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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

**2010**Open to Public  
Inspection

**A** For the **2010** calendar year, or tax year beginning and ending

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☒ Amended return  
☐ Application pending

**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) Room/suite  
**383 MAIN AVE. 5TH FL**  
 City or town, state or country, and ZIP + 4  
**NORWALK, CT 06851**  
**F** Name and address of principal officer: **KATHY GIUSTI**  
**SAME AS C ABOVE**

**D** Employer identification number  
**06-1504413**

**E** Telephone number  
**203-972-1250**

**G** Gross receipts \$ **26,076,479.**

**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) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: ▶ **WWW.THEMMRF.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** **20**

**4** Number of independent voting members of the governing body (Part VI, line 1b) **4** **19**

**5** Total number of individuals employed in calendar year 2010 (Part V, line 2a) **5** **26**

**6** Total number of volunteers (estimate if necessary) **6** **10**

**7a** Total 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.**

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	21,845,537.	25,650,253.
<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	68,343.	146,601.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,183,880.	-1,589,455.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,730,000.	24,207,399.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,587,247.	13,614,779.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,904,518.	2,155,037.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	70,000.	151,374.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,536,356.</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,502,094.	4,219,834.
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	18,063,859.	20,141,024.
<b>19</b> Revenue less expenses Subtract line 18 from line 12	2,666,141.	4,066,375.
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	20,585,093.	25,514,760.
<b>21</b> Total liabilities (Part X, line 26)	11,498,195.	12,303,143.
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	9,086,898.	13,211,617.

**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 **KATHY GIUSTI** CEO AND FOUNDER Date **9/22/2011**

**Paid Preparer Use Only** Print/Type preparer's name **ROBIN STRONG** Preparer's signature **Robin Strong** Date **9/22/11** Check if self-employed ☐ PTIN  
 Firm's name ▶ **O'CONNOR DAVIES MUNNS & DOBBINS, LLP** Firm's EIN ▶  
 Firm's address ▶ **ONE STAMFORD LANDING STAMFORD, CT 06902** Phone no **203-323-2400**

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

032001 02-22-11

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

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

917.21

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FOUNDATION, INC.

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**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X

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 \$ 4,145,000. including grants of \$ 4,145,000. ) (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 \$ 2,800,000. including grants of \$ 2,800,000. ) (Revenue \$ )  
SENIOR RESEARCH GRANT AWARD PROGRAM (14 GRANTED IN 2010):

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 \$ 2,500,000. including grants of \$ 2,500,000. ) (Revenue \$ )  
BIOTECH INVESTMENT AWARD (5 AWARDEES IN 2010): 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 \$ 8,633,987. including grants of \$ 4,169,779. ) (Revenue \$ )

4e Total program service expenses 18,078,987.

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
<b>3</b> 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>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
<b>6</b> 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>
<b>7</b> 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>
<b>8</b> 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>
<b>9</b> 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>
<b>10</b> 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>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</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>	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<b>X</b>
<b>d</b> 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>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>12a</b> 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>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>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, Parts I and IV</i>	<b>X</b>	
<b>15</b> 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, Parts II and IV</i>	<b>X</b>	
<b>16</b> 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, Parts III and IV</i>		<b>X</b>
<b>17</b> 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>	
<b>18</b> 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>	
<b>19</b> 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>
<b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		
<b>20b</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>21</b> X	
<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>22</b>	X
<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>23</b> X	
<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>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	
<b>c</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>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	
<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>25a</b>	X
<b>b</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>25b</b>	X
<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>26</b>	X
<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>27</b>	X
<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>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28a</b>	X
<b>b</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>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>29</b> X	
<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>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<b>31</b>	X
<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>32</b>	X
<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>33</b>	X
<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>34</b> X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<b>35</b>	X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<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>36</b>	X
<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>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<b>38</b> X	

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

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

Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 42		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 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?		<b>1c</b> 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	<b>2a</b> 26		
<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. (see instructions)		<b>2b</b> X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?			<b>3a</b> 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>3b</b>	
<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)?			<b>4a</b> X
<b>b</b> If "Yes," enter the name of the foreign country <input type="text"/> See instructions for 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?			<b>5a</b> X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<b>5b</b> X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		<b>5c</b>	
<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?			<b>6a</b> 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>6b</b>	
<b>7 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?		<b>7a</b> X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?		<b>7b</b> 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?		<b>7c</b>	<b>7c</b> X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>7f</b>	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<b>7h</b>	
<b>8 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>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?		<b>9a</b>	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?		<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<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>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		<b>13a</b>	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?		<b>14a</b>	<b>14a</b> X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<b>14b</b>	

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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.

