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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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 NO 5TH FL

City or town, state or country, and ZIP + 4  
NORWALK, CT 06851

F Name and address of principal officer  
KATHY GIUSTI  
383 MAIN AVE NO 5TH FL  
NORWALK, CT 06851

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				
Activities & Governance	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 OF NEXT-GENERATION MULTIPLE MYELOMA TREATMENTS TO EXTEND THE LIVES OF PATIENTS AND LEAD TO A CURE			
	2	Check this box <input type="checkbox"/> 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 2011 (Part V, line 2a)	5	24	
	6	Total number of volunteers (estimate if necessary)	6	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
		9 Program service revenue (Part VIII, line 2g)	25,650,253	26,683,517	
		10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	1,426,530	
		11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	146,601	210,105	
		12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-1,589,455	-1,924,351	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	24,207,399	26,395,801	
		14 Benefits paid to or for members (Part IX, column (A), line 4)	13,614,779	10,359,300	
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0	
		16a Professional fundraising fees (Part IX, column (A), line 11e)	2,155,037	2,419,893	
		b Total fundraising expenses (Part IX, column (D), line 25) ▶1,851,495	151,374	122,340	
		17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			
		18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,219,834	12,070,558	
		19 Revenue less expenses Subtract line 18 from line 12	20,141,024	24,972,091	
Net Assets or Fund Balances		20 Total assets (Part X, line 16)	4,066,375	1,423,710	
			Beginning of Current Year	End of Year	
			25,514,760	26,736,021	
		21 Total liabilities (Part X, line 26)	12,303,143	12,178,855	
		22 Net assets or fund balances Subtract line 21 from line 20	13,211,617	14,557,166	

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

2012-07-19  
Date

KATHY GIUSTI CEO AND FOUNDER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ ROBIN STRONG

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ O'CONNOR DAVIES MUNNS & DOBBINS LLP  
ONE STAMFORD LANDING  
STAMFORD, CT 06902

Date

Check if self-employed ▶ ☐

Preparer's taxpayer identification number (see instructions)  
P00713382

EIN ▶ 13-3385019

Phone no ▶ (203) 323-2400

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

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

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

4a

(Code ) (Expenses \$ 5,016,000 including grants of \$ 5,016,000 ) (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 \$ 4,295,766 including grants of \$ ) (Revenue \$ )

LONGITUDINAL STUDYMMRF IS THE SPONSOR OF A PERSONALIZED MEDICINE INITIATIVE IN WHICH UP TO 1000 NEWLY DIAGNOSED PATIENTS WILL BE ENROLLED THROUGH SEVERAL SITES (I E , HOSPITALS, ACADEMIC MEDICAL CENTERS AND OTHER COMMUNITY HEALTH CENTERS) ACROSS THE COUNTRY NO EXPERIMENTAL DRUG IS USED IN THE STUDY RATHER BLOOD AND BONE MARROW SAMPLES ARE TAKEN FROM THE PATIENTS PERIODICALLY OVER THE COURSE OF THEIR TREATMENT THE STANDARD OF CARE (I E , DRUGS AND TREATMENT) FOR EACH PATIENT IS DETERMINED BY SUCH PATIENT'S PERSONAL PHYSICIAN THE TISSUES SAMPLES COLLECTED ARE 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 INDIVIDUAL'S 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

4c

(Code ) (Expenses \$ 2,400,000 including grants of \$ 2,400,000 ) (Revenue \$ )

SENIOR GRANT AWARDS (12 AWARDEES IN 2011)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

(Code ) (Expenses \$ 10,868,169 including grants of \$ 13,614,779 ) (Revenue \$ 1,426,530 )

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

4d

Other program services (Describe in Schedule O )






















(Expenses \$ 10,868,169 including grants of \$ 13,614,779 ) (Revenue \$ 1,426,530 )

4e

Total program service expenses \$ 22,579,935

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	3	No
4	<b>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? If "Yes," complete Schedule C, Part II . . . . .	4	No
5	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? If "Yes," complete Schedule C, Part III . . . . .	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	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		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes
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? If "Yes," complete Schedule D, Part VII. 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes
f	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)? If "Yes," complete Schedule D, Part X. 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I . . . . . 	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV . . . . . 	15	Yes
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV . . . . . 	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 	17	Yes
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . . 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . . 	19	No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . .	20b	

