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Form **990**Department of the Treasury  
Internal Revenue Service**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)

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

OMB No. 1545-0047

**2009**Open to Public  
Inspection**A For the 2009 calendar year, or tax year beginning****and ending****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****THE MULTIPLE MYELOMA RESEARCH FOUNDATION, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**383 MAIN AVE.**

Room/suite

**5TH FL**

City or town, state or country, and ZIP + 4

**NORWALK, CT 06851****F Name and address of principal officer. KATHY GUISTI****SAME AS C ABOVE****D Employer identification number****06-1504413****E Telephone number****203-972-1250****G Gross receipts \$****22,110,476.****H(a) Is this a group return for affiliates?**☐ Yes ☒ No**H(b) Are all affiliates included?**☐ Yes ☐ No

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

**H(c) Group exemption number ▶****I Tax-exempt status** ☒ 501(c) ( **3** ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website: ▶ WWW.MULTIPLEMYELOMA.ORG****K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation: 1997 M State of legal domicile: CT****Part I Summary****1** Briefly describe the organization's mission or most significant activities **THE MISSION OF THE MMRF IS TO RELENTLESSLY PURSUE INNOVATIVE MEANS THAT ACCELERATE THE DEVELOPMENT****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a)**3 19****4** Number of independent voting members of the governing body (Part VI, line 1b)**4 18****5** Total number of employees (Part V, line 2a)**5 27****6** Total number of volunteers (estimate if necessary)**6 10****7a** Total gross unrelated business revenue from Part VIII, column (C), line 12**7a 0.****b** Net unrelated business taxable income from Form 990-T, line 34**7b 0.****8** Contributions and grants (Part VIII, line 1h)**8 22,400,673.****9** Program service revenue (Part VIII, line 2g)**9 21,845,537.****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**10 113,486.****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**11 -1,503,037.****12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**12 21,011,122.****13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**13 13,459,049.****14** Benefits paid to or for members (Part IX, column (A), line 4)**14 12,587,247.****15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**15 1,781,907.****16a** Professional fundraising fees (Part IX, column (A), line 11e)**16a 1,904,518.****b** Total fundraising expenses (Part IX, column (D), line 25) ▶ **1,425,668.****70,000.****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)**17 4,122,328.****18** Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)**18 19,363,284.****19** Revenue less expenses Subtract line 18 from line 12**19 1,647,838.****20** Total assets (Part X, line 16)**20 18,443,712.****21** Total liabilities (Part X, line 26)**21 12,098,201.****22** Net assets or fund balances Subtract line 21 from line 20**22 6,345,511.****Part II Signature Block**

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

**Sign Here**

Signature of officer

Date

**KATHY GUISTI, CEO AND FOUNDER**

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature

Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

**O'CONNOR DAVIES MUNNS & DOBBINS, LLP  
ONE STAMFORD LANDING  
STAMFORD, CT 06902**

EIN ▶

Phone no. ▶ **203-323-2400**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**RECEIVED  
AUG 16 2010  
OGDEN, UT  
ASOSC

Expenses

Net Assets or Fund Balances

6/10  
S/

THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

THE MISSION OF THE MMRF IS TO RELENTLESSLY PURSUE INNOVATIVE MEANS  
THAT ACCELERATE THE DEVELOPMENT OF NEXT-GENERATION MULTIPLE MYELOMA  
TREATMENTS TO EXTEND THE LIVES OF PATIENTS AND LEAD TO A CURE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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 services?

☐ Yes ☒ No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code: ) (Expenses \$ 5,678,000. including grants of \$ 5,678,000. ) (Revenue \$ )

MULTIPLE MYELOMA RESEARCH CONSORTIUM AWARD (1 ORGANIZATION): THE MMRC  
INTEGRATES RESEARCH EFFORTS FROM MYELOMA RESEARCH CENTERS AND CREATES A  
SHARED RESEARCH ENVIRONMENT.

4b (Code: ) (Expenses \$ 2,000,000. including grants of \$ 2,000,000. ) (Revenue \$ )

SENIOR RESEARCH GRANT AWARD PROGRAM (10 GRANTED IN 2009): THE MULTIPLE  
MYELOMA RESEARCH FOUNDATION (MMRF) SUPPORTS INVESTIGATORS WITH MORE  
THAN FIVE YEARS OF EXPERIENCE IN BLOOD CANCER RESEARCH. THE GOAL OF  
THIS INITIATIVE IS TO ACCELERATE THE DEVELOPMENT OF THERAPEUTIC  
APPROACHES FOR MYELOMA AND MAY INCLUDE PROPOSALS IN BASIC SCIENCE,  
VALIDATION, OR TRANSLATION RESEARCH.

4c (Code: ) (Expenses \$ 1,700,000. including grants of \$ 1,700,000. ) (Revenue \$ )

BIOTECH INVESTMENT AWARD (4 AWARDEES IN 2009): THE MULTIPLE MYELOMA  
RESEARCH FOUNDATION (MMRF) SEEKS PROPOSALS FOR ITS BIOTECH INVESTMENT  
AWARD PROGRAM (BIA). THE GOAL OF THIS INITIATIVE IS TO DRIVE AND  
ACCELERATE THE DEVELOPMENT OF INNOVATIVE AND EFFECTIVE TREATMENTS FOR  
MYELOMA. THIS PROGRAM IS DESIGNED TO: A) PROVIDE RESOURCES NECESSARY  
FOR BIOTECHNOLOGY AND PHARMACEUTICAL COMPANIES TO RAPIDLY TEST  
THERAPEUTICS IN MULTIPLE MYELOMA; AND B) TO FOSTER COLLABORATION WITH  
ACADEMIC MYELOMA EXPERTS, AS NEEDED. BIA AIMS TO REMOVE BARRIERS THAT  
LIMIT THE DEVELOPMENT OF NOVEL DRUGS FOR MYELOMA.