Check if Schedule O contains a response to any question in this Part VI ☒

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	20	
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent	19	
<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?	X	
<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?	X	
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<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?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<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		X

**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?		X
<b>10b</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>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</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	X	
<b>12b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<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	X	
<b>b</b> Other officers or key employees of the organization	X	
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?		X
<b>16b</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 ▶  
**JIM GRAZICK - 203-652-0231**  
**383 MAIN AVE. 5TH FLOOR, NORWALK, CT 06851**



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

Check if Schedule O contains a response to any question in this Part VII ☐

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
ALAN HELLER BOARD MEMBER	2.00	X						0.	0.	0.
CHARLES ORTNER BOARD MEMBER	2.00	X						0.	0.	0.
CHRIS MCWILTON BOARD MEMBER	2.00	X						0.	0.	0.
DANA LAFORGE CHAIRMAN	2.00	X		X				0.	0.	0.
DONNA ZACCARO BOARD MEMBER	2.00	X						0.	0.	0.
EDWARD PHILLIPS 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.
GERALD MCDOUGALL BOARD MEMBER	2.00	X						0.	0.	0.
KAREN ANDREWS BOARD MEMBER	2.00	X						0.	0.	0.
KATHY GIUSTI CHIEF EXECUTIVE OFFICER, PRESIDENT	30.00	X		X				311,413.	0.	0.
KENNETH ANDERSON, MD BOARD MEMBER	2.00	X						0.	0.	0.
LORI TAUBER-MARCUS BOARD MEMBER	2.00	X						0.	0.	0.
MERYL ZAUSNER BOARD MEMBER	2.00	X						0.	0.	0.
MIKE MORTIMER 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.

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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 (describe hours for related organizations in Schedule O)	(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			
WILLIAM MCKIERMAN BOARD MEMBER	2.00	X						0.	0.	0.
DAVID PARKINSON BOARD MEMBER	2.00	X						0.	0.	0.
ANTHONY KESMAN BOARD MEMBER	2.00	X						0.	0.	0.
ANNE QUINN YOUNG VP OF COMMUNICATIONS	36.00			X				139,086.	0.	0.
KAREN DIETZ SECRETARY/IN-HOUSE COUNCIL	32.00			X				78,883.	0.	0.
STEVE AMELIO CHIEF FINANCIAL OFFICER	6.40			X				7,692.	0.	0.
WALTER CAPONE CHIEF OPERATING OFFICER	30.00			X				152,613.	0.	0.
JAMES GRAZICK TREASURER/DIRECTOR OF FINANCE	32.00			X				80,329.	0.	0.
LOUISE PERKINS CHIEF SCIENTIFIC OFFICER	28.00				X			208,031.	0.	0.
<b>1b Sub-total</b>								978,047.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								475,947.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,453,994.	0.	0.

**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 **7**

	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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
AOI COMMUNICATIONS 102 PICKERING WAY, EXTON, PA 19341	MEETING AND EVENT PLANNER	386,499.
PRICEWATERHOUSECOOPERS, 2001 MARKET STREET, SUITE 1700, PHILADELPHIA, PA 19103	MANAGEMENT CONSULTING	281,728.

**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 **2**

SEE PART VII, SECTION A CONTINUATION SHEETS

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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			
ANNE WALKER NATIONAL EVENTS DIRECTOR	40.00					X		138,713.	0.	0.
JOAN LEVY ASS. DR. OF RESEARCH	40.00					X		136,817.	0.	0.
ROBERT LUCAS VP OF DEVELOPMENT	40.00					X		200,417.	0.	0.
Total to Part VII, Section A, line 1c								475,947.		

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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
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	6,853,409.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	392,759.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	18404085.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h Total.</b> Add lines 1a-1f			25650253.			
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			146,601.			146,601.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
		(i) Real	(ii) Personal				
	<b>6 a</b> Gross Rents						
	<b>b</b> Less: rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)						
	<b>8 a</b> Gross income from fundraising events (not including \$ 6,853,409. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		279,625.			
	<b>b</b> Less: direct expenses	<b>b</b>		1869080.			
	<b>c</b> Net income or (loss) from fundraising events			-1589455.			-1589455.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
<b>b</b> Less: cost of goods sold	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> _____							
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions				24207399.	0.	0.	-1442854.

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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
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	11,764,779.	11,764,779.		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,850,000.	1,850,000.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	914,642.	607,358.	190,572.	116,712.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,240,395.	496,021.	165,009.	579,365.
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services See Part IV, line 17	151,374.			151,374.
<b>f</b> Investment management fees				
<b>g</b> Other	907,553.	416,674.	69,902.	420,977.
<b>12</b> Advertising and promotion	135,092.	121,583.		13,509.
<b>13</b> Office expenses	114,491.	60,885.	18,125.	35,481.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	206,283.	105,617.	34,037.	66,629.
<b>17</b> Travel	95,877.	13,916.	5,964.	75,997.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	1,322,777.	1,321,953.	412.	412.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	107,349.	54,963.	17,713.	34,673.
<b>23</b> Insurance	59,019.	47,215.	5,902.	5,902.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
<b>a</b> <u>PATIENT AND CLINICIAN O</u>	767,731.	767,731.	0.	0.
<b>b</b> <u>CDC EXPENSE</u>	394,296.	394,296.	0.	0.
<b>c</b> <u>MISCELLANEOUS</u>	109,366.	55,996.	18,045.	35,325.
<b>d</b> _____				
<b>e</b> _____				
<b>f</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24f	20,141,024.	18,078,987.	525,681.	1,536,356.
<b>26</b> Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	500.	<b>1</b>	500.
	<b>2</b> Savings and temporary cash investments	8,625,596.	<b>2</b>	12,319,250.
	<b>3</b> Pledges and grants receivable, net	7,677,383.	<b>3</b>	7,928,343.
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	114,604.	<b>9</b>	263,243.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	649,095.		
	<b>b</b> Less: accumulated depreciation	404,772.		
		345,877.	<b>10c</b>	244,323.
	<b>11</b> Investments - publicly traded securities	3,568,171.	<b>11</b>	4,567,673.
	<b>12</b> Investments - other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11	252,962.	<b>15</b>	191,428.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	20,585,093.	<b>16</b>	25,514,760.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	337,426.	<b>17</b>	430,737.
	<b>18</b> Grants payable	10,173,071.	<b>18</b>	11,240,911.
	<b>19</b> Deferred revenue	7,698.	<b>19</b>	131,495.
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D	980,000.	<b>25</b>	500,000.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	11,498,195.	<b>26</b>	12,303,143.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		
<b>27</b> Unrestricted net assets		7,633,073.	<b>27</b>	2,866,617.
<b>28</b> Temporarily restricted net assets		1,453,825.	<b>28</b>	10,345,000.
<b>29</b> Permanently restricted net assets			<b>29</b>	
<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
<b>30</b> Capital stock or trust principal, or current funds			<b>30</b>	
<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund			<b>31</b>	
<b>32</b> Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b>		9,086,898.	<b>33</b>	13,211,617.
<b>34</b> <b>Total liabilities and net assets/fund balances</b>		20,585,093.	<b>34</b>	25,514,760.

