT-LEADERS IN MELANOMA AND CANCER 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.
**Part I  Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - Mail solicitations
   - Internet and email solicitations
   - Phone solicitations
   - In-person solicitations
   - Solicitation of non-government grants
   - Solicitation of government grants
   - Special fundraising events

2. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  
   - Yes  
   - No

   a If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

3. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
## 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.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(event type)</td>
<td>(event type)</td>
<td>(total number)</td>
<td></td>
</tr>
<tr>
<td>1 Gross receipts</td>
<td>2,220,634.</td>
<td></td>
<td></td>
<td>2,220,634.</td>
</tr>
<tr>
<td>2 Less: Contributions</td>
<td>2,103,434.</td>
<td></td>
<td></td>
<td>2,103,434.</td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>117,200.</td>
<td></td>
<td></td>
<td>117,200.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Direct Expenses</th>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8,000.</td>
</tr>
<tr>
<td>5 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2,570.</td>
</tr>
<tr>
<td>6 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>129,150.</td>
</tr>
<tr>
<td>7 Food and beverages</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>42,479.</td>
</tr>
<tr>
<td>8 Entertainment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>182,199.</td>
</tr>
<tr>
<td>9 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-64,999.</td>
</tr>
</tbody>
</table>

### Part III  Gaming

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Volunteer labor</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
<td></td>
</tr>
<tr>
<td>7 Direct expense summary. Add lines 2 through 5 in column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Net gaming income summary. Subtract line 7 from line 1, column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### General Notes

9 Enter the state(s) in which the organization conducts gaming activities:
   a Is the organization licensed to conduct gaming activities in each of these states?  
   b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  
   b If "Yes," explain:
Schedule G (Form 990 or 990-EZ) 2018  MELANOMA RESEARCH ALLIANCE FOUNDATION  26-1636099  Page 3

11  Does the organization conduct gaming activities with nonmembers?  

   [ ] Yes  [ ] No

12  Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  

   [ ] Yes  [ ] No

13  Indicate the percentage of gaming activity conducted in:
   a  The organization’s facility  
   [ ] Yes  [ ] No
   b  An outside facility  
   [ ] Yes  [ ] No

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?  

   [ ] Yes  [ ] No

   b  If "Yes," enter the amount of gaming revenue received by the organization ▶ $ __________ and the amount of gaming revenue retained by the third party ▶ $ __________

   c  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

17  Mandatory distributions:

   a  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  

   [ ] Yes  [ ] No

   b  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year ▶ $

**Part IV  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.
**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

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

**Schedule I**

(Form 990)

Department of the Treasury

Internal Revenue Service

---

**Name of the organization**

MELANOMA RESEARCH ALLIANCE FOUNDATION

**Employer identification number**

26-1636099

---

**Part I  General Information on Grants and Assistance**

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
   - Yes  
   - No

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
   - 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 recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

**1 (a) Name and address of organization or government**

<table>
<thead>
<tr>
<th>Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVE., BP418 BOSTON, MA 02215</td>
<td>04-2263040</td>
<td>501(C)(3)</td>
<td>1,400,000.</td>
<td>0.</td>
<td></td>
<td></td>
<td>2 TEAM SCIENCE AWARDS</td>
</tr>
<tr>
<td>H. LEE MOFFITT CANCER CENTER &amp; RESEARCH INSTITUTE - 12902 MAGNOLIA DRIVE - TAMPA, FL 33612</td>
<td>59-2451713</td>
<td>501(C)(3)</td>
<td>1,125,000.</td>
<td>0.</td>
<td></td>
<td></td>
<td>TEAM SCIENCE AWARD &amp; YOUNG INVESTIGATOR AWARD</td>
</tr>
<tr>
<td>THOMAS JEFFERSON UNIVERSITY 1020 WALNUT STREET PHILADELPHIA, PA 19107</td>
<td>23-1352651</td>
<td>501(C)(3)</td>
<td>975,000.</td>
<td>0.</td>
<td></td>
<td></td>
<td>TEAM SCIENCE AWARD &amp; YOUNG INVESTIGATOR AWARD</td>
</tr>
<tr>
<td>YALE UNIVERSITY 25 SCIENCE PARK, 3RD FLOOR NEW HAVEN, CT 06520</td>
<td>06-0646973</td>
<td>501(C)(3)</td>
<td>975,000.</td>
<td>0.</td>
<td></td>
<td></td>
<td>TEAM SCIENCE AWARD &amp; YOUNG INVESTIGATOR AWARD</td>
</tr>
<tr>
<td>NEW YORK UNIVERSITY SCHOOL OF MEDICINE - 545 FIRST AVENUE - NEW YORK, NY 10016</td>
<td>13-5562308</td>
<td>501(C)(3)</td>
<td>900,000.</td>
<td>0.</td>
<td></td>
<td></td>
<td>TEAM SCIENCE AWARD</td>
</tr>
<tr>
<td>THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 10889 WILSHIRE BOULEVARD - LOS ANGELES, CA 90095</td>
<td>95-6006143</td>
<td>501(C)(3)</td>
<td>900,000.</td>
<td>0.</td>
<td></td>
<td></td>
<td>TEAM SCIENCE AWARD</td>
</tr>
</tbody>
</table>

2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ........................................... 24.