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

(Expenses \$ 6,661,768. including grants of \$ 3,120,000. ) (Revenue \$ )

4e Total program service expenses \$ 16,039,768.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<b>X</b>	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• 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? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<b>X</b>	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	<b>X</b>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		<b>X</b>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	<b>X</b>	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		<b>X</b>
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 "Yes," complete Schedule G, Part I</i>	<b>X</b>	
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 "Yes," complete Schedule G, Part II</i>	<b>X</b>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<b>X</b>

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b> 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? <i>If "Yes," complete Schedule J</i>	<b>X</b>	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		<b>X</b>
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>25b</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? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	<b>X</b>	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<b>X</b>	

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

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**THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.**
**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	22	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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.	27	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
<b>4a</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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country. <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders.		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

Form 990 (2009)

**THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.**

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body	19	
<b>b</b> Enter the number of voting members that are independent	18	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>X</b>	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>X</b>	
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	<b>X</b>	
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		<b>X</b>
<b>6</b> Does the organization have members or stockholders?		<b>X</b>
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		<b>X</b>
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<b>X</b>

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **CT, AK, AR, CA, FL, GA, HI, KY, ME, MD, MA, MI**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
☒ Own website    ☒ Another's website    ☒ Upon request

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►  
**STEVE AMELIO, CFO - 203-652-0231**  
**383 MAIN AVE. 5TH FLOOR, NORWALK, CT 06851**

Form 990 (2009)

**THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.**

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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**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. Use Schedule J-2 if additional space is needed.

• 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. See instructions for definition of "key employee."

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

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

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

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KATHY GIUSTI CHIEF EXECUTIVE OFFICER	30.00	X		X				315,580.	0.	0.
DANA LAFORGE CHAIRMAN	2.00	X		X				0.	0.	0.
KAREN ANDREWS BOARD MEMBER	2.00	X						0.	0.	0.
KENNETH ANDERSON, MD BOARD MEMBER	2.00	X						0.	0.	0.
ROBERT BEALL, PH.D. BOARD MEMBER	2.00	X						0.	0.	0.
STEPHEN GRAND BOARD MEMBER	2.00	X						0.	0.	0.
ALAN HELLER BOARD MEMBER	2.00	X						0.	0.	0.
ANTHONY KESMAN BOARD MEMBER	2.00	X						0.	0.	0.
FRANK DOUGLAS, PH.D. BOARD MEMBER	2.00	X						0.	0.	0.
GENE GRISANTI BOARD MEMBER	2.00	X						0.	0.	0.
LORI TAUBER-MARCUS BOARD MEMBER	2.00	X						0.	0.	0.
GERALD MCDUGALL BOARD MEMBER	2.00	X						0.	0.	0.
WILLIAM MCKIERNAN BOARD MEMBER	2.00	X						0.	0.	0.
CHARLES ORTNER BOARD MEMBER	2.00	X						0.	0.	0.
EDWARD PHILLIPS BOARD MEMBER	2.00	X						0.	0.	0.
CHRIS MCWILTON BOARD MEMBER	2.00	X						0.	0.	0.
MIKE MORTIMER BOARD MEMBER	2.00	X						0.	0.	0.



**THE MULTIPLE MYELOMA RESEARCH  
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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DONNA ZACCARO BOARD MEMBER	2.00	X						0.	0.	0.
MERYL ZAUSNER BOARD MEMBER	2.00	X						0.	0.	0.
SCOTT SANTARELLA FORMER CHIEF OPERATING O	40.00			X				197,082.	0.	0.
KAREN DIETZ SECRETARY/IN-HOUSE COUNC	40.00			X				76,077.	0.	0.
STEVE AMELIO CHIEF FINANCIAL OFFICER	24.00			X				90,384.	0.	0.
ANNE QUINN YOUNG VP OF COMMUNICATIONS	30.00			X				134,336.	0.	0.
LOUISE PERKINS CHIEF SCIENTIFIC OFFICER	28.00				X			209,452.	0.	0.
ANNE WALKER NATIONAL EVENTS DIRECTOR	40.00					X		139,351.	0.	0.
JOAN LEVY ASS. DR. OF RESEARCH	40.00					X		134,145.	0.	0.
<b>1b Total</b>								<b>1,296,407.</b>	<b>0.</b>	<b>0.</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **8**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
CURATIO CME INSTITUTE 800 TOWNSHIP LINE ROAD, YARDLEY, PA 19067	MEETING EVENT PLANNER FOR MEDICAL	756,396.
AOI COMMUNICATIONS 102 PICKERING WAY, EXTON, PA 19341	MEETING AND EVENT PLANNER	404,349.
IT TECHNOLOGIES 383 MAIN AVENUE, NORWALK, CT 06851	IT SERVICES	117,413.
AIMEE SWARTZ 55 SOUTH STREET, #3, NORTHAMPTON, MA 01060	WRITER	105,644.
SCIENCE FOUNDRY LLC 838 BIRCHWOOD DRIVE, ORANGE, CT 06477	BUSINESS DEVELOPMENT CONSULTANT	101,463.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

Form **990** (2009)

**THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.**

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**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	6,402,937.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	459,060.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	14983540.			
	g	Noncash contributions included in lines 1a-1f \$		885,846.			
	h	<b>Total.</b> Add lines 1a-1f		21845537.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f					
	3	Investment income (including dividends, interest, and other similar amounts)		68,343.			68,343.
4	Income from investment of tax-exempt bond proceeds						
5	Royalties						
Other Revenue	6 a	Gross Rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ <u>6402937.</u> of contributions reported on line 1c) See Part IV, line 18	a	196,596.			
	b	Less: direct expenses	b	1380476.			
	c	Net income or (loss) from fundraising events		-1183880.			-1183880.
	9 a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
	Miscellaneous Revenue			Business Code			
11 a							
b							
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d						
12	<b>Total revenue.</b> See instructions.		20730000.	0.	0.	-1115537.	

**THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.**

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**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	12,012,247.	12,012,247.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	575,000.	575,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	793,061.	459,457.	176,081.	157,523.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,111,457.	492,802.	147,687.	470,968.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	70,000.			70,000.
f Investment management fees				
g Other	753,905.	101,142.	180,879.	471,884.
12 Advertising and promotion	114,083.	102,675.		11,408.
13 Office expenses	73,162.	38,753.	11,699.	22,710.
14 Information technology				
15 Royalties				
16 Occupancy	170,336.	85,168.	28,957.	56,211.
17 Travel	100,322.	13,467.	5,771.	81,084.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,287,286.	1,283,318.	1,984.	1,984.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	84,863.	42,432.	14,427.	28,004.
23 Insurance	65,496.	52,396.	6,550.	6,550.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>CDC EXPENSE</b>	458,040.	458,040.		
b <b>PATIENT AND CLINICIAN O</b>	251,149.	251,149.		
c				
d				
e				
f All other expenses	143,452.	71,722.	24,388.	47,342.
<b>25 Total functional expenses.</b> Add lines 1 through 24f	18,063,859.	16,039,768.	598,423.	1,425,668.
<b>26 Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.**

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	500.	1	500.
	2 Savings and temporary cash investments	6,026,071.	2	8,625,596.
	3 Pledges and grants receivable, net	10,620,335.	3	7,677,383.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	112,164.	9	114,604.
	10a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	643,300.		
	b Less: accumulated depreciation	297,423.	10c	345,877.
	11 Investments - publicly traded securities	760,365.	11	3,568,171.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	689,226.	15	252,962.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	18,443,712.	16	20,585,093.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	881,024.	17	337,426.
	18 Grants payable	8,773,485.	18	10,173,071.
	19 Deferred revenue	19,692.	19	7,698.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	2,424,000.	25	980,000.
	26 <b>Total liabilities.</b> Add lines 17 through 25	12,098,201.	26	11,498,195.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
27 Unrestricted net assets		5,575,511.	27	8,398,073.
28 Temporarily restricted net assets		770,000.	28	688,825.
29 Permanently restricted net assets			29	
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		6,345,511.	33	9,086,898.
34 <b>Total liabilities and net assets/fund balances</b>		18,443,712.	34	20,585,093.

Form 990 (2009)

THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.

Form 990 (2009)

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**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_

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

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant?

**b** Were the organization's financial statements audited by an independent accountant?

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

Yes No

2a X

2b X

2c X

3a X

3b

Form 990 (2009)

Department of the Treasury  
Internal Revenue Service

**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**

**Employer identification number**  
06-1504413

<b>Part I</b>	<b>Reason for Public Charity Status</b> (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 ☒ 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?

(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?

(ii) ☐ A family member of a person described in (i) above?

(iii) ☐ A 35% controlled entity of a person described in (i) or (ii) above?

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

**THE MULTIPLE MYELOMA RESEARCH**

Schedule A (Form 990 or 990-EZ) 2009 **FOUNDATION, INC.**

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**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.")	13340404.	14704606.	22305441.	22400673.	21845537.	94596661.
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 <b>Total.</b> Add lines 1 through 3	13340404.	14704606.	22305441.	22400673.	21845537.	94596661.
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)						19173866.
6 <b>Public support.</b> Subtract line 5 from line 4						75422795.

**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	13340404.	14704606.	22305441.	22400673.	21845537.	94596661.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	215,165.	265,162.	245,441.	113,486.	68,343.	907,597.
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 <b>Total support.</b> Add lines 7 through 10						95504258.
12 Gross receipts from related activities, etc. (see instructions)					12	836,240.

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 78.97 %
- 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 75.48 %
- 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 ► ☒ **X**
- 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 ► ☐

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.**

Employer identification number  
**06-1504413**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.**

Schedule D (Form 990) 2009

06-1504413 Page **2**

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- |   |   |
|---|---|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange programs |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other _____               |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |   |

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

- c** Beginning balance  
**d** Additions during the year  
**e** Distributions during the year  
**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ► \_\_\_\_\_ %  
**b** Permanent endowment ► \_\_\_\_\_ %  
**c** Term endowment ► \_\_\_\_\_ %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations  
(ii) related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		76,359.	30,955.	45,404.
<b>d</b> Equipment		435,774.	211,239.	224,535.
<b>e</b> Other		131,167.	55,229.	75,938.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				345,877.

Schedule D (Form 990) 2009



**THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.**

Schedule D (Form 990) 2009

06-1504413 Page 4

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	20,730,000.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	18,063,859.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	2,666,141.
4	Net unrealized gains (losses) on investments	4	75,246.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	75,246.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	2,741,387.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	20,834,001.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains on investments	2a	75,246.
b	Donated services and use of facilities	2b	147,255.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	222,501.
3	Subtract line 2e from line 1	3	20,611,500.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	118,500.
c	Add lines 4a and 4b	4c	118,500.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	20,730,000.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	18,092,614.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	98,755.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	-70,000.
e	Add lines 2a through 2d	2e	28,755.
3	Subtract line 2e from line 1	3	18,063,859.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	18,063,859.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X: THE FOUNDATION RECOGNIZES THE EFFECT OF INCOME TAX**

**POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION. THE FOUNDATION IS NO LONGER SUBJECT TO AUDITS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIOD PRIOR TO 2006.**

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

Schedule D (Form 990) 2009

THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.

Schedule D (Form 990) 2009

06-1504413 Page 5

**Part XIV** Supplemental Information (continued)

SPECIAL EVENTS IN-KIND: 48500.

FUNDRAISING INCLUDED IN SPECIAL EVENTS: 70000.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING INCLUDED IN SPECIAL EVENTS: -70000.

SCHEDULE D, PAGE 4, PART XII, QUESTION 4B. AMOUNTS RECONCILING THE 990 TO  
THE FINANCIAL STATEMENTS TOTALING \$48,500 IS THE SPECIAL EVENT IN-KIND  
SUPPORT DISCLOSED ON THE STATEMENT OF ACTIVITIES OF THE FINANCIAL  
STATEMENTS.

**Schedule F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

- ▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization  
**THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.**

Employer identification number

**06-1504413**

**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

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

**2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region** (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		500,000.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		75,000.
<b>Totals</b>	0	0			575,000.