Part IV

Checklist of Required Schedules (continued)

21	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> . . . . .	21	Yes	
22	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> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<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> . . . . .	25a		No
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> . . . . .	25b		No
26	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> . . . . .	26		No
27	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> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	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> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	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> . . . . .	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
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> . . . . .	35b		No
36	<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> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V		Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	48		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .	2a	24		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a			No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8			
9 Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a			
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
c	Enter the aggregate amount of reserves on hand.	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			

Part VI

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	1a20		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5		No
6	Did the organization have members or stockholders? . . . . .	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . . . . .	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes	
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Did the organization have a written document retention and destruction policy? . . . . .	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . . .			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . .	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) . . . . .			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b		

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 , MS , NH , NJ , NM , NY , OK , PA , WV , AL , AZ , CO , IL , MN , NC , OH , RI , SC , TN , UT , VA , WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ JIM GRAZICK 383 MAIN AVE 5TH FLOOR NORWALK, CT 06851 (203) 652-0231

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, and **current** key employees 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) ALAN HELLER BOARD MEMBER	2 00	X						0	0	0
(2) CHARLES ORTNER BOARD MEMBER	2 00	X						0	0	0
(3) CHRIS MCWILTON BOARD MEMBER	2 00	X						0	0	0
(4) DANA LAFORGE CHAIRMAN	2 00	X		X				0	0	0
(5) DONNA ZACCARO ULLMAN BOARD MEMBER	2 00	X						0	0	0
(6) MARIE PINIZZOTTO BOARD MEMBER	2 00	X						0	0	0
(7) FRANK DOUGLAS PHD BOARD MEMBER	2 00	X						0	0	0
(8) GENE GRISANTI BOARD MEMBER	2 00	X						0	0	0
(9) GERALD MCDOUGALL BOARD MEMBER	2 00	X						0	0	0
(10) KAREN ANDREWS BOARD MEMBER	2 00	X						0	0	0
(11) KENNETH ANDERSON MD BOARD MEMBER	2 00	X						0	0	0
(12) LORI TAUBER-MARCUS BOARD MEMBER	2 00	X						0	0	0
(13) MERYL ZAUSNER BOARD MEMBER	2 00	X						0	0	0
(14) MIKE MORTIMER BOARD MEMBER	2 00	X						0	0	0
(15) MICHAEL REINERT BOARD MEMBER	2 00	X						0	0	0
(16) STEPHEN GRAND BOARD MEMBER	2 00	X						0	0	0
(17) WILLIAM MCKIERNAN BOARD MEMBER	2 00	X						0	0	0



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>	<b>▼</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	<b>▼</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	<b>▼</b>	1,624,301	0	0

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 7

		Yes	No
3	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> . . . . .	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4	Yes
5	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> . . . . .	5	No

## **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
QUINTILES 8 SKYLINE DRIVE HAWTHORNE, NY 10532	MANAGEMENT CONSULTING	1,595,000
AOI COMMUNICATIONS 415 EAGLEVIEW BLVD EXTON, PA 19341	MEETING PLANNING AND CONSULTING	533,480
WEN SUN 4 ROSEDALE WAY PENNINGTON, NJ 08534	BUSINESS DEVELOPMENT CONSULTING	144,085
THINK IT 8 WRIGHT STREET WESTPORT, CT 06880	IT AND MARKETING CONSULTING	135,275