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**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,207,399.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,141,024.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,066,375.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,086,898.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	58,344.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	13,211,617.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII ☒

- 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 separate basis, consolidated 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 (2010)





## THE MULTIPLE MYELOMA RESEARCH

Schedule A (Form 990 or 990-EZ) 2010 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14704606.	22305441.	22400673.	21845537.	25650253.	106906510
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	14704606.	22305441.	22400673.	21845537.	25650253.	106906510
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)						22672197.
6 <b>Public support.</b> Subtract line 5 from line 4						84234313.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	14704606.	22305441.	22400673.	21845537.	25650253.	106906510
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	265,162.	245,441.	113,486.	68,343.	146,601.	839,033.
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						107745543
12 Gross receipts from related activities, etc. (see instructions)					12	949,858.
13 <b>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**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	78.18	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	78.97	%
16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b <b>33 1/3% support test - 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
17a <b>10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b <b>10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2010

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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)						

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

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>		%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>		%

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

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>		%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	<b>18</b>		%

**19a 33 1/3% support tests - 2010.** 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 - 2009.** 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

**2010**

**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 education)	<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, and not on a historic structure listed in the National Register	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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and 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 (ASC 958) 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.**

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

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

- a ☐ Public exhibition  
b ☐ Scholarly research  
c ☐ Preservation for future generations  
d ☐ Loan or exchange programs  
e ☐ Other \_\_\_\_\_

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 the 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 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				
<b>d</b> Equipment		282,943.	209,401.	73,542.
<b>e</b> Other		366,152.	195,371.	170,781.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				244,323.

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

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**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
1. (1) Federal income taxes	
(2) MMRC RESEARCH GRANT PAYABLE	500,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	500,000.

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

032053  
12-20-10

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THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.

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**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	24,207,399.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	20,141,024.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	4,066,375.
4	Net unrealized gains (losses) on investments	4	58,346.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-2.
9	Total adjustments (net). Add lines 4 through 8	9	58,344.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	4,124,719.

**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	24,329,799.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	58,346.
b	Donated services and use of facilities	2b	64,054.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	122,400.
3	Subtract line 2e from line 1	3	24,207,399.
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	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	24,207,399.

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

1	Total expenses and losses per audited financial statements	1	20,205,080.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	64,054.
b	Prior year adjustments	2b	
c	Other losses	2c	2.
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	64,056.
3	Subtract line 2e from line 1	3	20,141,024.
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	20,141,024.

**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, LINE 2: 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 2007.

SCHEDULE D, PAGE 4, PART XII, QUESTION 4B. AMOUNTS RECONCILING THE 990 TO

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032054  
12-20-10

THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.

Schedule D (Form 990) 2010

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**Part XIV** Supplemental Information (continued)

THE FINANCIAL STATEMENTS TOTALING \$44,120 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

**2010**Open to Public  
InspectionName 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 V the organization's procedures for monitoring the use of grant funds outside the United States.**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 and investments in region
NORTH AMERICA			GRANTS TO RECIPIENTS LOCATED IN REGION		275,000.
EUROPE			GRANTS TO RECIPIENTS LOCATED IN REGION		1,100,000.
MIDDLE EAST AND NORTH AFRICA			GRANTS TO RECIPIENTS LOCATED IN REGION		200,000.
EAST ASIA AND THE PACIFIC			GRANTS TO RECIPIENTS LOCATED IN REGION		275,000.
<b>3 a</b> Sub-total	0	0			1,850,000.
<b>b</b> Total from continuation sheets to Part I	0	0			0.
<b>c Totals</b> (add lines 3a and 3b)	0	0			1,850,000.

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

Schedule F (Form 990) 2010



THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.

