	_		** PUBLIC DISCLOSURE COPY * Return of Organization Exempt From	* 1 Inco	me Tax	OMB No. 1545-0047
Forr	" 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (2023
		of the Treasury	Do not enter social security numbers on this form as it may Go to www.irs.gov/Form990 for instructions and the late:			Open to Public
		nue Service	ar year, or tax year beginning APR 1, 2023 and ending			Inspection
_	heck if		f organization	1	mployer identifica	ation number
	pplicabl	le:				
	86 051440	•				
	Name chang Initial	ge Doing b	usiness as		76-051442	8
	_return]Final	1/20	and street (or P.O. box if mail is not delivered to street address) Room/s K STREET, NW, 7TH FLOOR	uite E I	elephone number (800) 673	-1290
	⊥return termir ated		own, state or province, country, and ZIP or foreign postal code	GG	ross receipts \$	9,148,896.
	Amen return	ded TATACU	INGTON, DC 20005		Is this a group ret	
	Applic		nd address of principal officer: KYLEIGH LIPIRA		for subordinates?	
	pendi	^{ng} SAME	AS C ABOVE		Are all subordinates incl	
11	ax-ex	empt status:		527	If "No," attach a li	st. See instructions
	Vebsi		MELANOMA.ORG		Group exemption	
			X Corporation Trust Association Other L Y	ear of form	nation: 1996 M	State of legal domicile: TX
Fa	art I	Summary		<u></u>		DV
9	1		e the organization's mission or most significant activities: <u>TO ERADI</u> ATING MEDICAL RESEARCH WHILE EDUCATING			
Governance	2	Check this bo				
verr			x if the organization discontinued its operations or disposed of m ting members of the governing body (Part VI, line 1a)			11
ĝ			lependent voting members of the governing body (Part VI, line 1a)			9
ళ			of individuals employed in calendar year 2023 (Part V, line 2a)			22
itie			of volunteers (estimate if necessary)			295
Activities &			d business revenue from Part VIII, column (C), line 12			0.
Ă			business taxable income from Form 990-T, Part I, line 11			0.
					rior Year	Current Year
đ	8	Contributions	and grants (Part VIII, line 1h)	7,	217,360.	8,303,636.
nu	9	Program servi	ce revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)		56,224.	242,977.
æ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		695,361.	-772,051.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		578,223.	7,774,562.
	1		nilar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	907,002.	1,849,954.
			to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	1,	905,895.	2,112,375.
Expenses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 462,864.		0.	0.
ă	b	Total fundrais	ing expenses (Part IX, column (D), line 25) <u>402,804.</u>	2	665 962	2 724 000
	''		es (Part IX, column (A), lines 11a-11d, 11f-24e)		<u>665,863.</u> 478,760.	<u>2,734,890.</u> 6,697,219.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	99,463.	1,077,343.
- 2		Revenue less	expenses. Subtract line 18 from line 12	Beginnin	g of Current Year	End of Year
t Assets or d Balances	20	Total assets (F	Part X line 16)		173,374.	7,270,872.
Asse	21		Part X, line 16) (Part X, line 26)		965,717.	2,821,971.
-Net /			fund balances. Subtract line 21 from line 20		207,657.	4,448,901.
	art II	Signature		- /		_,,
Und	er pena	-	I declare that I have examined this return, including accompanying schedules and sta	tements, ar	nd to the best of my k	nowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of which prep			- /
					-	

Sign	Signature of officer			Date				
Here	KYLEIGH LIPIRA, CEO							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	FRANK SMITH	FRANK SMITH	09/24	/24 self-employed P00639053				
Preparer	Firm's name MARCUM LLP			Firm's EIN 11-1986323				
Use Only	Firm's address 1899 L STREET, NW	#850						
	WASHINGTON, DC 20	036		Phone no. 202 – 227 – 4000				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)							

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

_	990 (2023) MELANOMA RESEARCH FOUNDATION t III Statement of Program Service Accomplishments	76-0514428	Page
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:	<u></u>	
-	THE MRF IS THE LARGEST INDEPENDENT ORGANIZATION DEVOTE	D TO MELANOMA.	
	ITS MISSION IS TO ERADICATE MELANOMA BY ACCELERATING M		
	WHILE EDUCATING TO AND ADVOCATING FOR THE MELANOMA COM		
2	Did the organization undertake any significant program services during the year which were not listed on the	 e	
	prior Form 990 or 990-EZ?	Yes	XN
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servic		XNo
0	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services	as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to a		
	revenue, if any, for each program service reported.	Juliers, ule total expenses, a	nu
4			
4a	(Code:) (Expenses \$3,553,571. including grants of \$1,839,954.) (THE MRF IS COMMITTED TO ADVANCING A BROAD SCIENTIFIC A		UD
	DISCIPLINES OF PREVENTION, DIAGNOSIS, AND TREATMENT. A		F.
	HAS ACHIEVED A NUMBER OF IMPORTANT SCIENTIFIC MILESTON	-	
	WORK REMAINS TO BE DONE. TO THIS END, THE MRF FUNDS A		
	RESEARCH GRANTS, SCIENTIFIC INITIATIVES, AND PROGRAMS		
	MELANOMA AND RARER MELANOMA SUBTYPES (E.G. OCULAR, PED		AND
	MUCOSAL MELANOMA). ITS RESEARCH GRANT PROGRAM IS A COM		
	PEER-REVIEWED RESEARCH GRANT PROGRAM FOR INVESTIGATOR-	INITIATED	
	RESEARCH HAS BEEN IN EXISTENCE SINCE 1998. MRF-SUPPORT	ED RESEARCH IS	
	OPEN TO MEDICAL STUDENTS THROUGH SENIOR INVESTIGATIVE	TEAMS AND	
	ENCOMPASS.		
4b	(Code:) (Expenses \$1, 130, 850. including grants of \$) (Revenue \$	
	THE MRF'S ADVOCACY PROGRAM IS A PLATFORM FOR THOSE AFF	ECTED BY MELAN	OMA
	TO SHARE THEIR VOICE AND TRANSFORM MELANOMA CARE. PATI	ENTS, CAREGIVE	RS,
	SURVIVORS, HEALTHCARE PROFESSIONALS AND PARTNERS ALL P		
	ROLE IN THE ADVANCEMENT OF BETTER OUTCOMES FOR THE OVE	R ONE MILLION	
	AMERICANS LIVING WITH MELANOMA AND THEIR LOVED ONES.		
4c	(Code:) (Expenses \$776,432. including grants of \$10,000.) (Revenue \$	
	THE MRF HAS A ROBUST EDUCATION PROGRAM AIMED AT EDUCAT	ING PATIENTS A	ND
	PHYSICIANS ABOUT THE PREVENTION, DIAGNOSIS, AND TREATM	IENT OF MELANOM	Ά,
	AS WELL AS INCREASING OVERALL AWARENESS OF THE DISEASE	. IN ADDITION,	
	THE MRF MAINTAINS A LARGE PORTFOLIO OF FREE EDUCATIONA	L MATERIALS TH	AT
	CAN BE USED AT FUNDRAISERS, DOCTORS' OFFICES, SCHOOLS,	AND HEALTH	
	FAIRS.		
	PART OF THE MRF'S EDUCATIONAL OFFERINGS ALSO INCLUDE P	ATIENT-FOCUSED	
	EDUCATIONAL SYMPOSIA THROUGHOUT THE U.S., IMPACTING NE		
	TOUCHED BY MELANOMA. THESE SYMPOSIA PROVIDE MELANOMA P	-	
	PEOPLE WHO SUPPORT THEM THE OPPORTUNITY TO LEARN FROM		
			MA
4.2	· · · · ·	LATMENT, AND	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses5,460,853.		
			990 (202)
32002	SEE SCHEDULE O FOR CONTINUATION	N(D)	
	3 24 150972 102100 2022 04020 MELANONA DEC		1021
09	24 150872 193109 2023.04030 MELANOMA RES	SEARCH FOUNDAT	тазт