3. Enter total number of other organizations listed in the line 1 table ...................................................... 0.

---

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

---

Schedule I (Form 990) (2018)
<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10065</td>
<td>13-1624158 501(C)(3)</td>
<td>900,000</td>
<td>0</td>
<td>TEAM SCIENCE AWARD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THE UNIVERSITY OF CHICAGO 5801 S. ELLIS AVENUE CHICAGO, IL 60637</td>
<td>36-2177139 501(C)(3)</td>
<td>675,000</td>
<td>0</td>
<td>TEAM SCIENCE AWARD &amp; YOUNG INVESTIGATOR AWARD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSITY OF TAMAS MD ANDERSON CANCER CENTER - 1515 HOLCOMBE BOULEVARD - HOUSTON, TX 77030</td>
<td>74-6001118 PUBLIC UNIVERSIT</td>
<td>600,000</td>
<td>0</td>
<td>TEAM SCIENCE AWARD &amp; TEAM SCIENCE AWARD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSITY OF TAMAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BLVD, MC 9029 - CAMBRIDGE, MA 02139</td>
<td>75-6002868 PUBLIC UNIVERSIT</td>
<td>495,369</td>
<td>0</td>
<td>TEAM SCIENCE AWARD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MASSACHUSETTS INSTITUTE OF TECHNOLOGY - KOC INSTITUTE FOR INTEGRATIVE CANCER RE - 77 MASSACHUSETTS AVENUE - CAMBRIDGE, MA</td>
<td>04-2103594 501(C)(3)</td>
<td>450,000</td>
<td>0</td>
<td>TEAM SCIENCE AWARD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THE PENNSYLVANIA STATE UNIVERSITY COLLEGE OF MEDICINE - 500 UNIVERSITY DRIVE - HERSEY, PA 17033</td>
<td>24-6000376 PUBLIC UNIVERSIT</td>
<td>450,000</td>
<td>0</td>
<td>TEAM SCIENCE AWARD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSITY OF MARYLAND, BALTIMORE 220 ARCH STREET ROOM 02-148 BALTIMORE, MD 21201</td>
<td>52-6002033 PUBLIC UNIVERSIT</td>
<td>450,000</td>
<td>0</td>
<td>TEAM SCIENCE AWARD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLORADO STATE UNIVERSITY 555 SOUTH HOWES, 6003 CAMPUS DELIVER FORT COLLINS, CO 80523</td>
<td>84-6000545 PUBLIC UNIVERSIT</td>
<td>225,000</td>
<td>0</td>
<td>YOUNG INVESTIGATOR AWARD</td>
<td></td>
<td></td>
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<tr>
<td>REGENTS OF THE UNIVERSITY OF MINNESOTA - 2221 UNIVERSITY AVE SE, STE #100 - MINNEAPOLIS, MN 55414</td>
<td>41-6007513 PUBLIC UNIVERSIT</td>
<td>225,000</td>
<td>0</td>
<td>YOUNG INVESTIGATOR AWARD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
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<td>---------------------------------</td>
<td>----------------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>SANFORD BURNHAM PREBYS MEDICAL DISCOVERY INSTITUTE - 120 THEORY, SUITE 200 - IRVINE, CA 92697</td>
<td>95-2226406</td>
<td>501(C)(3)</td>
<td>225,000.</td>
<td>0.</td>
<td>YOUNG INVESTIGATOR AWARD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>THE RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA - P.O. BOX 400195 - CHARLOTTESVILLE, VA 22904</td>
<td>54-6001796</td>
<td>501(C)(3)</td>
<td>225,000.</td>
<td>0.</td>
<td>YOUNG INVESTIGATOR AWARD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM STREET, BOX 0812 - SAN FRANCISCO, CA 94143</td>
<td>94-6036493</td>
<td>PUBLIC UNIVERSIT</td>
<td>225,000.</td>
<td>0.</td>
<td>YOUNG INVESTIGATOR AWARD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>THE SALK INSTITUTE FOR BIOLOGICAL STUDIES - 10010 N TORREY PINES ROAD - LA JOLLA, CA 92037</td>
<td>95-2160097</td>
<td>501(C)(3)</td>
<td>225,000.</td>
<td>0.</td>
<td>YOUNG INVESTIGATOR AWARD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMORY UNIVERSITY 1599 CLIFTON RD, 3RD FLOOR ATLANTA, GA 30322</td>
<td>58-0566256</td>
<td>501(C)(3)</td>
<td>100,000.</td>
<td>0.</td>
<td>PILOT AWARD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SLOAN KETTERING INSTITUTE FOR CANCER RESEARCH - 1275 YORK AVE - NEW YORK, NY 10065</td>
<td>13-1924236</td>
<td>501(C)(3)</td>
<td>100,000.</td>
<td>0.</td>
<td>PILOT AWARD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORTHWESTERN UNIVERSITY - CHICAGO CAMPUS - 633 CLARK STREET - EVANSTON, IL 60208</td>
<td>36-2167817</td>
<td>501(C)(3)</td>
<td>99,842.</td>
<td>0.</td>
<td>PILOT AWARD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JOAN &amp; SANFORD I. WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 1300 YORK AVE - NEW YORK, NY 10065</td>
<td>13-1623978</td>
<td>501(C)(3)</td>
<td>75,000.</td>
<td>0.</td>
<td>YOUNG INVESTIGATOR AWARD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSITY OF HOUSTON 5000 GULF FWY ROOM 109 HOUSTON, TX 77204</td>
<td>74-6001399</td>
<td>PUBLIC UNIVERSIT</td>
<td>75,000.</td>
<td>0.</td>
<td>YOUNG INVESTIGATOR AWARD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 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.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Part IV Supplemental Information