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**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐

Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CALGARY, ALBERTA CANADA	PAP INHIBITOR AS NOVEL THERAPEUTIC APPROACH IN MULTIPLE MYELOMA	75,000	CHECK	0.		
		AUSTRALIA	THE ROLE OF SURVIVAL PROTEINS IN MULTIPLE MYELOMA DEVELOPMENT	75,000	CHECK	0.		
		NETHERLANDS	THE HUMANIZED MULTIPLE MYELOMA MOUSE MODEL	200,000	CHECK	0.		
		ISREAL	ERYTHROPOIETIN AS AN ANTI-MULTIPLE MYELOMA IMMUNOMODULATING AGENT	200,000	CHECK	0.		
		CANADA	DEVELOPMENT OF THERAPEUTIC INHIBITORS FOR TREATMENT OF MULTIPLE MYELOMA	200,000	CHECK	0.		
		ITALY	AN INTEGRATED STUDY OF PROTEOSTASIS AGAINST MULTIPLE MYELOMA	200,000	CHECK	0.		
		AUSTRALIA	TARGETED INHIBITION OF JAK-STAT SIGNALLING TO MODIFY MM DRUG RESISTANCE	200,000	CHECK	0.		
		UNITED KINGDOM	GLYCOPHINGOLIPID INHIBITORS IN THE TREATMENT OF MULTIPLE MYELOMA	200,000	CHECK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ☐

3 Enter total number of other organizations or entities ☐

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SEE PART V FOR COLUMN (D) DESCRIPTIONS

28

032072  
12-20-10

100

032182  
12-21-10

**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.

[illegible]

## THE MULTIPLE MYELOMA RESEARCH

Schedule F (Form 990) 2010

FOUNDATION, INC.

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**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) ☐ Yes ☒ No

Schedule F (Form 990) 2010

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable.

Also complete this part to provide 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: CANADA

(D) PURPOSE OF GRANT: DEVELOPMENT OF THERAPEUTIC INHIBITORS FOR TREATMENT OF MULTIPLE MYELOMA.

REGION: ITALY

(D) PURPOSE OF GRANT: MINIMAL RESIDUAL DISEASE TO BETTER CHARACTERIZE MULTIPLE MYELOMA RESPONSE AND DETECT EARLY RELAPSE

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

**2010**

Open To Public  
Inspection

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ 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 and address 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			
ARRON CONSULTING - 377 FIFTH AVE, BROOKLYN, NY 11215	GREENWICH GALA	X		1,876,168.	36,850.	1,839,318.
PAT HURLEY - 205 W. WACKER DRIVE, #1499, CHICAGO, IL	CHICAGO DINNER	X		933,060.	45,000.	888,060.
ARRON CONSULTING - 377 FIFTH AVE, BROOKLYN, NY 11215	LAUGH FOR LIFE	X		603,950.	18,150.	585,800.
M3 DEVELOPMENT - 26 WOODPACKER WAY, MARLBORO, NJ	B.2.1 CAMPAIGN		X	0.	25,000.	-25,000.
STELTER - 10435 NEW YORK AVE, DES MOINES, IA 50322	PLANNED GIVING		X	0.	26,374.	-26,374.
<b>Total</b>				<b>3,413,178.</b>	<b>151,374.</b>	<b>3,261,804.</b>

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

**THE MULTIPLE MYELOMA RESEARCH**

Schedule G (Form 990 or 990-EZ) 2010

**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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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)	
1	Gross receipts	2,809,230.	603,950.	3,719,854.	7,133,034.
	2 Less: Charitable contributions	2,595,230.	538,325.	3,719,854.	6,853,409.
	3 Gross income (line 1 minus line 2)	214,000.	65,625.		279,625.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	392,841.	70,673.		463,514.
	7 Food and beverages				
	8 Entertainment	48,898.	8,550.		57,448.
	9 Other direct expenses	422,534.	107,339.	818,245.	1,348,118.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				( 1,869,080 )
	11 Net income summary. Combine line 3, column (d), and line 10				-1,589,455.

**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? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

**THE MULTIPLE MYELOMA RESEARCH**

Schedule G (Form 990 or 990-EZ) 2010 **FOUNDATION, INC.**

06-1504413 Page 3

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- |          |                             |            |   |
|----------|-----------------------------|------------|---|
| <b>a</b> | The organization's facility | <b>13a</b> | % |
| <b>b</b> | An outside facility         | <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? ☐ Yes ☐ No

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer      ☐ Employee      ☐ Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: PAT HURLEY

(I) ADDRESS OF FUNDRAISER: 205 W. WACKER DRIVE, #1499, CHICAGO, IL 60606

(I) NAME OF FUNDRAISER: M3 DEVELOPMENT

(I) ADDRESS OF FUNDRAISER: 26 WOODPACKER WAY, MARLBORO, NJ 07746



**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" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No 1545-0047

**2010**

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. Part II can be duplicated 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
CONSTELLATION PHARMACEUTICALS 215 FIRST ST., SUITE 200 CAMBRIDGE, MA 02142	26-1741721		500,000.	0.			TARGETING HISTONE METHYLTRANSFERASES TO TREAT MULTIPLE MYELOMA
DANA FARBER CANCER INSTITUTE 44 BINEY ST BOSTON, MA 02115	04-2263040	501(C)(3)	75,000.	0.			A NOVEL AURORA KINASE INHIBITOR, AT9283, AND LENALIDOMIDE IN MM
DANA FARBER CANCER INSTITUTE 44 BINEY ST BOSTON, MA 02115	04-2263040	501(C)(3)	75,000.	0.			MEASURING THE APOPTOTIC PRESET AS A PREDICTOR OF CHEMOSENSITIVITY
DANA FARBER CANCER INSTITUTE 44 BINEY ST BOSTON, MA 02115	04-2263040	501(C)(3)	200,000.	0.			INDUCTION OF MYELOMA CELL SUSCEPTIBILITY TO NK CELLS
DANA FARBER CANCER INSTITUTE 44 BINEY ST BOSTON, MA 02115	04-2263040	501(C)(3)	200,000.	0.			TARGETING AUTOPHAGY IN MULTIPLE MYELOMA
DANA FARBER CANCER INSTITUTE 44 BINEY ST BOSTON, MA 02115	04-2263040	501(C)(3)	200,000.	0.			DEVELOPMENT OF COMBINATION REGIMENS BASED ON HISTONE DEACETYLASE INHIBITORS

**2** Enter total number of section 501(c)(3) and government organizations

**3** Enter total number of other organizations

8.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2010)

THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.