	Checklist of R			
Form 990 ((2023)	MELANOMA	RESEARCH	FOUNDATION

1 In the regarization described in section 501(kg) or 447/g(1) (biter than a private transmission? 1 X 2 It the regarization requeries (according 6, Schedule of Contribution? See instructions 2 X 2 It the regarization requeries (according 6, Schedule of Contribution? See instructions 2 X 3 X Sectors 501(g) organizations. Differe organization regues in tobbying activities, or have a sectors 501(h) election in effect during the tax year? of way, "complete Schedule C, Part II 4 X 6 In the organization resolution of investment of a maximum transite function or accounts II with domains have the right to provide advice on the distribution or investment of a maximum transite transite schedule C, Part II 7 X 7 Did the organization relation of move the right to provide advice on the distribution or investment of a maximum is such that and provide schedule D, Part II 7 X 8 Did the organization report an anount in Part X, line 21, for escretor or or cutodial account liability, serve as a cutodian for amounts in such thatage. Accounter Schedule D, Part II 7 X 9 Did the organization report an anount in Part X, line 21, for escretor or cutodial account liability, serve as a cutodian for amount in part X, line 21, for escretor or cutodial account liability, serve as a cutodian for amount for the following questintans in Yea, "complete Schedule D, Part V 10				Yes	No
2 Is the organization engage in direct or inderte oblightal campaign activities on behalt of or inciposition to candidate for public office? If 1*vs_c ⁺ complete Schedule C, Part I 3 X 3 Did the organization engage in office? Part I 3 X 4 Section 501(b)(a) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect at the organization asocian 501(b) election in effect at the organization in angular biologing activities and the organization in encience of endots is activities of the organization in encience of endots is activities of the organization in encience of endots is activities? If the organization in encience of endots is activities? If the organization in encience of endots is activities? If the organization in encience of endots is activities? If the organization is answer to any of the following questions is Yes, 'then complete Schedule D, Part II. 8 X 10 Did the organization report an amount for linewast metals. Unlist assets in donorestricted endowrments of these organization report an amount for linewastmets. Other securities in Part X, line 10? If 'Yes, 'complete Schedule D, Part V. 10 X 11 If the organization report an amount for investmene	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dit the organization engage in circl or indirect political campaign activities on behalf of or in opposition to candidate for public official # Yes," complete Schedule C, Part II 3 X 4 Section 501(k)0 organizations. Did the organization engage in lobbying activities, or have a section 501(k)) election in effort organization mattain and to organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 801(k) 001(k) 001(k					
public office? If 'Yes,' complete Schedule C, Part I 3 X 4 Section 501(kg) organization. Did the organization engage in lobbying activities, or have a section 501(kg) electron in effect 4 X 5 Is the organization a section 501(kg), Sor 561(kg) or 561(kg) or 561(kg) or 561(kg), Sor 761(kg), Yes, 'complete Schedule, D, Part V 113 X 1 If the organization report an amount for investments - orbit securities in Part X, line 107 If Yes, 'complete Schedule, D, Part V 113 X 1 If the organization report an amount for investments - orbit sescurities in Part X, line 107 If Yes, 'complete S	2		2	<u>X</u>	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b)(1) election in effect during the tax year? (I*Yes," complete Schedule C, Part II 4 X 5 Is the organization a section 501(b)(1), 501(c)(0), or 501(c)(0) generation that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 89:197 (I*Yes," complete Schedule C, Part II 5 X 6 Did the organization markins and during assements to preserve open space, the environment, historic land areas, or historic structures? (I*Yes," complete Schedule D, Part II 7 X 8 Did the organization action of works of at, historical treasures, or other similar assets? I*Yes," complete Schedule D, Part II 7 X 9 Did the organization anitable organization, recipit structures? 9 X 10 Did the organization anitable organization, recipit schedule D, Part II 7 X 10 Did the organization server to any of the following questions is "Yes," than complete Schedule D, Part X, III 11 10 X 11 If the organization server to any of the following questions is Part, X, Iine 12, that is 5% or more of its total asset reported in Part X, Iine 16? I*Yes," complete Schedule D, Part X, Iine 17, II*Yes," complete Schedule D, Part X, Iine 16? I*Yes," complete Schedule D, Part X, Iine 17, II*Yes," complete Schedule D, Part X, Iine 16? I*Yes," complete Schedule D, Part X, Iine 16? I*Yes," complete	3				
during the tax year? If Yes, * complete Schedule C, Part II 4 X 5 Is the organization a section S(10(4), 501(6)) for 501(6) for spanization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 991/97. If Yes, * complete Schedule C, Part III 6 X 6 Did the organization maintain any domra davisad funds or any similar funds or accounts for which domors have the right to provide active on the distribution or investment and amounts in such that funds or accounts? If Yes, * complete Schedule D, Part II 6 X 7 Did the organization maintain active of hold a conservation essement, including essements to preserve open space, the environment, historical traceas, or historic attraceastres, or other similar assets? If Yres,* complete Schedule D, Part II 7 X 8 Did the organization, indication of the securities of the construction of the securities in Part X, ine 21, for secrow or custodial account lability; serve as a custodian for amounts not listed in Part X, ine 21, the isoficial measures, or other similar assets? If Yres,* complete Schedule D, Part V 9 X 10 Did the organization, directly or through a related organization, hold asset in donor-restricted endowments 10 X 11 If the organization report an amount for investments, orbit securities in Part X, line 10? If Yres,* complete Schedule D, Part V 10 X 12 Did the organization neport an amount for investments, orbit sec			3		<u> </u>
5 Is the organization a sector S01(c)(4), or S01(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 99-197 if "res," complete Schedule C, Part II 5 X 6 Did the organization markina and yobics or any similar huds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for the preserve open space. The environment, historic land areas, or historic structures? // 'Yes,' complete Schedule D, Part II 6 X 9 Did the organization networks or through a related organization, hold assets in donor restricted endowments or in quasi-endowments? If 'Yes,' complete Schedule D, Part IV 7 X 9 Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part X 11 X 11 The organization report an amount for three securities in Part X, line 12, that is 5% or more of its total assets reportion Part X, line 16? If 'Yes,' complete Schedule D, Part X 11 X 11 The organization report	4			v	
eminal amounts as defined in Rev. Proc. 98-197. # "Ves," complete Schedule C, Pert II 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I 6 X 7 Did the organization maintain eases, or historic attructures? If "Yes," complete Schedule D, Part II 6 X 8 Did the organization maintain collections dworks of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for sercew or custodial account liability; serve as a custodian for amounts in table in Part X, or provide cardit consulting, deta management, credit repart, or deta negolitation services? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 12 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V 11a X 13 X Did the organization report an amount for investments or ther securities in Part X, line 1	_		4		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? // 'Yes,' complete Schedule D, Part // Tes,' complete Schedule D, Part X,	5		_		v
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the anvironment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or cutodial account lability: serve as a cutodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 8 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-andowments? If "res," complete Schedule D, Part V 10 X 10 Did the organization report an amount for lawstments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 11 It he organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11a X 12 X 11d X 11d X 13 Did the organization report an amount for investments - organization report an amount for other assets in Part X, line 13? If "Yes," complete Schedule D, Part X 11e X 14	6		5		<u> </u>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or orbit similar asset? If "Yes," complete Schedule D, Part II. 8 X 9 Did the organization maintain Part X, ine 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-indowing questions is "Yes," then complete Schedule D, Part V. 9 X 10 If the organization report an amount for land, buildings, and equipment in Part X, line 10? III "Yes," complete Schedule D, Part VI. 10 X 11 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? IIIII PS, "complete Schedule D, Part VI. 116 X 11 Did the organization report an amount for investments - program related financial statements for the tax year? 116 X 11 Did the organization seport an amount for investments - program related In Part X, line 16? IIIIII 1111111 X 1	0		6		x
the environment, historic at and areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide cradit counseling, debt management, cradit repair, or debt negotiation services? 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide cradit counseling, debt management, cradit repair, or debt negotiation services? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "yes," complete Schedule D, Part VI 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? If "yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "yes," complete Schedule D, Part VII 11a X b Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "yes," complete Schedule D, Part XIII 11a X b Did the organization report an amount for other assets in Part X, line 13? If "Yes," complete Schedule D, Part X 11a X 11 X	7		0		
8 Did the organization maintain collections of works of art, historical ressures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, factory of through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization, answer to any of the following questions is "Yes," then complete Schedule D, Part XV, VII, VII, VII, VX, or X, as applicable. 10 X a) Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? if "yes," complete Schedule D, Part VIII 11a X b) Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? if "yes," complete Schedule D, Part XIII 11a X c) Did the organization separate or consolidated financial statements for the tax year in the tax year? 11d X d) Did the organization apport on amount for the Pair VIII 11d X 11d X 12	'		7		x
Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 9 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasiendowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VI, or X, as applicable. 10 X a Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16% if "yes," complete Schedule D, Part VII 11a X b Did the organization report an amount for investments - organs related in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16% if "yes," complete Schedule D, Part XIII 11a X c Did the organization report an amount for ther tabilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16% if "yes," complete Schedule D, Part XIII 11a X 11 X 11a X 11a X 11a X 11 X 11a X 11a X 11a X	8				
9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability: serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or dobt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>II</i> 'Yes,' complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12? <i>II</i> 'Yes,' complete Schedule D, Part V, VII, VII, VII, VII, VII, VII, VII,	Ū		8		х
amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? y X If "Yes," complete Schedule D, Part V 10 X 10 X If the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 10 X If the organization, directly or through a related organization, should assets in donor-restricted endowments 10 X 10 X If the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 10 X If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 11 X Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 X Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 114 X If Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 114 X If Did the organization asset asgerate or consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 111	9				
If 'Yes,' complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments 10 X 11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V 11 X 12 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI 11 X 13 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI 11 X 14 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X 11 X 11 Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11 X 11 Did the organization organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 111 X 12 Did the organization asset propresent are consolidated financial statements for the tax year? If 'Yes,' complete Schedule D, Part X 111	-				
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 investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 					
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 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 	15				
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 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I. Parts I and II</i> 21 X 	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II					<u> </u>
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			200		
	21		21	x	
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 49			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
332004	· 12-21-23	Form	990	(2023)
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Form	990 (2023) MELANOMA RESEARCH FOUNDATION	I	76-05144	428	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	<u> </u>
			r	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over	, а			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?		4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBA	.R).			
				5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		r	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			•		v
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts				
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_	v	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		1	7a	X X	<u> </u>
				7b	Λ	<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-		_		v
	to file Form 8282?	1 1		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		-		x
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		<u> </u>
-	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g 7b		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		m 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			8		
0				0		
9	Sponsoring organizations maintaining donor advised funds.			9a		
	Did the sponsoring organization make any taxable distributions under section 4966?			9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			30		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100 10b				
	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
~	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					1
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
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Form 990 (2023)