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

Schedule F (Form 990) 2009



**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16

**Use Schedule F-1 (Form 990) if additional space is needed**

[illegible]



**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information

SCHEDULE F, PART I, LINE 2: GRANTS ARE AWARDED TO INSTITUTIONS FOR A SPECIFIC INVESTIGATORS PROJECT. INSTITUTIONS' BIOTECHNOLOGY COMPANIES OR ACADEMIC MEDICAL CENTERS' MUST HAVE A REPRESENTATIVE AGREE TO AND SIGN OFF ON THE TERMS OF A LEGALLY BINDING CONTRACT BETWEEN THE ORGANIZATION AND THE GRANTEE. THESE CONTRACTS SPECIFY THE ALLOWABLE AND NON-ALLOWABLE COSTS UNDER THE GRANT GUIDELINES AND OUTLINE CORRESPONDING REPORTING REQUIREMENTS. ALL FINANCIAL DOCUMENTS ARE REVIEWED BY ORGANIZATION'S STAFF. SCIENTIFIC REPORTS ARE SENT OUT FOR EXTERNAL PEER REVIEW TO ENSURE THEY ARE IN KEEPING WITH THE PROPOSED SPECIFIC AIMS. GRANTS THAT DEVIATE FROM THOSE AIMS MUST SUBMIT A PLAN FOR THEIR COURSE CORRECTION OR RISK TERMINATION. IF FUNDS HAVE BEEN PAID IN FULL, THE MMRF RESERVES THE RIGHT TO REQUEST A FULL ACCOUNTING AND, IF NECESSARY, REIMBURSEMENT.

PART II, COLUMN (D):

REGION: CAMBRIDGE, UK

(D) PURPOSE OF GRANT: BIA COMMITMENT - A PHASE II STUDY OF AT7519 A GLYCOGEN SYNTHASE KINASE 3-BETA AND CYCLIN-DEPENDENT KINASE INHIBITOR IN PATIENTS WITH PRE TREATED MULTIPLE MYELOMA

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

## 2009

### Open To Public Inspection

Employer identification number  
06-1504413

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
- b ☒ Internet and email solicitations
- c ☒ Phone solicitations
- d ☒ In-person solicitations
- e ☒ Solicitation of non-government grants
- f ☒ Solicitation of government grants
- g ☒ Special fundraising events

- 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?

☒ Yes☐ No

- b** If "Yes," list the ten 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 of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
AARON CONSULTING COMPANY	GREENWICH GALA	X		1,870,916.	25,000.	1,845,916.
PATRICIA HURLEY AND ASSOCIATES	CHICAGO DINNER	X		790,246.	45,000.	745,246.
<b>Total</b>				2,661,162.	70,000.	2,591,162.

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

AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MS, MO, MN, NH, NJ, NM, NY, NC, ND  
OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, WY

**THE MULTIPLE MYELOMA RESEARCH**

Schedule G (Form 990 or 990-EZ) 2009

**FOUNDATION, INC.**

06-1504413 Page 2

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col (c))	
		CORPORATE DINNERS	LAUGH PROGRAM	15		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	2,661,163.	575,338.	3,363,032.	6,599,533.
	2	Less. Charitable contributions	2,472,163.	567,742.	3,363,032.	6,402,937.
	3	Gross income (line 1 minus line 2)	189,000.	7,596.		196,596.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	228,121.			228,121.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	357,904.	108,531.	685,920.	1,152,355.
	10	Direct expense summary Add lines 4 through 9 in column (d)				( 1,380,476 )
	11	Net income summary Combine line 3, column (d), and line 10				-1,183,880.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			( )
	8	Net gaming income summary. Combine line 1, column (d), and line 7			

- 9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_
- a Is the organization licensed to operate gaming activities in each of these states?
- b If "No," explain: \_\_\_\_\_
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
- b If "Yes," explain: \_\_\_\_\_
- 11 Does the organization operate gaming activities with nonmembers?
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

**THE MULTIPLE MYELOMA RESEARCH**

Schedule G (Form 990 or 990-EZ) 2009

**FOUNDATION, INC.**

**06-1504413** Page **3**

**13** Indicate the percentage of gaming activity operated in:

**a** The organization's facility

**b** An outside facility

<b>13a</b>	%
<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information.

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer      ☐ Employee      ☐ Independent contractor

**17** Mandatory distributions.

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

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

Yes	No
<b>15a</b>	
<b>17a</b>	

Schedule G (Form 990 or 990-EZ) 2009

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.**

Employer identification number  
**06-1504413**

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

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

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UCSP FOUNDATION 1855 FOLSOM STREET, ROOM 425 SAN FRANCISCO, CA 94103	94-6036493	501(C)(3)	1,920,000.	0.			MULTIPLE MYELOMA TRANSLATIONAL INITIATIVE GRANT
THE OHIO STATE UNIVERSITY 320 W 10TH AVE COLUMBUS, OH 43210	31-6401599	115	75,000.	0.			ANTI-KIR AND LENALIDOMIDE ENHANCES THE NK CELL VS MM EFFECT
FRED HUTCHINSON CANCER RESEARCH CENTER - 1100 FAIRVIEW AVE. N - SEATTLE, WA 98109	23-7156071	501(C)(3)	75,000.	0.			RADIO-IMMUNOTHERAPY FOR MM
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE STE 300 BOSTON, MA 02199	04-2697983	501(C)(3)	75,000.	0.			SCREENING FOR SMALL MOLECULE INHIBITORS OF MM WITHIN ITS MICROENVIRONMENT
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1825 UNIVERSITY BLVD - BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	75,000.	0.			HEPARANESE INHIBITION AS ANIT-METASTATIC THERAPY FOR MM
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER - 7455 FANNIN - HOUSTON, TX 77054	74-6001118	115	75,000.	0.			ROLE OF OSTEOCLAST IN THE REGULATION OF T-CELL IMMUNOTHERAPY IN MM
<b>2</b> Enter total number of section 501(c)(3) and government organizations							9.
<b>3</b> Enter total number of other organizations							14.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