06-1504413 Page 1

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

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
	DARTMOUTH MEDICAL SCHOOL, NORRIS COTTON CANCER CENTER - 11 ROPE FERRY RD., # 6210 - HANOVER, NH 03755	02-0222111		200,000.	0.			MOLECULAR MECHANISMS OF INTRINSIC RESISTANCE OF MYELOMA CELLS TO BORTEZOMIB
	EPIZYME 840 MEMORIAL DRIVE CAMBRIDGE, MA 02139	26-1349956		500,000.	0.			DEVELOPMENT OF SMALL MOLECULE INHIBITORS OF WH SC1 (MMSET) FOR THE TREATMENT OF T (4,14)
	H. LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DRIVE TAMPA, FL 33612	59-0965591	501(C)(3)	200,000.	0.			ROLE OF CALCIUM IN MEDIATING C-HYD1 AND HYD1 INDUCED CELL DEATH IN MM
	H. LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DRIVE TAMPA, FL 33612	59-2451713	501(C)(3)	250,000.	0.			REGULATION OF MULTIPLE MYELOMA BY MYELOID CELLS
	INSTITUTION HEALTH RESEARCH INC., ROSWELL PARK CANCER INSTITUTE DIVISION - ELM AND CARLTON STREET, BLSC L5-318B - BUFFALO, NY 14263	14-1402155		250,000.	0.			UNDERSTANDING THE MYELOID MICROENVIRONMENT IN MULTIPLE MYELOMA
	INTELLIKINE 10931 NORTH TORREY PINES ROAD, SUITE LA JOLLA, CA 92037	20-8914077		500,000.	0.			DEVELOPMENT OF INK128, A SELECTIVE TORC1/2 INHIBITOR IN MULTIPLE MYELOMA
	JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE - CRB245, 1650 ORLEANS STREET - BALTIMORE, MD 21287	52-0595110		500,000.	0.			QUANTIFICATION OF CIRCULATING TUMOR SPECIFIC DNA IN MULTIPLE MYELOMA
	KARYOPHARM 15 BONTEMPO ROAD NEWTON, MA 02459			500,000.	0.			SMALL MOLECULE CRM1 INHIBITORS FOR THE TREATMENT OF MULTIPLE MYELOMA
	MAYO CLINIC/MAYO CLINIC COLLEGE OF MEDICINE - PO BOX 4006 - ROCHESTER, MN 55905	41-6011702		200,000.	0.			EXPLORING THE ROLE OF UCH-L1 IN THE PATHOGENESIS OF MYELOMA

LHA

Schedule I (Form 990)

THE MULTIPLE MYELOMA RESEARCH

06-1504413 Page 1

Schedule I (Form 990) 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
MEDICAL COLLEGE OF GEORGIA RESEARCH INSTITUTE - 1120 15TH STREET - AUGUSTA, GA 30912	58-1418202		75,000.	0.			THE NFkB2-IL10 PATHWAY IN MULTIPLE MYELOMA PATHOGENESIS
MICHIGAN STATE UNIVERSITY 301 ADMINISTRATION BUILDING EAST LANSING, MI 48824	38-6005984		200,000.	0.			DEVELOPMENT OF ALLOSTERIC PROTEASOME INHIBITORS FOR THE TREATMENT OF MM
NORTHWESTERN UNIVERSITY - 303 E SUPERIOR STREET LURIE 5-123 CHICAGO, IL 60611	36-2167817		250,000.	0.			ELUCIDATION OF THERAPEUTIC TARGETS IN MMSET-ASSOCIATED MYELOMA
SANFORD-BURNHAM MEDICAL RESEARCH INSTITUTE - 10901 NORTH TORREY PINES ROAD - LA JOLLA, CA 92037	46-0450378		75,000.	0.			TARGETING UBC13 FOR MULTIPLE MYELOMA TREATMENT
STANFORD UNIVERSITY 875 BLAKE WILBUR DRIVE, ROOM G-211 STANFORD, CA 94305	94-1156365		200,000.	0.			TARGETING THE UNFOLDED PROTEIN RESPONSE FOR CANCER THERAPY
TGEN 445 NORTH 5TH STREET, SUITE 423 PHOENIX, AZ 85004	75-3065445		250,000.	0.			CONSEQUENCES OF KDM6A/UTX LOSS IN MULTIPLE MYELOMA
THE VA PITTSBURGH HEALTHCARE SYSTEM 151-U-2W-143, UNIVERSITY DRIVE C PITTSBURGH, PA 15240	25-0965591		250,000.	0.			THE ROLE OF XBP1S IN MULTIPLE MYELOMA MICROENVIRONMENT
TRAGARA 10955 VISTA SORRENTO PARKWAY, SUITE SAN DIEGO, CA 92130	32-0162504		500,000.	0.			DEVELOPMENT OF TG02, A MULTI-KINASE INHIBITOR IN MULTIPLE MYELOMA
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES - 4301 WEST MARKHAM - LITTLE ROCK, AK 72205 LHA	71-6046242		250,000.	0.			IDENTIFICATION OF MOLECULAR TARGETS IN MYELOMA MICROENVIRONMENTS

Schedule I (Form 990)

THE MULTIPLE MYELOMA RESEARCH

06-1504413 Page 1

Schedule I (Form 990) FOUNDATION, INC.