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MELANOMA RESEARCH FOUNDATION

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Fai	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C	•	,	"No" r	espon	se
						X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	11		100	
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with a	any other			
	officer, director, trustee, or key employee?		-	2		X
3	Did the organization delegate control over management duties customarily performed by or under th					
	of officers, directors, trustees, or key employees to a management company or other person?					X
4	Did the organization make any significant changes to its governing documents since the prior Form §	990 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint o	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	ders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
<u> </u>	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)		V.	
100	Did the examination have lead chapters, branches, or effiliates?			10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		- 23
b		•	, anniates,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	9 00101		Tita		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "					
	on Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by ind	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a					
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
<u> </u>	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure	17 0		TTT	T T	TZ O
17	List the states with which a copy of this Form 990 is required to be filed <u>AL, AK, AZ, AR, C</u>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	na 990	· (section 501(c)(3)s	oniy)	availal	JIe
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)		hadula ()			
	X Own website Another's website X Upon request Other (explain	n on Sc	nedule ()			

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

7

20	State the name, address, and telephone num	nber of the person who possesses the organization's books and record	ds
	KYLEIGH LIPIRA - (800)	673-1290	
	1420 K STREET, NW, 7TH	FLOOR, WASHINGTON, DC 20005	

Κ	STREET,	NW,	7TH 1	FLC	OR,	WASHI	NGTON	Γ , Ε	DC 1	20005
	SEE	SCHI	EDULE	0	FOR	FULL	LIST	OF	STA	TES

Part VII	Compensation of Officers,	Directors,	Trustees,	Key E	mployees,	Highest	Compensated
	Employees, and Independe	ent Contrac	ctors				

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per	(do box,		(C Posi heck r	c) ition more son is	than c s both	one i an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated Employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) KYLEIGH LIPIRA CEO	40.00	x		х				336,485.	0.	11,196.
(2) JAMES MERRICK	40.00							,	•••	,
CHIEF COMMUNICATIONS OFFICER						х		178,462.	0.	8,755.
(3) JESSICA ALLISON	40.00							_/ • / _ • _ •		
DIRECTOR OF CORPORATE RELATIONS		1				х		114,686.	0.	10,907.
(4) DOUGLAS BRODMAN	2.00							,		
CHAIR		x		х				0.	0.	0.
(5) ALISON MARTIN, MD	2.00									
VICE CHAIR - UNTIL 01/2024		x		Х				0.	Ο.	0.
(6) THOMAS WESTDYK, SECRETARY	2.00									
AND GOVERNANCE - AS OF 01/2024		X		Х				0.	Ο.	0.
(7) CHERUL STRATOS	2.00									
SECRETARY - UNTIL 12/2023		Х		Х				0.	0.	0.
(8) JILL WROBEL	2.00									
TREASURER		Х		Х				0.	0.	0.
(9) STAN ADLER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MICHAEL B. ATKINS, MD	1.00									
SAC CO-CHAIR		Х						0.	0.	0.
(11) ELISE BARISH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) KRISTINA BAUM	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) LAURA FERRIS, MD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) GLENN MERLINO	1.00									-
SAC CO-CHAIR - UNTIL 12/2023		Х						0.	0.	0.
(15) GIULIA NEWTON	1.00									•
BOARD MEMBER		Х						0.	0.	0.
(16) ASHANI WEERARATNA, MD	1.00							_	•	•
SAC CO-CHAIR		X						0.	0.	0.
										– 000 (2000)

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Form 990 (2023)

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Form 990 (2										76-05	5144	128	Page 8
Part VII	Section A. Officers, Directors, Trus		loye	es,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week	box,	not ch unles	Posi neck i ss per	rson i	than o s both r/trus	ı an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	Estir amo	F) nated unt of her
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	s SC/	compe from organ and r	ensation n the nization related izations
											\neg		
1b Subto	otal					L	L		629,633.		0.	30	,858.
	from continuation sheets to Part VII (add lines 1b and 1c)								0.		0.	30	<u>0.</u> ,858.
2 Total	number of individuals (including but no									000 of reportable	 ;		3
comp												Y	es No
3 Did th	ne organization list any former officer,	director, truste	e, k	ey e	mpl	oye	e, or	hig	hest compensated empl	oyee on			
	a? If "Yes," complete Schedule J for single in the sum of the sum											3	<u> </u>
	elated organizations greater than \$150											4	x
	ny person listed on line 1a receive or a pred to the organization? <i>If</i> "Yes." com											5	x
	. Independent Contractors	plete Scheaule	JTC	or su	<u>cn r</u>	bers	on .				<u></u>	5	21
-	plete this table for your five highest con rganization. Report compensation for t	-	-								oensati	ion from	1
	(A) Name and business	-			<u>y w</u>		<u> </u>		(B) Description of s		C	(C)	ation
BLACKB									DONOR DATABA				
	OX 844827, BOSTON,			01	-	जन		_	ACCOUNTING SU	JPPORT		438	<u>,950.</u>
SUITE	NLARSONALLEN, LLP, <u>300, MINNEAPOLIS, M</u>	N 55402					Τ,		OUTSOURCED ACCOUNTING SI	ERVICES		260	,581.
	LLC DBS CPS EVENTS AZA HOTEL 770 FIFTH					'			GALA VENUE			136	,444.
STAN A	DLER ASSOCIATES, 57	5 EIGHT				,			GRAPHIC DESI				
THE EM	<u>LOOR, NEW YORK, NY</u> MES COMPANY, LLC, 4	01 N. W				TO	N		PRODUCTION SI CLINICAL RESI				<u>,494.</u>
	, SUITE 700, ROCKVI								SERVICES	una dia a		117	<u>,443.</u>
	number of independent contractors (ir 000 of compensation from the organiz	-	ot lim	nited	to 1	thos 5	_	ted	above) who received mo	ore than			