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

CRITERIA ARE DESCRIBED IN THE MRA'S REQUEST FOR PROPOSALS. GRC MEMBERS ARE SENIOR THOUGHT-LEADERS IN MELANOMA AND CANCER 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.
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 I Questions Regarding Compensation**

**MELANOMA RESEARCH ALLIANCE FOUNDATION 26-1636099**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First-class or charter travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel for companions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax indemnification and gross-up payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discretionary spending account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing allowance or residence for personal use</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Payments for business use of personal residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health or social club dues or initiation fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal services (such as maid, chauffeur, chef)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

| 1b |  |

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

| 2 |  |

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

| 3 |  |

<table>
<thead>
<tr>
<th>Compensation committee</th>
<th>Written employment contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent compensation consultant</td>
<td>Compensation survey or study</td>
</tr>
<tr>
<td>Form 990 of other organizations</td>
<td>Approval by the board or compensation committee</td>
</tr>
</tbody>
</table>

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

| 4 |  |

a Receive a severance payment or change-of-control payment?

| 4a | X |

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

| 4b | X |

c Participate in, or receive payment from, an equity-based compensation arrangement?

| 4c | X |

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

| 5 |  |

a The organization?

| 5a | X |

b Any related organization?

| 5b | X |

If "Yes" on line 5a or 5b, describe in Part III.

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

| 6 |  |

a The organization?

| 6a | X |

b Any related organization?

| 6b | X |

If "Yes" on line 6a or 6b, describe in Part III.

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

| 7 | X |

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

| 8 | X |

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

| 9 |  |
**Part II**

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

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

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) MICHAEL KLOWDEN</td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>(i) 516,561.</td>
<td>150,000.</td>
<td>6,180.</td>
<td>8,100.</td>
<td>26,478.</td>
</tr>
<tr>
<td></td>
<td>(ii) 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(2) MICHAEL KAPLAN</td>
<td>(i) 311,054.</td>
<td>20,000.</td>
<td>690.</td>
<td>8,100.</td>
<td>13,662.</td>
</tr>
<tr>
<td>PRESIDENT &amp; CEO</td>
<td>(i) 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td></td>
<td>(ii) 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(3) JOHN HUNTER</td>
<td>(i) 328,204.</td>
<td>50,000.</td>
<td>1,980.</td>
<td>8,100.</td>
<td>36,391.</td>
</tr>
<tr>
<td>TREASURER</td>
<td>(i) 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td></td>
<td>(ii) 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(4) JOAN RUSSO</td>
<td>(i) 220,000.</td>
<td>0.</td>
<td>306.</td>
<td>0.</td>
<td>601.</td>
</tr>
<tr>
<td>CHIEF DEVELOPMENT OFFICER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td></td>
<td>(ii) 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(5) LOUISE PERKINS</td>
<td>(i) 198,356.</td>
<td>15,000.</td>
<td>797.</td>
<td>8,100.</td>
<td>26,447.</td>
</tr>
<tr>
<td>CHIEF SCIENCE OFFICER</td>
<td>(i) 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td></td>
<td>(ii) 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
PART I, LINE 7:

