See a Social Security Number? Say Something!
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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

A For 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
AIM AT MELANOMA

Number & street (or P.O. box, if mail is not delivered to street addr) Room/ suite
3040 Cutting Boulevard

City or town, state or country, and ZIP + 4
Richmond CA 94804

D Employer identification number
56-2427805

E Telephone number
(415)305-0060

F Group Exemption Number. ▶

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶WWW.AIMATMELANOMA.ORG

J Tax-exempt status (check only one) -- ☒ 501(c)(3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check▶ ☐ if organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF).

K Check▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ . . ▶ $ 579,326

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	578,361
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	965
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming,** check here▶ ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) 6a		
	b	Less direct expenses other than fundraising expenses 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶ _____)	8	
	9	**Total revenue.** All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	579,326
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	191,077
	13	Professional fees and other payments to independent contractors	13	81,475
	14	Occupancy, rent, utilities, and maintenance	14	25,043
	15	Printing, publications, postage, and shipping	15	20,303
	16	Other expenses (describe ▶ See attachment #1)	16	359,189
	17	**Total expenses.** Add lines 10 through 16 ▶	17	677,087
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-97,761
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	375,332
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	277,571

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395 AUG 16 2010 IRS-OSC
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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	367,320	22	271,054
23	Land and buildings		23	
24	Other assets (describe ▶ See attachment #2)	10,256	24	9,362
25	**Total assets**	377,576	25	280,416
26	**Total liabilities** (describe ▶ See attachment #3)	2,244	26	2,845
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	375,332	27	277,571

For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions. Form **990-EZ** (2009)

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18

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? STATEMENT ATTACHED

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, & other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 See attachment #4

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ 28a 300,272

29

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) . . . . ▶ 32 300,272

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instr. for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See attachment #5				

Part V Other Information (Note the statement requirements in the instructions for Part V)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ CA			
42a	The organization's books are in care of ▶ See attachment #6 Telephone no ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country. ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country. ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** -- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See attachment #7				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None"

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 ▶

Sign Here

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

▶ Signature of officer — Date: 8/13/10

▶ VICKI GUND
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ X	Preparer's identifying no. (See instr)
	08-11-2010		

Firm's name (or yours if self-employed), address, and ZIP + 4: CHARLES M MOCHE CPA, 2050 CENTER AVE STE 650, Fort Lee, NJ 07024

EIN ▶

Phone no ▶ 201-947-0007

May the IRS discuss this return with the preparer shown above? See instructions ▶ X Yes | No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	**Employer identification number**
AIM AT MELANOMA	56-2427805

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 [ ] An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a [ ] Type I b [ ] Type II c [ ] Type III-Functionally integrated d [ ] Type III-Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box . . . . . [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		X
(ii) A family member of a person described in (i) above?	11g(ii)		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		X

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	120608	251420	672000	531712	578361	2154101
2 Tax revenues levied for the organization'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	120608	251420	672000	531712	578361	2154101
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)						
6 **Public support.** Subtract line 5 from line 4.						2154101

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	120608	251420	672000	531712	578361	2154101
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				3854	965	4819
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						2158920

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.78 %
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	%

16a **33 1/3 % support test -- 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3 % support test -- 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test -- 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test -- 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension -- check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return See instructions.	Name of Exempt Organization	**Employer identification number**
	AIM AT MELANOMA	56-2427805
	Number, street, and room or suite no. If a P.O box, see instructions 3040 Cutting Boulevard	
	City, town or post office, state, and ZIP code For a foreign address, see instructions Richmond CA 94804	

Check type of return to be filed (file a separate application for each return)

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ See attachment #6

Telephone No ▶ _____ FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . . . . ▶ [ ] If it is for part of the group, check this box . . . . ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15 , 20 10 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ [X] calendar year 20 09 or