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Ра	rt v	7111			reenon	se or not	a to any lin	e in this Part VIII			
			Check if Schedule O	contains a	a respon	se or note	e to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants	1	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included	ributions) grants, an	1b 1c 1d 1e d		724,608.				36010113 312 - 314
ontr		g ⊾	Noncash contributions included in		1g \$		129,444.	8,303,636.			
0 0		h	Total. Add lines 1a-1f	<u></u>			ness Code	0,303,030.			
Program Service Revenue	2	b c d e f	All other program service	revenue							
	3		Total. Add lines 2a-2f Investment income (include								
	4		other similar amounts) Income from investment of	of tax-exe	mpt bon	d proceed	ds	69,826.			69,826.
	5		Royalties								
	6		Gross rents Less: rental expenses	6a 6b	(i) Real	(11) F	Personal				
			Rental income or (loss)	6c							
	7		Net rental income or (loss Gross amount from sales of assets other than inventory		Securitie 540,33	es (ii)) Other				
Revenue			Less: cost or other basis and sales expenses Gain or (loss)	7b 7c	367,18 173,15						
Jeve			Net gain or (loss)					173,151.			173,151.
Other F	8	а	Gross income from fundraisi including \$ 2, contributions reported on Part IV, line 18 Less: direct expenses	ng events 724 , 608 line 1c). S	(not • of See	<u>8a</u> 2	235,095. 007,146.				
			Net income or (loss) from		-	s		-772,051.			-772,051.
	9		Gross income from gamin Part IV, line 19 Less: direct expenses	-		<u>9a</u> 9b					
			Net income or (loss) from		-	<u></u>					
	10		Gross sales of inventory, and allowances	less retur	ns [10a					
			Less: cost of goods sold		-	10b					
sn	11		Net income or (loss) from			Busir	ness Code				
Miscellaneous Revenue	11	a b				-					
sella		с									
Misc	1		All other revenue								
	40		Total. Add lines 11a-11d					7,774,562.	0.	0.	-529,074.
22000	12		Total revenue. See instructio	JIIS	<u></u>			·, / /±, 302.	۰. ۱	J. J.	Form 990 (2023)

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76-0514428

MELANOMA RESEARCH FOUNDATION Part IX Statement of Functional Expenses

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

Х Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising expenses (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 1,804,954. 1,804,954. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 45,000. 45,000. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 259,561. 41,530. 186,884. 31,147. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,554,847. 1,346,989. 83,416. 124,442. Other salaries and wages 7 8 Pension plan accruals and contributions (include 25,050. 23,977. 1,073. section 401(k) and 403(b) employer contributions) <u>110,3</u>98. 140,817. 17,689. 12,730. Other employee benefits 9 132,100. 101,589. 19,211. 11,300. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 3,408. 3,408. b Legal 304,397. 211,140. 93,257. С Accounting 73,222. 73,222. Lobbying d Professional fundraising services. See Part IV, line 17 е 7,007. 7,007. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 927,937. 818,212. 24,259. 85,466. column (A), amount, list line 11g expenses on Sch 0.) 74,102. 55,913. 11,899. 6,290. Advertising and promotion 12 239,301. 154,868. 55,235. 29,198. Office expenses 13 415,238. 313,472. 76,547. 25,219. Information technology 14 15 Royalties 37,071. 12,214. 201,096. 151,811. 16 Occupancy 243,364. 205,029. 14,057. 24,278. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 86,340. 4. 86,336. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 51,717. 39,022. 8,305. 4,390. Depreciation, depletion, and amortization 22 15,698. 11,851. 2,894. 953. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 58,718. 9,429. 4,984. 44,305. RECOGNITION/AWARDS а 15,585. STAFF DEVELOPMENT 20,266. 2,947. 1,734. h 2,100. 13,079. 9,869. 1,110. MEMBERSHIP DUES С d All other expenses е 6,697,219. 5,460,853. 773,502. 462,864. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

11

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Form 990 (2023)

Assets

Liabilities

Net Assets or Fund Balances

Part X Balance Sheet

Total liabilities and net assets/fund balances

MELANOMA RESEARCH FOUNDATION

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

		Check if Schedule O contains a response or note	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			927,286.	1	22,223.
	2	Savings and temporary cash investments			610,769.	2	71,038.
	3	Pledges and grants receivable, net			1,623,544.	3	3,900,412.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif				-	
		under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9				343,988.	9	269,601.
.	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	738,572.			
	b	Less: accumulated depreciation		524,010.	200,844.	10c	214,562.
.	11	Investments - publicly traded securities			1,216,701.	11	<u>214,562.</u> 1,706,411.
.	12	Investments - other securities. See Part IV, line 1				12	
.	13	Investments - program-related. See Part IV, line 1				13	
.	14	Intangible assets				14	
.	15	Other assets. See Part IV, line 11			1,250,242.	15	1,086,625.
	16	Total assets. Add lines 1 through 15 (must equa			6,173,374.	16	7,270,872.
•	17	Accounts payable and accrued expenses			303,727.	17	416,597.
.	18	Grants payable			1,081,859.	18	1,007,941.
·	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to any current or form	er office	r, director,			
		trustee, key employee, creator or founder, substa	antial co	ntributor, or 35%			
		controlled entity or family member of any of thes	e persor	าร		22	
	23	Secured mortgages and notes payable to unrelate	ted third	parties		23	
1	24	Unsecured notes and loans payable to unrelated	l third pa	arties		24	
1	25	Other liabilities (including federal income tax, pay	ables to	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			1,580,131.	25	1,397,433.
1	26	Total liabilities. Add lines 17 through 25			2,965,717.	26	2,821,971.
		Organizations that follow FASB ASC 958, chee	ck here	X			
		and complete lines 27, 28, 32, and 33.			24.2 4.2.2		1 000 150
1	27			······ -	313,439.	27	1,009,170.
1	28	Net assets with donor restrictions			2,894,218.	28	3,439,731.
		Organizations that do not follow FASB ASC 95	58, chec	k here			
		and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building, or eq				30	
	31	Retained earnings, endowment, accumulated inc	,	······ F		31	4 4 4 0 0 0 1
	32	Total net assets or fund balances		····· -	<u>3,207,657.</u> 6 173 374	32	4,448,901.
	22	Total lightlitics and not accepts/fund holences		1	n 1/4 4//	00	

6,173,374.

33

7,270,872.

Form 990 (2023)

Form	990 (2023) MELANOMA RESEARCH FOUNDATION	76-	0514428	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,774		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,697		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,077	-	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,207		
5	Net unrealized gains (losses) on investments	5	163	3,90	<u>)1.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,448	3,90	<u>)1.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	it		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization

Name of	the organization							identification number
			RCH FOUNDATI					6-0514428
Part I	Reason for Public 0	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The orga	nization is not a private found		•		,			
1	A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	l)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)				
3	A hospital or a cooperative	hospital service orga	anization described in so	ection 170	(b)(1)(A)(ii	i).		
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated fo	or the benefit of a col	llege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
	section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7 X	An organization that norma	Ily receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ie general p	oublic described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
	university:							
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
	activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no i	more than	33 1/3% of its	s support f	rom gross investment
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.
	See section 509(a)(2). (Con	mplete Part III.)						
11	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).		
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to ca	rry out the	purposes of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). (Check the box on
_	lines 12a through 12d that	describes the type or	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
a	Type I. A supporting orga	-	-	• • •	-			
	the supported organization			majority o	f the direc	tors or trustee	es of the su	upporting
_	organization. You must o	complete Part IV, Se	ections A and B.					
b _	Type II. A supporting org	-				•		•
	control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported
	organization(s). You mus	-						
c _	Type III functionally inte						ly integrate	ed with,
	its supported organization		-					
d 🗌	Type III non-functionally						-	
	that is not functionally int	v	• •	•		•	an attentiv	/eness
. [requirement (see instructi							
e _	Check this box if the orga					туре і, туре	ii, Type iii	
f En	functionally integrated, or ter the number of supported of		nany integrated support	ng organiz	ation.			
	ovide the following information	•	d organization(s)					
9 11	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see ir	structions)	support (see instructions)
Total								1