EMPLOYEES WERE ELIGIBLE TO RECEIVE PERFORMANCE-BASED BONUSES.
**Noncash Contributions**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

### Part I Types of Property

<table>
<thead>
<tr>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Art - Works of art</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Art - Historical treasures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Art - Fractional interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Books and publications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Boats and planes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Intellectual property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Securities - Publicly traded</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Securities - Closely held stock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Securities - Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Securities - Miscellaneous</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>13 Qualified conservation contribution - Historic structures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Qualified conservation contribution - Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Real estate - Residential</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Real estate - Commercial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Real estate - Other</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>18 Collectibles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Food inventory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Taxidermy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Historical artifacts</td>
<td></td>
<td></td>
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<tr>
<td>23 Scientific specimens</td>
<td></td>
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<tr>
<td>24 Archeological artifacts</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>25 Other (GIFT BAGS)</td>
<td>X</td>
<td>8,000. FAIR MARKET VALUE</td>
<td></td>
</tr>
<tr>
<td>26 Other</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement</td>
<td>29</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn’t required to be used for exempt purposes for the entire holding period? **Yes**

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **Yes**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **Yes**

33 If the organization didn’t report an amount in column (c) for a type of property 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) 2018
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):

NONCASH DONATIONS ARE LISTED BY TOTAL NUMBER OF DONORS.
FORM 990, PART VI, SECTION A, LINE 2:

DEBRA BLACK, LEON BLACK AND BEN 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 A, LINE 8B:

THERE IS NO EXECUTIVE COMMITTEE DURING THE YEAR.

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

MRA'S CEO AND TREASURER 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 AFFIRMING THEY HAVE RECEIVED THE CONFLICT OF INTEREST POLICY, THEY HAVE READ AND UNDERSTAND IT, AND THEY AGREE TO COMPLY WITH IT. UPON POTENTIAL CONFLICT OF INTERESTS, THE BOARD OR COMMITTEE WILL RESOLVE 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, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON WRITE-OFF OF UNCOLLECTIBLE PLEDGES RECEIVABLE -28,091.
BAD DEBT EXPENSE -26,091.
DISCOUNT ON GRANTS 58,630.
GRANT FUNDS RETURNED 186,343.
TOTAL TO FORM 990, PART XI, LINE 9 190,791.
## Part I
### Identification of Disregarded Entities
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, because it had one or more related tax-exempt organizations during the tax year.

<table>
<thead>
<tr>
<th>(a) Name of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

## Part II
### Identification of Related Tax-Exempt Organizations
Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<table>
<thead>
<tr>
<th>(a) Name of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>MILKEN INSTITUTE - 95-4240775</td>
<td>EDUCATIONAL, ECONOMIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>1250 FOURTH STREET</td>
<td>RESEARCH, HEALTHCARE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>SANTA MONICA, CA 90401</td>
<td>RESEARCH</td>
<td>CALIFORNIA</td>
<td>501(C)(3)</td>
<td>LINE 7</td>
<td>N/A</td>
<td>X</td>
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</tbody>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
## Identification of Related Organizations Taxable as a Partnership

### Part III

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

## Identification of Related Organizations Taxable as a Corporation or Trust

### Part IV

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Code 512(b)(13) controlled entity?</th>
<th>(j) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.
**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.

1. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
   - Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
   - Gift, grant, or capital contribution to related organization(s)
   - Gift, grant, or capital contribution from related organization(s)
   - Loans or loan guarantees to or for related organization(s)
   - Loans or loan guarantees by related organization(s)
   - Dividends from related organization(s)
   - Sale of assets to related organization(s)
   - Purchase of assets from related organization(s)
   - Exchange of assets with related organization(s)
   - Lease of facilities, equipment, or other assets to related organization(s)
   - Lease of facilities, equipment, or other assets from related organization(s)
   - Performance of services or membership or fundraising solicitations for related organization(s)
   - Performance of services or membership or fundraising solicitations by related organization(s)
   - Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
   - Sharing of paid employees with related organization(s)
   - Reimbursement paid to related organization(s) for expenses
   - Reimbursement paid by related organization(s) for expenses
   - Other transfer of cash or property to related organization(s)
   - Other transfer of cash or property from related organization(s)

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.

<table>
<thead>
<tr>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (a-s)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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</tbody>
</table>
**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all partners sec. 501(c)(3) orgs.?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>
Schedule R (Form 990) 2018

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

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