▶ [ ] tax year beginning _____ , 20 ___ , and ending _____ , 20 ___

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	**3a**	$	0
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit.	**3b**	$	0
c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	**3c**	$	0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev. 4-2009)

aim at melanoma
form 990 schedule A

organization	2005	2006	2007	2008	2009
james schlipmann		25,000	60,000		
medimmune	20,000	75,000	45,000		
astrazeneca		40,000	120,000		22,500
schering plough		65,000	65,000		
genta	30,000				
thomson	65,000				
synta			45,000	78,500	
roche			10,000		45,000
abbott			5,000	45,000	45,000
pfizer		40,000	313,500	45,000	
bristol myers squibb				293,212	159,000
novartis				45,000	45,000
delcath				20,000	
sciclone					22,500
eisai					45,000
wellness					8,000
total	115,000	245,000	663,500	526,712	392,000

SCHEDULE OF OTHER ASSETS

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 24

Open to Public Inspection

For calendar year 2009 or tax period beginning , and ending .

Name of Organization
AIM AT MELANOMA

Employer Identification Number
56-2427805

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
OFFICE EQUIPMENT	10,256	9,362	
Totals	10,256	9,362	

SCHEDULE OF OTHER LIABLILITIES

Attachment 3: page 1 - 990-EZ Page 1, Part II, Line 26

Open to Public Inspection

For calendar year 2009 or tax period beginning , and ending

Name of Organization
AIM AT MELANOMA

Employer Identification Number
56-2427805

Description of Liability	Beginning of Year	End of Year
PAYROLL TAXES	2,244	2,845
Totals	2,244	2,845

SCHEDULE OF OTHER EXPENSES

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection

For calendar year 2009 or tax period beginning , and ending

Name of Organization	Employer Identification Number
AIM AT MELANOMA	56-2427805

Description of Other Expenses	Amount
FUNDRAISING EXPENSES	41,146
ADMINISTRATION	21,535
CONFERENCE SYMPOSIUM AND TRAVEL	151,207
WEBSITE	145,301
Total	359,189

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending .

Name of Organization	Employer Identification Number
AIM AT MELANOMA	56-2427805

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	300,272

Exempt Purpose Achievements

STATEMENT ATTACHED

ACCOMPLISHMENTS IN 2009

Aim sponsored two International Melanoma Working Group (IMWG) meetings – one in Virginia and one in Berlin. These meeting brought together melanoma experts from around the globe and from all spectrums of the disease to discuss new innovations in melanoma treatment and research for the CURE.

AIM launched a comprehensive website providing information on the prevention, diagnosis, treatment, and follow-up of melanoma. The site also provides Breaking News articles in the world of melanoma.

AIM established a Nurse-On-Call for patients, caregivers, and the general public. The Nurse-On-Call is available to answer questions regarding early detection, diagnosis, treatment, and follow-up of melanoma.

AIM partnered with EmergingMed to offer a Clinical Trials Matching Service for patients to find a trial that is right for them.

AIM introduced indoor tanning legislation to regulate minors' use in 24 states.

AIM distributed 50,000 brochures to major melanoma centers around the country.

AIM AT MELANOMA

Aim for Answers Aim for Action Aim for a Cure

www.aimatmelanoma.org

Mission and Goals

Mission

To increase support for melanoma research, to promote prevention and education among the general public and medical professionals, and to provide comprehensive and easily accessible melanoma resources for patients, survivors, and caregivers.