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5777261.	5117283.	6964814.	7217360.	8303636.	33380354.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5777261.	5117283.	6964814.	7217360.	8303636.	33380354.
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)						6740890.
	Public support. Subtract line 5 from line 4.						26639464.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	5777261.	5117283.	6964814.	7217360.	8303636.	33380354.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	6,878.	5,925.	10,450.	26,440.	69,826.	119,519.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	913.	5,037.				5,950.
11	Total support. Add lines 7 through 10						33505823.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	416,718.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, 1	ourth, or fifth tax y	ear as a section 5/	01(c)(3)	
_	organization, check this box and stop						·····
	ction C. Computation of Publi						
	Public support percentage for 2023 (I					14	79.51 %
	Public support percentage from 2022					15	82.27 %
1 6a	33 1/3% support test - 2023. If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the c				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	zation
-	meets the facts-and-circumstances te	-		• • • •	-		
b	10% -facts-and-circumstances test	0				-	10% or
	more, and if the organization meets the						
40	organization meets the facts-and-circu						
18	Private foundation. If the organization	DI UIU NOT CHECK A	box on line 13, 16a	a, 100, 17a, or 17b	o, check this dox a		
						Schedule A	(Form 990) 2023

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Schedule A					FOUNDATION
Part III	Support	: Schedule f	or Organization	is Described i	in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support	1	1		1		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orgai	nization,
	check this box and stop here	<u></u>					
Sec	ction C. Computation of Publ	c Support Per	centage				
15	Public support percentage for 2023 (ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
	Investment income percentage from					18	%
19a	1 33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than (33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported organiza	ation	
b	33 1/3% support tests - 2022. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/	'3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The org	anization qualifies	as a publicly supp	orted organiza	ation
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	his box and see in	structions	
33202	23 12-21-23		16	5		Schee	dule A (Form 990) 2023

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1

2

Yes No

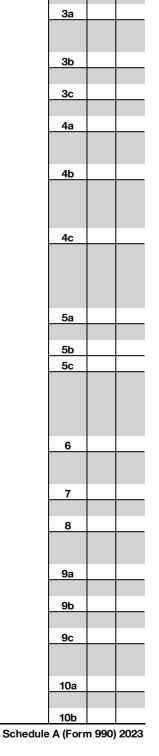
Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in 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 officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
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 s	supporting organization	
Section C. T	pe II Supporti	ng Organizations	

Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1

Section D. All Type III Supporting Organizations	
--	--

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

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

c 🗌		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entit	v (see instruction <u>s)</u>).
-----	--	---	-------------------------	------------------------------------	------------------------------	----

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

3a

Yes No

Schedule A (Form 990) 2023

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Schedule A (Fo	rm 990) 2023
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Schedule A				RESEARC			
Part V	Type III	Non-	 Functionally Integra 	nted 509(a)(3)	Supporting) Organizatio	ons

1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ig trust on l	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

332026 12-21-23

Schedule A (Form 990) 2023

MELANOMA RESEARCH FOUNDATION

76-0514428 Page 7

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Secti	ion D - Distributions			Current Year	
_1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3 3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5		
6	Other distributions (<i>describe in Part VI</i>). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2023 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount		10		
		(i)	(ii)	(iii)	
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023	
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2019				
b	Excess from 2020				
c	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A (For	rm 990) 2023
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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER	
	13.
2020 AMOUNT: \$ 5	,037.
2021 AMOUNT: \$ 0	•
2022 AMOUNT: \$ 0	•
2023 AMOUNT: \$ 0	•
	Schedule A (Form 990) 202

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2023

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

	MELANOMA	RESEARCH	FOUNDATION
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76-0514428

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)



Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>2,045,538.</u>	PersonXPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>328,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>255,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$230,080.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>222,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$168,140.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)

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323452 12-26-23

Employer identification number

76-0514428

Page **2**

	B (Form 990) (2023)			Page 3
Name of o	rganization		Employ	yer identification number
MELAN	OMA RESEARCH FOUNDATION		76	-0514428
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
1	REAL ESTATE			
		\$1,045,5	38.	_11/09/23_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
6	800 UNITS OF UV SHEER			
		\$28,1	40.	03/29/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		

Schedule B (Form 990) (2023)

Schedule I	B (Form 990) (2023)		Page 4
Name of o	organization		Employer identification number
MELAN	OMA RESEARCH FOUNDATION		76-0514428
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in sec	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	Section of the year. (Enter this info. once.)
(a) No.	Use duplicate copies of Part III if additional	space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	· · · · · · · · · · · · · · · · · · ·
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
·		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and $7IP \pm 4$	Relationship of transferor to transferee
		[
323454 12-26	6-23	26	Schedule B (Form 990) (2023)

SCH	IEDU	ILE C

Department of the Treasury

Internal Revenue Service

(Form 990)

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.

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

• Section 527 organizations: Complete Part I-A only.

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

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

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

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

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

Nam	ne of orga	nization				Emplo	oyer identification number
			A RESEARCH FOUND				76-0514428
Pa	art I-A	Complete if the org	anization is exempt und	er section 501(c)	or is a section 52	?7 org	anization.
	Political	a description of the organiz campaign activity expenditu er hours for political campaig					
Pa	art I-B	Complete if the org	anization is exempt und	er section 501(c)((3).		
1	Enter the	e amount of any excise tax i	ncurred by the organization und	der section 4955		\$	
2	Enter the	e amount of any excise tax i	ncurred by organization manag	ers under section 4955	5	\$	
3	If the ore	ganization incurred a section	n 4955 tax, did it file Form 4720	for this year?			Yes No
4a	a Was a c	orrection made?					Yes No
b	lf "Yes,"	describe in Part IV.					
			anization is exempt und		-	. /	. ,
1	Enter the	e amount directly expended	by the filing organization for se	ction 527 exempt func	tion activities	\$	
2	Enter the		zation's funds contributed to ot	-			
						\$	
3			Add lines 1 and 2. Enter here a				
4			1120-POL for this year?				
5			nployer identification number (E ion listed, enter the amount pai		-		
	-		mptly and directly delivered to				
	political	action committee (PAC). If a	additional space is needed, prov	vide information in Part	IV.		
		(a) Name	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2023

LHA 332041 11-06-23

OMB No. 1545-0047

2023 Open to Public Inspection

		SEARCH FOUN			514428 Page 2
Part II-A Complete if the org	anization is exer	npt under sectior	n 501(c)(3) and file	ed Form 5768 (ele	ection under
section 501(h)).					
A Check if the filing organiza	tion belongs to an aff	iliated group (and list ir	n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and shar	e of excess lobbying	expenditures).			
B Check if the filing organiza	tion checked box A a	nd "limited control" pro	ovisions apply.		
	ts on Lobbying Expe litures" means amou	nditures unts paid or incurred.))	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience public opinion (arassroots lobbvina)			
b Total lobbying expenditures to influ		o , o,			
c Total lobbying expenditures (add lii					
d Other exempt purpose expenditure					
e Total exempt purpose expenditure		N .			
f _Lobbying nontaxable amount. Ente	r the amount from th				
If the amount on line 1e, column (a) o	r (b) is: The lot	bying nontaxable am	ount is:		
not over \$500,000,	20% of	the amount on line 1e.			
over \$500,000 but not over \$1,000	,000, \$100,0	00 plus 15% of the exc	ess over \$500,000.		
over \$1,000,000 but not over \$1,50	0,000, \$175,0	00 plus 10% of the exc	ess over \$1,000,000.		
over \$1,500,000 but not over \$17,0	000,000, \$225,0	00 plus 5% of the exce	ss over \$1,500,000.		
over \$17,000,000,	\$1,000	,000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)				
h Subtract line 1g from line 1a. If zero	o or less, enter -0-				
i Subtract line 1f from line 1c. If zero	,				
j If there is an amount other than zer	o on either line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this					Yes No
		eraging Period Under	.,	<i>(</i>),	
(Some organizations the		01(h) election do not ate instructions for li		of the five columns be	elow.
		nditures During 4-Yea			
		haitures During 4- rea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
 Grassroots ceiling amount (150% of line 2d, column (e)) 					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