Part II 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 CALIFORNIA, LOS ANGELES - 11000 KINROSS STREET SUITE 102, 3RD FLOOR - LOS ANGELES, CA 90095	95-6006143		200,000.	0.			TARGETING TYPE 1 IFN AND TRAIL TO MM USING ANTI-CD138 FUSION PROTEINS
VIRGINIA COMMONWEALTH UNIVERSITY BOX 843039 730 EAST BROAD ST RICHMOND, VA 23298	54-6000545		200,000.	0.			HDAC INHIBITORS AND BH3 MIMETICS IN RESISTANT/REFRACTORY MULTIPLE MYELOMA
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER - 7455 FANNIN - HOUSTON, TX 77054	74-6001118		75,000.	0.			MACROPHAGES PROTECT MYELOMA CELLS FROM CHEMOTHERAPY DRUG-INDUCED APOPTOSIS
UT M. D. ANDERSON CANCER CENTER 7455 FANNIN HOUSTON, TX 77054	74-6001118		200,000.	0.			MECHANISMS OF LENALIDOMIDE RESISTANCE
UNIVERSITY OF UTAH SCHOOL OF MEDICINE - 201 S PRESIDENT'S CIRCLE ROOM 406 - SALT LAKE CITY, UT 84132	87-6000525		200,000.	0.			NOVEL TREATMENT APPROACHES TO TARGET THE RARA2 POSITIVE MYELOMA CELL
MULTIPLE MYELOMA RESEARCH CONSORTIUM - 383 MAIN AVENUE - NORWALK, CT 06851	81-0640775	501(C)(3)	4,145,000.	0.			CLINICAL DRUG FUNDING

LHA Schedule I (Form 990)

THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.

06-1504413

Page 2

Schedule I (Form 990) (2010)

**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.  
Part III can be duplicated 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

THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.

Schedule I (Form 990) 2010

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: EPIZYME

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOPMENT OF SMALL MOLECULE  
INHIBITORS OF WH SC1 (MMSET) FOR THE TREATMENT OF T (4;14) MYELOMA  
PATIENTS

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

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

Employer identification number  
**06-1504413**

**Part I Questions Regarding Compensation**

**1a** 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.

- |  |  |
|--|--|
| <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** 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

**2** 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?

**3** 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.

- |   |   |
|---|---|
| <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 |

**4** 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

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?  
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** 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:

- a** The organization?  
**b** Any related organization?  
If "Yes" to line 5a or 5b, describe in Part III.

**6** 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:

- a** The organization?  
**b** Any related organization?  
If "Yes" to line 6a or 6b, describe in Part III.

**7** 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

**8** 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2010

THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.

06-1504413

Page 2

Schedule J (Form 990) 2010

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

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KATHY GIUSTI	(i)	286,413.	25,000.	0.	0.	311,413.	0.
	(ii)	0.	0.	0.	0.	0.	0.
2 WALTER CAPONE	(i)	152,613.	0.	0.	0.	152,613.	0.
	(ii)	0.	0.	0.	0.	0.	0.
3 LOUISE PERKINS	(i)	193,031.	15,000.	0.	0.	208,031.	0.
	(ii)	0.	0.	0.	0.	0.	0.
4 ROBERT LUCAS	(i)	200,417.	0.	0.	0.	200,417.	0.
	(ii)	0.	0.	0.	0.	0.	0.
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Schedule J (Form 990) 2010



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

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

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**06-1504413**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	24	482,600.	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 Acknowledgement

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

Schedule M (Form 990) (2010)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

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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 2, NEW PROGRAM SERVICES:

THE MULTIPLE MYELOMA RESEARCH FOUNDATION, (THE "MMRF") INTENDS TO  
SPONSOR A MULTI-YEAR PERSONALIZED MEDICINE RESEARCH INITIATIVE IN  
MULTIPLE MYELOMA. IT BEGAN CERTAIN PROCESSES IN TAX YEAR 2010 IN  
CONTEMPLATION OF SUCH INITIATIVE AND INTENDS TO START SUCH INITIATIVE  
BEGINNING IN TAX YEAR 2011. THIS IS A NEW ACTIVITY FOR THE MMRF AS IT  
WILL BE TAKING ON THE RESPONSIBILITIES OF A SPONSOR OF RESEARCH (E.G.,  
INITIATION, MANAGEMENT, AND/OR FINANCING OF THE RESEARCH) RATHER THAN  
SIMPLY FUNDING SUCH RESEARCH SPONSORED BY A THIRD PARTY, AS IT HAS DONE  
PREVIOUSLY. THEREFORE, MMRF IS REPORTING THIS ACTIVITY TO THE IRS AS A  
CHANGE IN ITS ACTIVITIES PURSUANT TO SECTION III QUESTION 2 OF THIS  
FORM 990.