31

Schedule I (Form 990) 2009

**THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.**

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: GRANTS ARE AWARDED TO INDIVIDUAL INVESTIGATORS ON BEHALF OF THEIR INSTITUTIONS. INSTITUTIONS' BIOTECHNOLOGY COMPANIES OR ACADEMIC MEDICAL CENTERS' MUST HAVE A REPRESENTATIVE AGREE TO AND SIGN OFF ON THE TERMS OF A LEGALLY BINDING CONTRACT BETWEEN THE ORGANIZATION AND THE GRANTEE. THESE CONTRACTS SPECIFY THE ALLOWABLE AND NON-ALLOWABLE COSTS UNDER THE GRANT GUIDELINES AND OUTLINE CORRESPONDING REPORTING REQUIREMENTS. ALL FINANCIAL DOCUMENTS ARE REVIEWED BY ORGANIZATION'S STAFF. SCIENTIFIC REPORTS ARE SENT OUT FOR EXTERNAL PEER REVIEW TO ENSURE THEY ARE IN KEEPING WITH THE PROPOSED SPECIFIC AIMS. GRANTS THAT DEVIATE

Name of the organization **THE MULTIPLE MYELOMA RESEARCH FOUNDATION, INC.** Employer identification number **06-1504413**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY 47 COLLEGE STREET NEW HAVEN, CT 06520	06-0646973	501(C)(3)	200,000.	0.			HARNESSING ANIT-SOX2 T CELLS IN MYELOMA PRE-CLINICAL STUDIES
UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - UNIVERSITY DRIVE C - PITTSBURGH, PA 15240	25-0965591	501(C)(3)	200,000.	0.			P62 SIGNALING AS A THERAPEUTIC TARGET FOR MM
UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - UPMC CANCER PAVILION, #568, 5150 CENTRE AVENUE - PITTSBURGH, PA 15232	25-0965591	501(C)(3)	200,000.	0.			EFFECTS OF IMIDS ON GRANULOCYTIC MATURATION
MAYO CLINIC SCOTTSDALE 13400 EAST SHEA BOULEVARD MCCR, 15 SCOTTSDALE, AZ 85259	86-0800150	501(C)(3)	200,000.	0.			IN-VIVO VALIDATION OF NOVEL ANTI-MYELOMA THERAPIES
UNIVERSITY OF IOWA 200 HAWKINS DRIVE IOWA CITY, IA 52242	42-6004813	115	200,000.	0.			PRE-CLINICAL VALIDATION OF IL06 FOR TRANSLATIONAL MYELOMA RESEARCH
DANA FARBER CANCER INSTITUTE 44 BINNEY ST BOSTON, MA 02115	04-2263040	501(C)(3)	200,000.	0.			INTEGRIN REGULATION OF MM TRAFFICKING
BOSTON VA RESEARCH INSTITUTE, INC 150 SOUTH HUNTINGTON AVENUE BOSTON, MA 02130	04-3081524	501(C)(3)	200,000.	0.			EVALUATING THE IN VITRO AND VIVO EFFECTS OF TARGETING IL-17 IN MYELOMA
H. LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DRIVE TAMPA, FL 33612	59-2451713	501(C)(3)	200,000.	0.			TARGETING WNT SIGNALING NETWORK TO ENHANCE CHEMOTHERAPY IN MM

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I-1 (Form 990) 2009

**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**

► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization **THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.**

Employer identification number  
**06-1504413**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH RESEARCH ADMINISTRATION DEPARTMENT OF MEDICINE - UNIVERSITY DRIVE C, ROOM 2E-113 - PITTSBURGH, PA 15240	25-0965591	501(C)(3)	200,000.	0.			GPI-1 SUPPRESSION OF OSTEOBLAST DIFFERENTIATION IN MYELOMA
COLORADO STATE UNIVERSITY 1872 CAMPUS DELIVERY FORT COLLINS, CO 80523	84-6000545	115	200,000.	0.			MM THERAPEUTICS BASED ON THE NATURAL HDACI LARGAZOLE
INTELLIKINE 10931 NORTH TORREY PINES ROAD, SUITE LA JOLLA, CA 92037	20-8914077		500,000.	0.			DEVELOPMENT OF INK 128, A SELECTIVE TORC1/2 INHIBITOR IN MM
TRAGARA PHARMACEUTICALS 10955 VISTA SORRENTO PARKWAY, SUITE SAN DIEGO, CA 92130	32-0162504		200,000.	0.			DEVELOPMENT OF TG02, A MULTI-KINASE INHIBITOR IN MULTIPLE MYELOMA
AILERON THERAPEUTICS, INC. 840 MEMORIAL DRIVE CAMBRIDGE, MA 02139	13-4196017		500,000.	0.			PRE-CLINICAL DEVELOPMENT OF BH3 STAPLED HELICAL PEPTIDES FOR MULTIPLE MYELOMA
UNIVERSITY OF MICHIGAN 1500 EAST MEDICAL CENTER DRIVE, RM ANN ARBOR, MI 48109	38-6006309	501(C)(3)	250,000.	0.			MULTIPLE MYELOMA PROTEOMICS INITIATIVE
INDIANA UNIVERSITY 620 UNION DRIVE, ROOM 518 INDIANAPOLIS, IN 46202	35-6001673	501(C)(3)	250,000.	0.			BIOMARKER DISCOVERY AND VALIDATION IN MULTIPLE MYELOMA CELLS USING
UNIVERSITY OF ARKANSAS MYELOMA RESEARCH CENTER - 4301 WEST MARKHAM, #812 - LITTLE ROCK, AR 72205	71-6046242	501(C)(3)	250,000.	0.			PROTEOMIC PROFILING OF MULTIPLE MYELOMA

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

Schedule I-1 (Form 990) 2009



**Employer identification number**  
06-1504413

[illegible]

THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.