Goals

Promote Scientific Research

- Create a tissue bank that will collect and provide samples of primary tumor tissue for study and to find the causes of disease
- Convene a biannual international think tank, composed of scientists and experts in melanoma, working with the pharmaceutical industry, to look for innovative ways to move research forward faster
- Establish melanoma "centers of excellence" for leading scientific and epidemiological research

Support for Patients & Caregivers

- Educate patients/caregivers about all aspects of the disease
- Empower and enable patients/caregivers to start support groups within their own communities
- Influence unhealthy behaviors and promote the use of sunscreens, protective clothing, shade, and the avoidance of tanning salons

Federal Legislative Policy

- Lobby to mandate sun safety education for the military and for all federal outdoor workers, and provide the appropriate personal protective equipment, including sunscreen at no charge

State Legislative Policy

- Lobby for stricter regulation of tanning salons -- raise minimum age and require in-person parental permission for all minors
- Mandate sun safety education for grades K through 12 and for all state outdoor workers
- Permit children to bring/apply sunscreen at school without a doctor's permission and to wear hats during outdoor activities
- Include skin exams on all school physical forms
- Construct outdoor shade structures in all new school facilities
- Mandate sunscreen and sun protective clothing for all outdoor state workers

For Healthcare Professionals

- Educate all primary care physicians in their first year of residency on the detection of skin lesions for mole mapping of high-risk patients
- Aid in administration of insurance reimbursements for skin exams for high-risk patients
- Bring together interested dermatologists, oncologists, epidemiologists, and public health officials to assess current care for melanoma today and possibilities for future care

AIM AT MELANOMA

Aim for Answers Aim for Action Aim for a Cure

www.aimatmelanoma.org

AIM FOR ANSWERS

A melanoma diagnosis can lead to many unanswered questions Aim for Answers makes finding the right information easier, by providing patients caregivers and family members with everything they need to know about melanoma

AIM at Melanoma would like to thank Dr John Kirkwood and www.melanomacenter.org for providing a large portion of the scientific content and his dedication to fighting this disease

About Melanoma

Get the facts on melanoma—where it occurs how it develops and how you can recognize it

Risk Factors

Know your risk factors so you can take steps to reduce your chances of developing melanoma

Prevention & Early Detection

Learn vital information about UV protection and how to spot the early signs of melanoma

Path to Getting a Diagnosis

Find out what procedures and tests are recommended and how they help your doctor establish your stage of melanoma and treatment options

Stages of Melanoma

Learn about your melanoma stage how it is determined and what this means for your treatment plan and expectations for the future

Finding the Right Doctor

Search for a melanoma specialist or designated NCI center near you

What to Ask Your Doctor

Whatever your diagnosis or stage of melanoma find the appropriate questions to ask your healthcare professional

Treatment of Melanoma

Treatments are available for all patients with melanoma Find out about the ones that may be right for you

Clinical Trials

Find out about clinical trials-what they are why they re important and whether you are eligible to participate in one

Guide to Finding Reliable Information

See how to assess the information you gather about melanoma so you can rely on it being credible and trustworthy

Patient & Caregiver Support

Discover support and resources available for dealing with a melanoma diagnosis

Moving On After Treatment

Learn about life after melanoma and what kind of follow-up is essential to your future health

Frequently Asked Questions

Get answers to the most commonly asked questions about melanoma

AIM AT MELANOMA

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AIM FOR ACTION

Reach out to others with melanoma, share your thoughts learn from others experiences or get involved at any level you choose

Inspiration for AIM at Melanoma

See what inspired the foundation and its commitment to the melanoma community

About AIM at Melanoma

Find out about our mission to support melanoma research prevention, and education

Melanoma Discussion

Share your problems, triumphs, and questions with our online melanoma community

Patient & Caregiver Symposiums

AIM at Melanoma hosts educational symposiums around the country

Survivor Stories

Read real stories and learn from the experiences of survivors who share their melanoma journeys

Get Involved

Become a volunteer start your own fundraiser get active in public policy or support our efforts

Participate in a Fundraiser

Have fun and help raise money for melanoma research and education

Memorial Wall

Write a lasting memorial to your loved one and we will post it on our website

AIM AT MELANOMA

Aim for Answers Aim for Action Aim for a Cure

www.aimatmelanoma.org

AIM FOR A CURE

We are committed to the future and to the goal of finding a cure Find information here on important projects and their progress as well as access to the latest research and developing treatments including new and ongoing clinical trials