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	7,875,955			
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e	330,345			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	18,477,217			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f . . . . .		26,683,517			
Program Service Revenue			Business Code				
	2a	FEE FOR SERVICE	541610	1,426,530	1,426,530		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		1,426,530			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		210,105			210,105
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties . . . . .					
	6a	(i) Real					
		(ii) Personal					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . .					
	7a	(i) Securities					
		(ii) Other					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . .					
	8a	Gross income from fundraising events (not including \$ 7,875,955 of contributions reported on line 1c) See Part IV, line 18 . . . .		265,625			
	b	Less direct expenses . . . .		2,189,976			
	c	Net income or (loss) from fundraising events . .		-1,924,351			-1,924,351
	9a	Gross income from gaming activities See Part IV, line 19 . . . .					
	b	Less direct expenses . . . .					
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances . . . .						
b	Less cost of goods sold . . .						
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .						
12	Total revenue. See Instructions . . . .		26,395,801	1,426,530	0	-1,714,246	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	9,534,300	9,534,300		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	825,000	825,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,108,105	741,277	117,411	249,417
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,311,788	609,023	240,733	462,032
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17	122,340			122,340
f	Investment management fees				
g	Other	1,287,090	920,500	90,785	275,805
12	Advertising and promotion	715,774	295,217		420,557
13	Office expenses	126,759	70,732	18,760	37,267
14	Information technology	77,459			77,459
15	Royalties				
16	Occupancy	210,800	117,627	31,198	61,975
17	Travel	86,881	17,647	2,182	67,052
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,713,402	1,711,244	1,079	1,079
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	100,097	55,854	14,814	29,429
23	Insurance	61,179	34,138	9,054	17,987
24	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 )				
a	LS STUDY	4,295,766	4,295,766		
b	ONYX EAP	2,255,581	2,255,581		
c	PATIENT AND CLINICIAN O	1,100,292	1,100,292		
d	CDC EXPENSE	334,378	334,378		
e					
f	All other expenses	-294,900	-338,641	14,645	29,096
25	Total functional expenses. Add lines 1 through 24f	24,972,091	22,579,935	540,661	1,851,495
26	Joint costs. Check here <input checked="" 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	556,539	208,776	0	347,763

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			500	1	5,597,807
	2	Savings and temporary cash investments . . . . .			12,319,250	2	3,745,168
	3	Pledges and grants receivable, net . . . . .			7,928,343	3	9,603,180
	4	Accounts receivable, net . . . . .				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			263,243	9	653,903
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	656,093			
	b	Less accumulated depreciation . . . . .	10b	504,869	244,323	10c	151,224
	11	Investments—publicly traded securities . . . . .			4,567,673	11	6,687,482
	12	Investments—other securities See Part IV, line 11 . . . . .				12	
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			191,428	15	297,257
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			25,514,760	16	26,736,021
Liabilities	17	Accounts payable and accrued expenses . . . . .			430,737	17	1,520,369
	18	Grants payable . . . . .			11,240,911	18	9,365,745
	19	Deferred revenue . . . . .			131,495	19	1,042,741
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .			500,000	25	250,000
	26	Total liabilities. Add lines 17 through 25 . . . . .			12,303,143	26	12,178,855
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			2,866,617	27	3,063,530
	28	Temporarily restricted net assets . . . . .			10,345,000	28	11,493,636
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			13,211,617	33	14,557,166
	34	Total liabilities and net assets/fund balances . . . . .			25,514,760	34	26,736,021

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	26,395,801
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	24,972,091
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	1,423,710
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	13,211,617
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-78,161
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	14,557,166

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	If "Yes," to 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	Yes	
<b>d</b>	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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	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?		No
<b>b</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		

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public  
Inspection

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

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☒

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

8

☐

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

9

☐

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

10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	22,305,441	22,400,673	21,845,537	25,650,253	18,807,562	111,009,466
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	22,305,441	22,400,673	21,845,537	25,650,253	18,807,562	111,009,466
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)						29,731,046
6 Public Support. Subtract line 5 from line 4						81,278,420

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	22,305,441	22,400,673	21,845,537	25,650,253	18,807,562	111,009,466
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	245,441	113,486	68,343	146,601	210,105	783,976
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						111,793,442

12 Gross receipts from related activities, etc (See instructions )

12784,124

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	72 700 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	78 180 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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		



**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area  
☐ Protection of natural habitat☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

Complete lines 2a–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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

Using the organization's 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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if 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

	Amount
1c	
1d	
1e	
1f	

1c

Beginning balance

1d

Additions during the year

1e

Distributions during the year

1f

Ending balance

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
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the 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 . . . . .