332042 11-06-23

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		a)	(b)	
of the lobbying activity.			No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	Volunteers?	X			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X	27	E00
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X	77	41	,500.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	x	X	15	700
	Other activities?				<u>,722.</u>
J	Total. Add lines 1c through 1i		x	/ 3	,
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	n 501(c)(5) or sec	tion	
I UI	501(c)(6).		o,, or occ		
				Yes	No
4	Were substantially all (90% or more) dues received nondeductible by members?		1	100	
1 2					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
	t III-B Complete if the organization is exempt under section 501(c)(4), sectio			tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3, is
	answered "Yes."		. ,		
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
с	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions				
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (see	
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.	,,		,	
PAF	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
ΑI	OBBY FIRM IS RETAINED TO ASSIST WITH DEVELOPING, CO	ORDINA	ATING 2	AND	
IMI	LEMENTING AN ALL-ENCOMPASSING ADVOCACY PROGRAM WHIC	CH INCI	LUDES I	BUT IS	
NOT	LIMITED TO FEDERAL FUNDING FOR MELANOMA RESEARCH,	ISSUES	S RELA	TED TO	
ADC	DLESCENTS AND YOUNG ADULTS, PEDIATRIC PATIENTS, RARE	MELAN	IOMA		
SUE	TYPES, ACCESS TO CARE, PREVENTION AND SURVIVORSHIP.				

332043 11-06-23

Schedule C (Form 990) 2023

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Employer identification number

76-0514428

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

MELANOMA RESEARCH FOUNDATION

Par			ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fun	ds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used c	only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose confer	ring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a co	nservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		ization during the tax
	year	, 3 , 3	3
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
			<u> </u>
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations. and enforcing conservation ea	sements during the year
		5	5
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4)(B)	j)
9	In Part XIII, describe how the organization reports conservati		
-	balance sheet, and include, if applicable, the text of the footr		
	organization's accounting for conservation easements.	···· ·· ··· ··· ··· ··· ··· ··· ··· ··	
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8. not to report in its revenue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for pul	· · · ·	
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		e sheet works of
~	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	··· · · · · · · · · · · · · · · · · ·		•
2	If the organization received or held works of art, historical tre		
-	the following amounts required to be reported under FASB A		provide
-		-	\$
	Revenue included on Form 990, Part VIII, line 1		
	For Paperwork Reduction Act Notice, see the Instruction		 Schedule D (Form 990) 2023
	•	5 IUI 1'UI III 330.	Schedule D (FUIII 990) 2023
332051	09-28-23	30	

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Sche		A RESEARCH						76-05			age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Hist	torical Tre	asures, o	r Othe	r Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, chec	k any of the f	ollowing that	t make si	ignificant i	use of its			
	collection items (check all that apply).										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е			0.0						
с	Preservation for future generations										
4	Provide a description of the organization's co	plections and explain	how t	hev further th	e organizatio	on's exer	not purpo	se in Part	XIII.		
5	During the year, did the organization solicit o										
-	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran							Part IV. li	_		
	reported an amount on Form 990, Pa			o ga naaron	anonoroa			,,			
1a	Is the organization an agent, trustee, custodi		liary fo	r contribution	s or other as	sets not	included				
14	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XII							∟		L	
D		and complete the foll	lowing	lable.					Amount		
_							4.		7 arrio arre		
c	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f	Ending balance						. 1 f		7		
	Did the organization include an amount on F						ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete if				,				(-) [heel
		(a) Current year	(d)	Prior year	(c) Two year	rs dack	(d) Three	years back	(e) Four	years	раск
1a	Beginning of year balance	1,582,886.		692,547.							
b	Contributions	2,347,210.		900,391.		5,488.					
С	Net investment earnings, gains, and losses	296,747.		-7,352.	-3	3,941.					
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs			2,700.							
f	Administrative expenses										
g	End of year balance	4,226,843.	1	1,582,886.	692	2,547.					
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment	67.7500	%		•						
b	Permanent endowment 32.2500	%	_								
с		%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse		tion th	at are held ar	d administer	ed for th	ne				
	organization by:								Γ	Yes	No
	(i) Unrelated organizations?								3a(i)		x
									3a(ii)		x
h	If "Yes" on line 3a(ii), are the related organization of the second seco								3b		
4	Describe in Part XIII the intended uses of the								00		<u> </u>
Par	t VI Land, Buildings, and Equipm	ŭ	MILIEII	lunus.							
	Complete if the organization answere		Part I	V line 11a S	ee Form 990	Part X	line 10				
	Description of property	(a) Cost or of		Ť.	or other			ad			
	Description of property	basis (investr		(b) Cost basis			ccumulate preciation		(d) Book	valu	е
4 -	Land		iony	04315		ue	preclation				
	Land			+							
	Buildings			1 7	0 600		70 0	<u> </u>	0.0	<u> </u>	1 5
	Leasehold improvements				0,608.		72,3				$\frac{45}{70}$
	Equipment				3,413.		<u>301,5</u>				70.
	Other				4,551.		150,1	04.		-	<u>47.</u>
Tota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part)</u>	X. line '	<u>10c. column</u>	<u>(B))</u>					-	62.
								Schedule	D (Form	990)	2023

332052 09-28-23

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.		11. Out From 000 Datk V line 10	
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) RIGHT OF USE ASSET - OPERA	ATING		1,086,625.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col	<u>. (B))</u>		1,086,625.
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			1 207 422
(2) OPERATING LEASE LIABILITY			1,397,433.
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
(7)(9)			
(8)			
(9) Total (Column (b) must equal Form 000 Port X line 25, each			1,397,433.
Total. (Column (b) must equal Form 990, Part X, line 25, col 2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions. In Part XIII, provide			
			edule D (Form 990) 2023

332053 09-28-23

 Schedule D (Form 990) 2023
 MELANOMA
 RESEARCH
 FOUNDATION

 Part VII
 Investments - Other Securities
 FOUNDATION

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.									
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year							
(1) Financial derivatives									
(2) Closely held equity interests									
(3) Other									
(A)									
(B)									
(C)									
(D)									
(E)									

Sche	dule D (Form 990) 2023 MELANOMA RESEARCH FOUNDATIC	N		76-0	0514428	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts Witl	h Revenue per Re			6
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	- · · · · · · · · · · · · · · · · · · ·			1	9,853,	975.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	163,901.			
b	Donated services and use of facilities		915,373.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		1,007,146.			
е	Add lines 2a through 2d			2e	2,086,	420.
3	Subtract line 2e from line 1			3	7,767,	555.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,007.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c	7,	007.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,774,	562.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expenses per F	Returr	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	8,612,	731.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	915,373.			
b	Prior year adjustments	2b				
с	Other losses					
d	Other (Describe in Part XIII.)		1,007,146.			
е	Add lines 2a through 2d			2e	<u>1,922,</u> 6,690,	519.
3	Subtract line 2e from line 1			3	6,690,	212.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,007.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c	, 7 , 6,697	007.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,697,	219.
Pa	t XIII Supplemental Information					
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1	b and 2b; Part V, line 4	; Part >	K, line 2; Part X	l,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	tional info	ormation.			

PART V, LINE 4:

MRF	ENDOWMENT	ACCOUNT	EXPENDITURES	will	COINCIDE	WITH	THE	SAME	MISSION
-----	-----------	---------	--------------	------	----------	------	-----	------	---------

STATEMENTS AS THE ORGANIZATION. THE CORPUS OF THE ENDOWMENT FUND,

COMPRISED OF THE ORIGINAL GIFT(S) AND ANY SUBSEQUENT GIFTS TO THE FUND, IS

TO BE HELD IN PERPETUITY AND MAINTAINED AT THE LEVEL OF THE GIFTS MADE TO

THE FUND.