Melanoma in the News

Keep up to date with the latest in melanoma news and information

Developing Research

Find out about new research projects that are already in progress and learn about the "think tank" of melanoma experts committed to creating and assessing projects and programs that may lead to new treatments, and eventually a cure, for melanoma

Ongoing Legislation

See the progress that has been made in regulating the use of tanning devices by minors and increasing awareness of the risks of UV exposure

Screening & Prevention Programs

Discover how promoting training programs, such as teaching medical students to do routine skin checks, increases skin health awareness and can lead to melanomas being found at an earlier stage

Share Your Opinion

Express your views on melanoma-related subjects

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 5: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending .

Name of Organization AIM AT MELANOMA

Employer Identification Number 56-2427805

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
VALERIE GUILD 3040 CUTTING BLVD Richmond, CA 94804	DIRECTOR AND PRESIDENT 50.00	117,820	13,052	0
RENU GUPTA 3040 CUTTING BLVD Richmond, CA 94804	DIRECTOR 5.00	0	0	0
HOWARD MAIBACH 3040 CUTTING BLVD Richmond, CA 94804	DIRECTOR 5.00	0	0	0
MOHAMMED KASHANI 3040 CUTTING BLVD Richmond, CA 94804	DIRECTOR 5.00	0	0	0

BOOKS ARE IN CARE OF

Attachment 6 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending .

Name of Organization	Employer Identification Number
AIM AT MELANOMA	56-2427805

Part V - Line 42a

Individual Name

or

Business Name

AIM AT MELANOMA

Street Address 3040 CUTTING BOULEVARD

U S Address:

Zip code 94804 City Richmond State CA

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (415)305-0060

Fax Number

FIVE HIGHEST COMPENSATED EMPLOYEES

Attachment 7: page 1 Schedule A Page 1, Part I

Open to Public Inspection | For calendar year 2009 or tax period beginning , and ending .

Name of Organization AIM AT MELANOMA

Employer Identification Number 56-2427805

Part VI Five Highest Compensated Employees Other Than Officers, Directors, and Trustees and Key Employees

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl benefit plans & deferred compensation	(e) Expense account and other allowances
VALERIE GUILD 3040 CUTTING BLVD Richmond, CA 94804	PRESIDENT 50.00	117,820	13,052	0

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2009

Attachment Sequence No. **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
AIM AT MELANOMA	FOR FORM 990-EZ LINE 14	56-2427805

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	$250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	$800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	250,000

6	(a) Description of property	(b) Cost (busn. use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	250,000
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,638

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B -- Assets Placed In Service During 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C -- Assets Placed In Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions	22	2,638
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

2009 Federal Depreciation Schedule

AIM AT MELANOMA
56-2427805

08-11-2010

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
Form 990-EZ Line 14										
FURNITURE & FIXTURES	07-01-07	S/L	7	9,813	0	0	0	9,813	3,805	1,402
EQUIPMENT	04-01-08	S/L	5	3,346	0	0	0	3,346	669	669
COMPUTER	12-31-08	S/L	5	1,964	0	0	0	1,964	393	393
COMPUTER	07-01-09	S/L	5	1,744	0	0	0	1,744	0	174
4 Assets			Totals	16,867	0	0	0	16,867	4,867	2,638
4 Assets			Grand Totals	16,867	0	0	0	16,867	4,867	2,638

* Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction

STATEMENT #1 - Salaries, Other Compensations (990-EZ PG 1 Line 12)

PAYROLL	157,568	
PAYROLL TAXES	13,428	
EMPLOYEE BENEFITS	20,081	
TOTAL CARRIED TO 990-EZ PG 1 Line 12		191,077

2009 ADDITIONAL DETAIL STATEMENTS

AIM AT MELANOMA
56-2427805

FORM 990-EZ PG 1 LINE 14 DETAIL STATEMENT

FORM 4562	2,638