Schedule I (Form 990) 2009

06-1504413 Page 2

**Part IV** Supplemental Information

FROM THOSE AIMS MUST SUBMIT A PLAN FOR THEIR COURSE CORRECTION OR RISK  
TERMINATION. IF FUNDS HAVE BEEN PAID IN FULL, THE MMRF RESERVES THE RIGHT  
TO REQUEST A FULL ACCOUNTING AND, IF NECESSARY, REIMBURSEMENT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: INDIANA UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE:

BIOMARKER DISCOVERY AND VALIDATION IN MULTIPLE MYELOMA CELLS USING  
MULTIPLE PROTEOMIC PLATFORMS

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2009**

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Inspection

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization **THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.**

Employer identification number  
**06-1504413**

**Part I Questions Regarding Compensation**

	Yes	No								
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>									
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>									
<b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	<b>X</b>								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	<b>X</b>								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	<b>X</b>								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III										
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>										
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
<b>a</b> The organization?	<b>5a</b>	<b>X</b>								
<b>b</b> Any related organization?	<b>5b</b>	<b>X</b>								
If "Yes" to line 5a or 5b, describe in Part III										
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
<b>a</b> The organization?	<b>6a</b>	<b>X</b>								
<b>b</b> Any related organization?	<b>6b</b>	<b>X</b>								
If "Yes" to line 6a or 6b, describe in Part III										
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	<b>7</b>	<b>X</b>								
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	<b>8</b>	<b>X</b>								
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>									

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

Schedule J (Form 990) 2009



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.** Employer identification number  
**06-1504413**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	X	31	885,847.	FMV AT DAY OF RECEIP
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( )				
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

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

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

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

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2009

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.**

Employer identification number  
**06-1504413**

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

**OF NEXT-GENERATION MULTIPLE MYELOMA TREATMENTS TO EXTEND THE LIVES OF  
PATIENTS AND LEAD TO A CURE.**

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

**IN ADDITION TO THE PROGRAM EXPENSES DESCRIBED ABOVE, CORRESPONDING  
ACTIVITIES IN ALIGNMENT WITH THE OVERALL GOALS OF THE ORGANIZATION ARE  
ALSO SUPPORTED. THESE INCLUDE A PORTFOLIO OF CUTTING-EDGE RESEARCH  
PROGRAMS IN BASIC SCIENCE, WHICH IDENTIFIES NEW TARGETS THROUGH  
GENOMICS AND PROTEOMICS RESEARCH; VALIDATION STUDIES, WHICH IDENTIFY  
NEW COMPOUNDS AND COMBINATIONS IN RESEARCH MODELS BASED ON  
HIGH-PRIORITY TARGETS; AND INNOVATIVE CLINICAL TRIALS OF NOVEL AND  
COMBINATION TREATMENTS. ALSO, THE MMRF DEVELOPS AND IMPLEMENTS  
EXTENSIVE EDUCATIONAL PROGRAMMING FOR HEALTHCARE PROFESSIONALS AND FOR  
PATIENTS AND CAREGIVERS.**

**EXPENSES \$ 6661768. INCLUDING GRANTS OF \$ 3120000. REVENUE \$ 0.**

**FORM 990, PART VI, SECTION A, LINE 2: KATHY GIUSTI, CEO AND KAREN  
ANDREWS, CO-FOUNDER AND BOD MEMBER ARE SISTERS.**

**FORM 990, PART VI, SECTION A, LINE 3: JUDITH FINLEY PROVIDED HUMAN  
RESOURCE SERVICES AND REPORTED DIRECTLY TO THE CEO. KATHY GIUSTI.**

**FORM 990, PART VI, SECTION A, LINE 4: AMENDED AND RESTATED CERTIFICATE OF  
INCORPORATION MMRF**

**-ARTICLE I - KATHY GIUSTI'S NAME WAS REMOVED FROM THE NAME OF THE COMPANY.**

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.

Employer identification number  
06-1504413

-ARTICLE IV - THE COMPANY REMOVED THE ONE CLASS OF MEMBERS TO HAVE NO  
MEMBERS.

-ARTICLE VII- THE DIRECTORS, BY AN AFFIRMATIVE VOTE OF NO LESS THAN  
TWO-THIRDS OF ALL DIRECTORS OF THE BOARD, MAY TAKE ACTIONS CERTAIN ITEMS.

-ARTICLE XI- INDEMNIFICATION TO DIRECTORS WITH LISTED EXCEPTIONS.

-ARTICLE XII- KATHY GIUSTI WAS REMOVED AS REGISTERED AGENT.

MMRF BYLAWS

-SECTION 3.2 - REFERENCE TO GOVERNANCE OF THE MMRC WAS DELETED.

-SECTION 3.3.1 - EACH DIRECTOR HAS A THREE YEAR TERM. THERE SHALL BE NO  
LIMIT UPON THE NUMBER OF SUCCESSIVE THREE-YEAR TERMS WHICH MAY BE SERVED BY  
A DIRECTOR.

-SECTION 4.1- THE CHAIR OF THE BOARD, IN ITS SOLE DISCRETION, CAN APPOINT  
AND REMOVE OFFICERS OF THE COMPANY IN ADDITION TO APPOINTMENTS AND REMOVALS  
BY THE ENTIRE BOARD.

-SECTION 4.5 - THE CHIEF OPERATING OFFICER WAS TO ACT AS CEO IN THE  
ABSENCE OF THE CEO. THIS HAS BEEN DELETED.

-SECTION 5.6 - THE HUMAN RESOURCES COMMITTEE SHALL CONSISTS OF AS MANY  
DIRECTORS AS THE BOARD MAY DEEM ADVISABLE.

-SECTION 8.1 - THE BYLAWS MAY BE AMENDED BY NO LESS THAN TWO-THIRDS OF THE  
BOARD.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 FORM IS REVIEWED INTERNALLY  
BY THE EXECUTIVE MANAGEMENT WITH NOTIFICATION AND COPIES OF THE 990 SENT TO  
MEMBERS OF THE BOARD UPON FILING.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
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OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.

Employer identification number  
06-1504413

FORM 990, PART VI, SECTION B, LINE 12C: DUTY TO DISCLOSE A POTENTIAL  
CONFLICT OF INTEREST. ANY INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF  
HIS OR HER FINANCIAL INTEREST TO THE BOARD OR CONFLICTS COMMITTEE AND MUST  
BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE BOARD,  
MEMBERS OF THE CONFLICTS COMMITTEE AND ALL MEMBERS OF ANY COMMITTEE  
CONSIDERING THE PROPOSED CONTRACT OR TRANSACTION.  
DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS. AFTER DISCLOSURE OF THE  
FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH  
THE INTERESTED PERSON, THE INTERESTED PERSON SHALL LEAVE THE BOARD OR  
CONFLICTS COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF  
INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR CONFLICT  
COMMITTEE MEMBERS, AS APPLICABLE, SHALL DECIDE IF A CONFLICT OF INTEREST  
EXISTS.

PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST.

I. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR CONFLICTS  
COMMITTEE MEETING, BUT AFTER SUCH PRESENTATION, HE OR SHE SHALL LEAVE THE  
MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE CONTRACT OR  
TRANSACTION THAT RESULT IN THE CONFLICT OF INTEREST.

II. THE CHAIR OF THE BOARD OR CHAIRPERSON OF THE CONFLICTS COMMITTEE SHALL,  
IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR APPOINT OR ESTABLISH AN  
ADVISORY COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED CONTRACT OR  
TRANSACTION.

AFTER EXERCISING DUE DILIGENCE, THE BOARD OR THE CONFLICTS COMMITTEE SHALL  
TAKE ALL REASONABLE STEPS TO DETERMINE WHETHER THE MMRF CAN OBTAIN A MORE  
ADVANTAGEOUS CONTRACT OR TRANSACTION WITH REASONABLE EFFORTS FROM A PERSON  
OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.

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

Schedule O (Form 990) 2009

932211  
02-03-10



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.

Employer identification number  
06-1504413

IF A MORE ADVANTAGEOUS CONTRACT OR TRANSACTION IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OR CONFLICT COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE, BUT NOT LESS THAN TWO, OF THE DISINTERESTED DIRECTORS OR MEMBERS THEREOF WHETHER THE CONTRACT OR TRANSACTION IS IN THE MMRF'S BEST INTEREST AND IS FAIR AND REASONABLE TO THE MMRF; PROVIDED, HOWEVER, IF SUCH CONTRACT OR TRANSACTION IS APPROVED BY DISINTERESTED DIRECTORS WHO DO NOT SATISFY A QUORUM OR VOTING REQUIREMENT APPLICABLE TO THE AUTHORIZATION OF THE ACTION BY REASON OF THE MMRF'S CERTIFICATE OF INCORPORATION, BYLAWS OR A PROVISION OF LAW, THE ACTION MUST BE INDEPENDENTLY APPROVED BY SUCH INTERESTED AND DISINTERESTED DIRECTORS AS SATISFY THE APPLICABLE QUORUM OR VOTING REQUIREMENT.

VIOLATION OF THE CONFLICTS OF INTEREST POLICY

III. IF THE BOARD OR CONFLICTS COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT A DIRECTOR, OFFICER OR COMMITTEE MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM SUCH PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORD SUCH PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

IF, AFTER HEARING THE RESPONSE OF THE DIRECTOR, OFFICER OR COMMITTEE MEMBER AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD OR CONFLICTS COMMITTEE DETERMINES THAT SUCH PERSON HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE BOARD OR CONFLICTS COMMITTEE, AS APPLICABLE, SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINE 15: PROCESS FOR DETERMINING

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
932211  
02-03-10

Schedule O (Form 990) 2009

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
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OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.

Employer identification number  
06-1504413

**COMPENSATION OF:**

A. CEO, EXECUTIVE DIRECTOR OR TOP MANAGEMENT OFFICIAL - THE HUMAN RESOURCES COMMITTEE SHALL BE RESPONSIBLE FOR (A) ASSISTING THE BOARD IN ENSURING THAT THE HUMAN RESOURCES AND COMPENSATION POLICES OF THE CORPORATION ARE (I) IN ACCORDANCE WITH ALL LAWS AND REGULATION; (II) WITHIN THE BUDGET APPROVED BY THE BOARD; AND (III) CONDUCIVE TO INDIVIDUAL AND GROUP PRODUCTIVITY AND MORALE; (B) PROVIDING GUIDANCE REGARDING THE CORPORATION'S PERSONNEL POLICIES AND THEIR ADMINISTRATION; (C) KEEPING THE EXECUTIVE COMMITTEE INFORMED OF ANY MATTERS WITH RESPECT TO THE CORPORATIONS' HUMAN RESOURCES, PERSONNEL AND COMPENSATION POLICIES THAT REQUIRE THE ATTENTION OF THE BOARD; (D) REVIEWING THE CORPORATION'S EMPLOYMENT AND PERSONNEL POLICIES AND MONITORING THEIR IMPLEMENTATION; (E) HAVING OVERSIGHT RESPONSIBILITY TO ENSURE THAT THERE ARE WELL-DEFINED PERSONNEL PROCEDURES IN KEEPING WITH BEST STANDARDS AND THAT ALL EMPLOYEES ARE INFORMED IN WRITING ABOUT PERSONNEL POLICIES AND PROCEDURE; (F) REVIEWING AND RECOMMENDING FOR THE EXECUTIVE COMMITTEE'S APPROVAL THE JOB DESCRIPTIONS FOR SENIOR STAFF POSITIONS; (G) ASSISTING MANAGEMENT IN THE ATTRACTION, DEVELOPMENT AND RETENTION OF TOP TALENT; (H) REVIEWING THE EVALUATION OF SENIOR STAFF BY THE CHIEF EXECUTIVE OFFICER AND MAKING RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE AS APPROPRIATE; (I) MAKING RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE CONCERNING THE CHIEF EXECUTIVE OFFICER'S ANNUAL COMPENSATION AND BENEFITS; (J) APPROVING THE CHIEF EXECUTIVE OFFICER'S RECOMMENDATIONS AND ADVISING THE EXECUTIVE COMMITTEE OF SUCH CONCERNING ANNUAL COMPENSATION AND BENEFITS FOR SENIOR MANAGEMENT (INCLUDING NEW HIRES); (K) PROVIDING GUIDANCE TO THE EXECUTIVE COMMITTEE AND THE AUDIT AND FINANCE COMMITTEE

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.**

Employer identification number  
**06-1504413**

WITH REGARD TO OVERALL COMPENSATION AND BENEFIT POLICIES AND (L) ASSISTING  
IN THE DEVELOPMENT AND RECOMMENDATION TO THE BOARD OF A COMPREHENSIVE  
SUCCESSION PLAN. SUBJECT TO THE PROVISIONS OF THIS SECTION 5.6, THE HUMAN  
RESOURCES COMMITTEE SHALL HAVE SUCH ADDITIONAL PURPOSE, MEMBERSHIP, GENERAL  
AND SPECIFIC FUNCTIONS AND RESPONSIBILITIES AS ARE PROVIDED FOR IN ANY  
COMMITTEE CHARTER OF THE HUMAN RESOURCES COMMITTEE APPROVED BY THE ENTIRE  
BOARD.