PURSUANT TO THE MMRF'S CERTIFICATE OF INCORPORATION, ONE OF ITS  
PURPOSES IS TO "SUPPORT AND PROMOTE IMPROVED TREATMENT AND DEVELOPMENT  
OF A CURE FOR MULTIPLE MYELOMA... [N]OTWITHSTANDING ANY OTHER PROVISION  
OF THIS CERTIFICATE OF INCORPORATION, THE OBJECTS AND PURPOSES OF THE  
CORPORATION SHALL BE EXCLUSIVELY CHARITABLE, SCIENTIFIC AND EDUCATIONAL  
WITHIN THE MEANING OF CODE SECTION 501(C)(3)." TO MEET THIS PURPOSE,  
THE MMRF INTENDS TO SPONSOR SCIENTIFIC RESEARCH CARRIED ON IN THE  
PUBLIC INTEREST TO DISCOVER A CURE FOR MULTIPLE MYELOMA.

MMRF INTENDS TO SPONSOR A PERSONALIZED MEDICINE INITIATIVE IN WHICH  
1000 OR MORE NEWLY DIAGNOSED PATIENTS WILL BE ENROLLED THROUGH SEVERAL

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SITES (I.E., HOSPITALS, ACADEMIC MEDICAL CENTERS AND OTHER COMMUNITY HEALTH CENTERS) ACROSS THE COUNTRY. NO EXPERIMENTAL DRUG WILL BE USED IN THE STUDY. RATHER BLOOD AND BONE MARROW SAMPLES WILL BE TAKEN FROM THE PATIENTS PERIODICALLY OVER THE COURSE OF THEIR TREATMENT. THE STANDARD OF CARE (I.E., DRUGS AND TREATMENT) FOR EACH PATIENT WILL BE DETERMINED BY SUCH PATIENT'S PERSONAL PHYSICIAN. THE TISSUES SAMPLES COLLECTED WILL BE PLACED IN A BIOBANK. AN UNRELATED, THIRD PARTY, NOT-FOR-PROFIT BIOMEDICAL RESEARCH INSTITUTE WOULD THEN PERFORM LABORATORY TESTS ON A PORTION OF EACH OF THE SAMPLES RESULTING IN GENOMIC DATA ABOUT EACH PATIENT.

THE PURPOSE OF THE RESEARCH STUDY AS SET FORTH IN THE RESEARCH STUDY PROTOCOL IS AS FOLLOWS: "THE OBJECTIVE OF THIS LONGITUDINAL STUDY IS TO IDENTIFY PATIENT SUBGROUPS AND PHENOTYPES DEFINED BY MOLECULAR PROFILING AND CLINICAL FEATURES. THESE PROFILES WILL ENABLE A BETTER UNDERSTANDING OF MECHANISMS OF DISEASE, DRUG RESPONSE AND PATIENT RELAPSE. ULTIMATELY THE STUDY IS INTENDED TO DRIVE SUCCESSFUL DRUG DEVELOPMENT AND PATIENT CARE IN MULTIPLE MYELOMA." BASICALLY, A PERSONALIZED MEDICINE APPROACH LOOKS AT AN INDIVIDUALS GENETIC MAKE UP, ALLOWING PHYSICIANS TO GIVE THE RIGHT DRUG, AT THE RIGHT DOSE, TO THE RIGHT PATIENT, AT THE RIGHT TIME BASED ON THE PATIENT'S GENETIC INFORMATION. IN OTHER WORDS, THE ULTIMATE GOAL OF THE RESEARCH STUDY IS TO COME UP WITH A STANDARD OF CARE MODEL FOR MULTIPLE MYELOMA BASED ON A PATIENT'S GENOMIC DATA.

ONCE A CERTAIN NUMBER (E.G., 50) OF PATIENTS' INFORMATION HAS BEEN COLLECTED AND THE GENOMIC DATA PRODUCED FROM THE LABORATORY TESTS CONDUCTED BY THE THIRD PARTY, THE GENOMIC DATA AND THE CLINICAL DATA COLLECTED ON EACH PATIENT, WILL BE PLACED INTO ONE LARGE DATABASE

(I.E., THAT CONTAINS BOTH GENOMIC AND CLINICAL DATA) (THE "PATIENT DATA

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REPOSITORY"). THE PATIENT DATA REPOSITORY WILL THEN BE ACCESSIBLE VIA  
THE INTERNET TO RESEARCHERS.

EACH TIME A NEW MILESTONE NUMBER OF PATIENTS' SAMPLES HAVE BEEN  
ANALYZED AND GENOMIC INFORMATION DERIVED (E.G., 50, 100, 150, 200  
ETC.), SUCH INFORMATION, ALONG WITH THE CLINICAL DATA OF THE RELEVANT  
PATIENTS, WILL BE POSTED TO THE PATIENT DATA REPOSITORY AND ACCESS  
GRANTED TO RESEARCHERS.