PART X, LINE 2:

THE FOUNDATION PERFORMED AN EVALUATION OF UNCERTAINTY IN INCOME TAXES FOR

THE YEAR ENDED MARCH 31, 2024, AND DETERMINED THAT THERE WERE NO MATTERS

33

THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY

HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

332054 09-28-23

Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSE	1,007,146.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSE	1,007,146.
	Schedule D (Form 990) 202

332055 09-28-23

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivit	ies	OMB No. 1545-0047	
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the						r if the	2023	
Department of the Treasury	organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.								
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection		
						Employer ide 76-0514	entification number		
Part I Fundrais		Complete if the organization answe		es" or	Form 990 Part IV li				
	complete this part		iou i						
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations f Solicitation of non-government grants c Phone solicitations g Special fundraising events d In-person solicitations 2 a 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? b 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. 									
(i) Name and address of individual or entity (fundraiser)		(ii) Activity		Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)		(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total									
 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. 									

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

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

			(a) Event #1	(b) Event #2 MILES FOR MELANOMA	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	1,556,542.	1,403,161.		2,959,703
	2	Less: Contributions	1,464,992.	1,259,616.		2,724,608
	3	Gross income (line 1 minus line 2)	91,550.	143,545.		235,095
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	8,869.	140,975.		149,844
	7	Food and beverages	221,596.	8,136.		229,732
		Entertainment		10,346. 290,958.		<u>99,067</u> 528,503
l		Other direct expenses Direct expense summary. Add lines 4 throug		•		1,007,146
L						-772,051
	rt I					,
		\$15,000 on Form 990-EZ, line 6a.				
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (a
	1	Gross revenue				
	2	Cash prizes				
		Noncash prizes				
	4	Rent/facility costs				
L						
	5	Other direct expenses				
		Other direct expenses	│ Yes% │ No	☐ Yes% ☐ No	└── Yes % └── No	
	6		No		No	
	6 7	Volunteer labor	h 5 in column (d)	No No	No	
	6 7 8	Volunteer labor Direct expense summary. Add lines 2 throug	No gh 5 in column (d) 7 from line 1, column (d)	No No	<u>No</u>	

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

332082 09-13-23

Schedule G (Form 990) 2023

Schedu	ule G (Form 990) 2023	MELANOMA	RESEARCH FOUNDATION 76-	0514428	Page 3
11 D	oes the organization conduct ga	aming activities with	nonmembers?	Yes	No
			a trust, or a member of a partnership or other entity formed		
to	administer charitable gaming?			Yes	No No
	dicate the percentage of gamin				
a Th	ne organization's facility			13a	%
b A	n outside facility			13b	%
			res the organization's gaming/special events books and records:		
N	ame				
A	ddress				
				—]	<u> </u>
15a D	oes the organization have a cor	tract with a third pa	rty from whom the organization receives gaming revenue?	Ves	└── No
	"Yes," enter the amount of gam				
	f gaming revenue retained by th				
c If	"Yes," enter name and address	of the third party:			
N	ame				
_					
A	ddress				
40 0					
16 G	aming manager information:				
N	ame				
0	aming manager companyation	¢			
G	aming manager compensation	\$			
D	escription of services provided				
D	escription of services provided				
-					
-					
	Director/officer	Employee	Independent contractor		
17 M	landatory distributions:				
		r state law to make	charitable distributions from the gaming proceeds to		
	tain the state gaming license?			Yes	No No
	• •		e law to be distributed to other exempt organizations or spent in the	•	
or	rganization's own exempt activit	ties during the tax y	ear \$		
Part	IV Supplemental Infor	mation. Provide	he explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Also p	ovide any additional information. See instructions.		
				L.L. C /F	000) 000-
332083 (09-13-23		37	dule G (Form	990) 2023

Part IV	Supplemental Information (cor	tinued)	
			Schedule G (Form 990)

SCHEDULE I (Form 990)	Go	Frants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury	Comp		Attach to Form				Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest inform	ation.		Inspection
Name of the organization MELANOMA	RESEARCH I	FOUNDATION					Employer identification number $76-0514428$
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?						on XYes No
Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if additi	onal space is need	ed.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF TEXAS MD							
ANDERSON CANCER CENTER - 1515							
HOLCOMBE BLVD, UNIT 1697 -							TO SUPPORT MELANOMA
HOUSTON, TX 77030	31-6025986	501(C)(3)	300,000.	0.			CANCER RESEARCH
H. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE, INC 12902 MAGNOLIA DRIVE - TAMPA, FL 33612	59-2451713	501(C)(3)	250,000.	0.			TO SUPPORT MELANOMA CANCER RESEARCH
	55 1151/15	501(0)(0)		.			
SCHEPENS EYE RESEARCH INSTITUTE, INC. – 20 STANIFORD STREET – BOSTON, MA 02114	59-2451713	501(C)(3)	250,000.	0.			TO SUPPORT MELANOMA CANCER RESEARCH
DANA-FARBER CANCER INSTITUTE, INC 450 BROOKLINE AVENUE, BP418 BOSTON, MA 02215	91-1935159	501(C)(3)	200,000.	0.			TO SUPPORT MELANOMA CANCER RESEARCH
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI – 1 GUSTAVE L. LEVY PLACE, BOX 1075 – NEW YORK, NY 10029-6574	04-2263040	501(C)(3)	200,000.	0.			TO SUPPORT MELANOMA CANCER RESEARCH
SANFORD BURNHAM PREBYS MEDICAL							
DISCOVERY INSTITUTE - 10901 NORTH							
TORREY PINES ROAD - LA JOLLA, CA							TO SUPPORT MELANOMA
92037	13-6171197	501(C)(3)	200,000.	0.			CANCER RESEARCH
2 Enter total number of section 501(c)(3) a	nd government org	ganizations listed in th	e line 1 table				
3 Enter total number of other organizations	s listed in the line 1	I table					

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

Schedule I (Form 990) 2023

MELANOMA RESEARCH FOUNDATION Schedule I (Form 990) Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

Т

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE OHIO STATE UNIVERSITY 901 WOODY HAYES DRIVE COLUMBUS, OH 43210	51-0197108	501(C)(3)	200,000.	0.			TO SUPPORT MELANOMA CANCER RESEARCH
MEMORIAL SLOAN KETTERING CANCER CENTER - P.O. BOX 27106 - NEW YORK, NY 10087-7106	13-1924236	501(C)(3)	100,000.	0.			TO SUPPORT MELANOMA CANCER RESEARCH
FRED HUTCHINSON CANCER CENTER P.O. BOX 19024 SEATTLE, WA 98109	59-2451713	501(C)(3)	100,000.	0.			TO SUPPORT MELANOMA CANCER RESEARCH
NATIONAL COMPREHENSIVE CANCER NETWORK FOUNDATION - 3025 CHEMICAL ROAD SUITE 100 - PLYMOUTH MEETING, PA 19462	27-1536314	501(C)(3)	10,000.	0.			TO SUPPORT MELANOMA CANCER RESEARCH

Schedule I (Form 990)

76-0514428 Page 1

Schedule I (Form 990) 2023

MELANOMA RESEARCH FOU	JNDATION
-----------------------	----------

76-0514428

Page 2

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

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
15	45,000.	0.		
	recipients	recipients cash grant	recipients cash grant cash assistance	

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:

THE MRF'S SCIENTIFIC LEADERSHIP IS COMPRISED OF MULTIDISCIPLINARY EXPERTS

IN BASIC AND TRANSLATIONAL RESEARCH, DERMATOLOGY, EPIDEMIOLOGY, GENOMICS,

PATHOLOGY, SURGERY AND MEDICAL ONCOLOGY. MEMBERS OF ALL OUR ADVISORY/

STEERING COMMITTEES ARE VOLUNTEERS THAT ASSIST IN PROVIDING THE SCIENTIFIC

DIRECTION OF THE MRF.