B. OFFICERS OR KEY EMPLOYEES:

OFFICERS OF THE COMPANY, ACCORDING TO THE BY-LAWS, ARE:

- (I) CHAIR OF THE BOARD - NO COMPENSATION PROVIDED
- (I) CHIEF EXECUTIVE OFFICER
- (III) CHIEF OPERATING OFFICER
- (IV) TREASURER (CHIEF FINANCIAL OFFICER)
- (V) SECRETARY (SENIOR IN-HOUSE COUNSEL).

KEY EMPLOYEES ARE: CHIEF SCIENTIFIC OFFICER

THESE PERSONALS USE THE SAME PROCESS FOR ELECTION BY THE HUMAN RESOURCES  
COMMITTEE AS DESCRIBED ABOVE FOR ELECTING THE CEO, EXECUTIVE DIRECTOR OR  
TOP MANAGEMENT OFFICIAL.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CT, AK, AR, CA, FL, GA, HI, KY, ME, MD, MA, MI, MS, NH, NJ, NM, NY, OK, PA, WV, AL, AZ, CO, IL, MN  
NC, OH, RI, SC, TN, UT, VA, WI

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

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**FORM 990, PART VI, SECTION C, LINE 19: YES DOCUMENTS ARE AVAILABLE TO THE  
PUBLIC:**

**GOVERNING DOCUMENT - UPON REQUEST**

**CONFLICT OF INTEREST POLICY - UPON REQUEST**

**FINANCIAL STATEMENTS - AVAILABLE ON WEBSITE**

**FORM 990, PART XI, LINE 2C**

**THIS PROCESS HAS NOT CHANGED IN THE CURRENT YEAR.**

**FORM 990, PAGE 1, B**

**EXPLANATION FOR AMENDED RETURN**

**FORM 990 IS BEING AMENDED DUE TO CHANGES ON PAGE 3, QUESTION 17, PAGE 9,  
10 AND SCHEDULE G, PART I, II.**

**FORM 990, SCHEDULE G 2 (III)**

**CUSTODY OR CONTROL ARRANGEMENT**

**PAT HURLEY: CHECKS FOR THE EVENTS ARE SENT TO PAT HURLEY ASSOCIATES.  
ON A BI-WEEKLY BASIS, CHECKS ARE FORWARDED TO THE MMRF, AND THE MMRF  
DEPOSITS THE CHECKS.**

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**

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Name of the organization

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Employer identification number

**06-1504413**

AARON CONSULTING: CHECKS ARE SENT TO AARON, AARON DEPOSITS THE CHECKS  
DIRECTLY INTO OUR LOCK BOX ON OUR BEHALF, THEN THE MMRF RUNS REPORTS ON  
DEPOSITS MADE TO THE LOCK BOX.

**SCHEDULE R**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.**

Employer identification number

**06-1504413**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
MULTIPLE MYELOMA RESEARCH CONSORTIUM, INC. - 81-1640775, 383 MAIN AVENUE, 5TH FLOOR, NORWALK, CT 06851	TO ACCELERATE DRUG DEVELOPMENT FOR MULTIPLE MYELOMA & IMPROVE PATIENT	CONNECTICUT	509 (A) (3)	501 (C) (3)	THE MULTIPLE MYELOMA RESEARCH FOUNDATION, INC.

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

Schedule R (Form 990) 2009

**Part III**  
**Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related

[illegible]

**Part IV**  
**Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)

[illegible]

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

**b** Gift, grant, or capital contribution to other organization(s)

**c** Gift, grant, or capital contribution from other organization(s)

**d** Loans or loan guarantees to or for other organization(s)

**e** Loans or loan guarantees by other organization(s)

**f** Sale of assets to other organization(s)

**g** Purchase of assets from other organization(s)

**h** Exchange of assets

**i** Lease of facilities, equipment, or other assets to other organization(s)

**j** Lease of facilities, equipment, or other assets from other organization(s)

**k** Performance of services or membership or fundraising solicitations for other organization(s)

**l** Performance of services or membership or fundraising solicitations by other organization(s)

**m** Sharing of facilities, equipment, mailing lists, or other assets

**n** Sharing of paid employees

**o** Reimbursement paid to other organization for expenses

**p** Reimbursement paid by other organization for expenses

**q** Other transfer of cash or property to other organization(s)

**r** Other transfer of cash or property from other organization(s)

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) MULTIPLE MYELOMA RESEARCH CONSORTIUM	B	5,678,500.
(2) MULTIPLE MYELOMA RESEARCH CONSORTIUM	M	217,438.
(3) MULTIPLE MYELOMA RESEARCH CONSORTIUM	N	1,123,090.
(4)		
(5)		
(6)		



Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- 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](http://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 <b>THE MULTIPLE MYELOMA RESEARCH FOUNDATION, INC.</b>	Employer identification number <b>06-1504413</b>
	Number, street, and room or suite no. If a P O box, see instructions. <b>383 MAIN AVE., NO. 5TH FL</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NORWALK, CT 06851</b>	

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

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**STEVE AMELIO, CFO**

- The books are in the care of ▶ **383 MAIN AVE. 5TH FLOOR - NORWALK, CT 06851**

Telephone No ▶ **203-652-0231**

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, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for ☒ calendar year **2009** or ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

<b>3a</b> 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.	<b>3a</b>	\$
<b>b</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.	<b>3b</b>	\$
<b>c Balance Due.</b> 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.	<b>3c</b>	\$ <b>N/A</b>

**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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)