ACCESS TO INFORMATION POSTED TO THE PATIENT DATA REPOSITORY WILL OCCUR  
AS FOLLOWS: AFTER ANY POSTING OF INFORMATION TO THE PATIENT DATA  
REPOSITORY, THE MMRF, CERTAIN PRINCIPAL INVESTIGATORS IN MULTIPLE  
MYELOMA RESEARCH FROM LEADING ACADEMIC MEDICAL CENTERS, CERTAIN SITES  
WHICH HAVE ENROLLED PATIENTS INTO THE RESEARCH STUDY (E.G., HIGH  
ENROLLING SITES), A NOT-FOR-PROFIT BIOMEDICAL RESEARCH INSTITUTE WHICH  
IS A LEADER IN GENOMIC RESEARCH, AND CERTAIN PHARMACEUTICAL AND BIOTECH  
COMPANIES WILL HAVE ACCESS TO THE INFORMATION FOR THE FIRST NINE MONTHS  
AFTER EACH POSTING OF INFORMATION. EACH WILL HAVE THE RIGHT TO PUBLISH  
THEIR FINDINGS (I.E., IN SCIENTIFIC JOURNALS, TREATISE, ETC.) STARTING  
9 MONTH AFTER EACH POSTING.

AFTER THE FIRST 9 MONTHS FOLLOWING ANY POSTING OF INFORMATION, ANY  
RESEARCHERS AND ENROLLING SITES INVOLVED IN THE RESEARCH STUDY THAT DID  
NOT YET HAVE ACCESS TO THE PATIENT DATA REPOSITORY WILL HAVE ACCESS AND  
BE ABLE TO PUBLISH THEIR FINDINGS. AT THE END OF THE 12TH MONTH  
FOLLOWING ANY POSTING, THE INFORMATION CONTAINED IN SUCH POSTING WILL  
BE AVAILABLE TO THE INTERESTED PUBLIC FOR RESEARCH, EDUCATION AND  
PUBLICATION.

FUNDING FOR THE PERSONALIZED MEDICINE INITIATIVE WILL BE DERIVED  
PRIMARILY (>60%) FROM PRIVATE DONATIONS. SUPPLEMENTAL FUNDING WILL ALSO  
BE FROM SEVERAL PHARMACEUTICAL AND BIOTECH COMPANIES. THESE COMPANIES

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WILL NOT HAVE ANY DECISION-MAKING AUTHORITY OVER THE PROTOCOL DESIGN,  
OVER WHO CAN ACCESS INFORMATION POSTED TO THE PATIENT DATA REPOSITORY,  
OVER THE CONTENT OF INFORMATION POSTED TO THE PATIENT DATA REPOSITORY,  
OR OVER WHO CAN ACCESS PATIENT TISSUE. THE SELECTION OF ENROLLING  
SITES IS IN THE SOLE DISCRETION OF THE MMRF. ALL SCIENTIFIC DECISIONS  
WILL BE MADE BY A SCIENTIFIC ADVISORY BOARD COMPOSED SOLELY OF  
NON-INDUSTRY SCIENTISTS AND RESEARCHERS.

TISSUE SAMPLES FROM THE PATIENTS IN THE RESEARCH STUDY WILL BE  
AVAILABLE TO THE ENTITIES AND INDIVIDUALS WHO HAVE HAD ACCESS TO THE  
PATIENT DATA REPOSITORY, WITH CONSIDERATION GOING TO THE ENTITIES AND  
RESEARCHERS WHO PARTICIPATED DIRECTLY IN THE RESEARCH STUDY AND WHO CAN  
MOST EFFICIENTLY AND EFFECTIVELY USE THE SAMPLES IN CONJUNCTION WITH  
THE INFORMATION POSTED IN THE PATIENT DATA REPOSITORY TO FURTHER A CURE  
FOR MULTIPLE MYELOMA.

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 \$ 8,633,987. INCLUDING GRANTS OF \$ 4,169,779. REVENUE \$ 0.

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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 B, LINE 11: FORM 990 WAS SENT TO ALL BOARD  
MEMBERS FOR REVIEW BEFORE IT WAS FILED. ANY QUESTIONS/ISSUES WERE ADDRESSED  
BEFORE THE 990 WAS FILED.

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.

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

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

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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  
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



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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 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 PERSONS 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:

032212  
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

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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

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 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 58,346.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED

FORM 990, PAGE 1, B

REASON FOR FILING AMENDED RETURN

ANSWER TO QUESTION 11A, IN PART VI WAS INCORRECT. IT SHOULD HAVE BEEN  
MARKED "YES", THAT WE DO PROVIDE A COPY OF THE 990 TO ALL MEMBERS OF  
ITS GOVERNING BODY BEFORE FILING THE FORM.



**Part IV. 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

**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.)

55 Schedule R (Form 990) 2010

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) MULTIPLE MYELOMA RESEARCH CONSORTIUM	B	4,145,000.	
(2) MULTIPLE MYELOMA RESEARCH CONSORTIUM	M	160,097.	
(3) MULTIPLE MYELOMA RESEARCH CONSORTIUM	N	674,404.	
(4)			
(5)			
(6)			

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

[illegible]

THE MULTIPLE MYELOMA RESEARCH  
FOUNDATION, INC.

Schedule R (Form 990) 2010

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**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print  File by the extended 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>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**JIM GRAZICK**

- 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 is for.

**4** I request an additional 3-month extension of time until **NOVEMBER 15, 2011.**

**5** For calendar year **2010**, or other tax year beginning **\_\_\_\_\_**, and ending **\_\_\_\_\_**.

**6** If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

**7** State in detail why you need the extension **\_\_\_\_\_**

**ALL INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN IS NOT YET AVAILABLE.**

<b>8a</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>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **▶**

Title **▶ CEO AND FOUNDER**

Date **▶**

Form **8868** (Rev. 1-2011)