sc	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	7 2	
	-	Compensated Employees		20	ZJ)
Deres		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	rtment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	ne of the organization	1	Employer	identificatio	on nui	mber
		MELANOMA RESEARCH FOUNDATION	76-0	051442	8	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate 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.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)			
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or p	rovision 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 office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3		ly, of the following the organization used to establish the compensation of the organization's				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
		tion of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
	·	ompensation consultant				
	Form 990 of o	ther organizations	ommittee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
_	organization or a re			4.		x
a L		e payment or change-of-control payment?				X
b	-	eive payment from a supplemental nonqualified retirement plan?		4 -		X
C	•	erve payment from an equity-based compensation arrangement?		40		- 23
	II TES to any of III	es 4a°C, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
5	contingent on the r					
а	•			5a		x
		ation?				X
		r 5b, describe in Part III.				
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
-	contingent on the n					
а	•			6a		X
b		ation?				X
		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;			
	-	es 5 and 6? If "Yes," describe in Part III		7	Х	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	-			8		x
9		d the organization also follow the rebuttable presumption procedure described in				
_		53.4958-6(c)?	<u></u>	9		
For		on Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	2023

LHA 332111 11-06-23

Schedule J (Form 990) 2023

Page 2

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KYLEIGH LIPIRA	(i)	321,485.	15,000.	0.	9,597.	1,599.	347,681.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAMES MERRICK	(i)	163,962.	14,500.	0.	0.	8,755.	187,217.	0.
CHIEF COMMUNICATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Part III Supplemental Information

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

PART I, LINE 7:

DURING THE YEAR ENDED DECEMBER 31, 2023, KYLEIGH LIPIRA, CEO, RECEIVED A

BONUS PAYMENT IN THE AMOUNT OF \$15,000 BASED ON HER PERFORMANCE. JAMES

MERRICK, CHIEF COMMUNICATIONS OFFICER, ALSO RECEIVED A BONUS OF \$14,500.

Schedule J (Form 990) 2023

LHA 332131 11-06-23

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

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

Name of the organization

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Part I

MELANOMA RESEARCH FOUNDATION 76-051 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990. Part IV. line 25a or 25b; or Form 990-EZ. Part V. line 40b.

1		(b) Relationship between disqualified		(d) Cori	rected?
	(a) Name of disqualified person	person and organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurred by	the organization managers or disqualifie	d persons during the year under		
	section 4958		\$		
3	Enter the amount of tax, if any, on I	ine 2, above, reimbursed by the organiza	tion \$		

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization

reported an amo	ount on Form 990,											
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	oan to or om the hization? (e) Original principal amount		(f) Balance due	(g) In default?		(h) Approved by board or committee? (i) Wi agreer		ritten nent?	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
_(7)												
(8)												
(9)												
(10)												
Total					\$							

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number 76-0514428

Schedule L (Form	990)	2023
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MELANOMA RESEARCH FOUNDATION

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person		ationship betw son and the o	veen interested rganization	(c) Amount of transaction	1	(d) Description of transaction		(e) Sha organiz rever	
								Yes	No
(1) STAN ADLER ASSOCIATES	STAN	ADLER,	BOARD M	135,497.	MRF	PAID	Α		Х
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
Part V Supplemental Information									

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: STAN ADLER ASSOCIATES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

STAN ADLER, BOARD MEMBER, IS ALSO THE CHAIR AND FOUNDER OF THE ASSOCIATES

(D) DESCRIPTION OF TRANSACTION: MRF PAID A RETAINER FEE TO THE

ASSOCIATES FOR GRAPHIC DESIGN AND MARKETING SERVICES.

Schedule L (Form 990) 2023

332132 11-30-23

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

20

Employer identification number

76 - 0514428

23

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 for instructions and the latest information.

Name of the organization

MELANOMA RESEARCH FOUNDATION

Pai	t I Jypes of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	tion an	nounts	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	4	55,766.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial	Х	1	1,045,538.	FMV			
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (<u>UV SUN SCREEN</u>)	Х	1	28,140.	FMV			
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz		, ,					
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement		r		
					1		Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ich isn't required to be used	for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	•	•	•	ions?	31	X	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	a type of property	/ for which column (a) is cheo	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Schedule M (Form 990) 2023 MELANOMA RESEARCH FOUNDATION Part II Supplemental Information. Provide the information required by Par

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):

THIS COLUMN REPRESENTS THE NUMBER OF ACTUAL CONTRIBUTIONS, NOT THE

NUMBER OF ITEMS CONTRIBUTED.

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



76-0514428

MELANOMA RESEARCH FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MELANOMA COMMUNITY.

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

RESEARCH INFORMATION.

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

THE OUTSOURCED ACCOUNTING FIRM AND THE CHIEF EXECUTIVE OFFICER REVIEW THE

FEDERAL FORM 990 PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. UPON

SUBMISSION OF THE FINAL DRAFT, THE FORM 990 IS DISTRIBUTED TO THE BOARD OF

DIRECTORS AND THE FINANCE COMMITTEE FOR THEIR REVIEW PRIOR TO FILING WITH

THE INTERNAL REVENUE SERVICE.

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

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY TO ALL MEMBERS OF THE BOARD OF DIRECTORS, KEY PERSONNEL, AND COMMITTEE MEMBERS. EACH RECIPIENT OF THE POLICY RETURNS A SIGNED AND DATED RESPONSE FORM INDICATING THEY REVIEWED THE POLICY WHILE NOTING IF ANY CONFLICTS EXIST. FOLLOWING THE FULL DISCLOSURE OF A POSSIBLE CONFLICT OF INTEREST DURING THE YEAR, THE BOARD OF DIRECTORS WILL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND THE BOARD MEMBER WITH THE POSSIBLE CONFLICT WILL RECUSE HIMSELF OR HERSELF FROM THE DISCUSSION AND VOTE.

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

COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER IS DETERMINED IN THE EXECUTIVE

 SESSION OF A BOARD OF DIRECTORS MEETING AND IS BASED UPON COMPARABLE SALARY

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

 LHA
 332211 11-14-23

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Schedule O (Form 990) 2023	Page
Name of the organization MELANOMA RESEARCH FOUNDATION	Employer identification number 76-0514428
DATA. THE BOARD OF DIRECTORS CONVENES AN AD HOC COMPENSATI	ON COMMITTEE THAT
CONTRACTED WITH AN OUTSIDE EXPERT IN SALARY EVALUATION. AF	PROPRIATE
ADJUSTMENTS ARE MADE TO ENSURE THAT MRF SALARIES ARE IN KE	EPING WITH BEST
PRACTICES. THE LAST COMPENSATION REVIEW FOR THE EXECUTIVE	DIRECTOR WAS
CONDUCTED IN 2023.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MS, N	IC, ND, NH, NJ, NM, NY
OH, OK, OR, PA, RI, UT, VA, WA, WI, WV, TN, SC	
FORM 990, PART VI, SECTION C, LINE 19:	
MRF'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AN	ID FINANCIAL
STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	696,742.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	71,885.
TOTAL EXPENSES	768,627.
WEB DESIGN:	
PROGRAM SERVICE EXPENSES	54,312.
MANAGEMENT AND GENERAL EXPENSES	11,559.
FUNDRAISING EXPENSES	6,110.
TOTAL EXPENSES	71,981.
RECRUITING:	
32212 11-14-23	Schedule O (Form 990) 20

332212 11-14-23

Schedule O (Form 990) 2023 Name of the organization MELANOMA RESEARCH FOUNDATION	Employer identification number 76-0514428
PROGRAM SERVICE EXPENSES	53,911.
MANAGEMENT AND GENERAL EXPENSES	10,195.
FUNDRAISING EXPENSES	5,997.
TOTAL EXPENSES	70,103.
PAYROLL FEES:	
PROGRAM SERVICE EXPENSES	13,247.
MANAGEMENT AND GENERAL EXPENSES	2,505.
FUNDRAISING EXPENSES	1,474.
TOTAL EXPENSES	17,226.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	927,937.
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