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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 property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .		282,943	240,276	42,667
e Other . . . . .		373,150	264,593	108,557
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				151,224



Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	26,395,801
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	24,972,091
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,423,710
4	Net unrealized gains (losses) on investments	4	-78,161
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-78,161
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,345,549

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	26,531,964
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	-78,161
b	Donated services and use of facilities . . . . .	2b	214,324
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	136,163
3	Subtract line 2e from line 1 . . . . .	3	26,395,801
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 should equal Form 990, Part I, line 12 ) . . . . .	5	26,395,801

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements . . . . .	1	25,186,415
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	214,324
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	214,324
3	Subtract line 2e from line 1 . . . . .	3	24,972,091
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 should equal Form 990, Part I, line 18 ) . . . . .	5	24,972,091

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, 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.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FOUNDATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION. THE FOUNDATION IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIOD PRIOR TO 2008.
		SCHEDULE D, PAGE 4, PART XII, QUESTION 4B AMOUNTS RECONCILING THE 990 TO THE FINANCIAL STATEMENTS TOTALING \$47,000 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

# 2011

## Open to Public Inspection

Name of the organization  
THE MULTIPLE MYELOMA RESEARCH FOUNDATION INC

**Employer identification number**  
06-1504413

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

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

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

**3** Activities per Region (Use Part V if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(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 region/investments in region
NORTH AMERICA			GRANTS TO RECIPIENTS LOCATED IN REGION		
EUROPE			GRANTS TO RECIPIENTS LOCATED IN REGION		
MIDDLE EAST AND NORTH AFRICA -			GRANTS TO RECIPIENTS LOCATED IN REGION		
EAST ASIA AND THE PACIFIC -			GRANTS TO RECIPIENTS LOCATED IN REGION		
<b>3a</b> Sub-total	0	0			0
<b>b</b> Total from continuation sheets to Part I	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			0

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 . . . . . ☒  
Use Part V 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)
			NORTH AMERICA		75,000	CHECK			
			AUSTRALIA		75,000	CHECK			
			AUSTRALIA		200,000	CHECK			
			CALGARY, ALBERTA CANADA		200,000	CHECK			
			ITALY		75,000	CHECK			
			NETHERLANDS		200,000	CHECK			

2

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

3

Enter total number of other organizations or entities . . . . .

## Part III

[illegible]



**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 (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 and/or Form 3520-A. (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

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

[illegible]

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

2011

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.

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

a ☒ Mail solicitations

b ☒ Internet and e-mail solicitations

c ☒ Phone solicitations

d ☒ In-person solicitations

e ☐ Solicitation of non-government grants

f ☒ Solicitation of government grants

g ☒ Special fundraising events
- 2a 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. Form 990-EZ filers are not required to complete this table.

(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	Yes		1,871,000	36,850	1,834,150
PJH & ASSOCIATES 205 WEST WACKER DRIVE SUITE 1400 CHICAGO, IL 60606	CHICAGO DINNER		No	1,422,000	50,000	1,372,000
ARRON CONSULTING 377 FIFTH AVE BROOKLYN, NY 11215	LAUGH FOR LIFE	Yes		635,000	18,150	616,850
STELTER 10435 NEW YORK AVE DES MOINES, IA 50322	PLANNED GIVING		No	0	17,340	-17,340
Total . . . . . ▶				3,928,000	122,340	3,805,660

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

Part II Fundraising Events.

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

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>CORPORATE DINNERS</u>	<u>LAUGH PROGRAM</u>	<u>15</u>	(Add col (a) through col (c))	
			(event type)	(event type)	(total number)		
	1	Gross receipts . . . . .	3,293,144	635,975	4,212,461	8,141,580	
	2	Less Charitable contributions . . . . .	3,093,144	570,350	4,212,461	7,875,955	
	3	Gross income (line 1 minus line 2) . . . . .	200,000	65,625		265,625	
Direct Expenses	4	Cash prizes . . . . .					
	5	Non-cash prizes . . . . .					
	6	Rent/facility costs . . . . .					
	7	Food and beverages . . . . .					
	8	Entertainment . . . . .					
	9	Other direct expenses . . . . .	1,059,989	212,055	917,932	2,189,976	
	10	Direct expense summary Add lines 4 through 9 in column (d). . . . . ▶					( 2,189,976 )
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶					-1,924,351

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	Non-cash 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 lines 1 and 7 in column (d) . . . . . ▶			

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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

a

The organization's facility

13a

b

An outside facility

13b

14 Provide 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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE MULTIPLE MYELOMA RESEARCH FOUNDATION INC

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

2011

Open to Public  
Inspection

Employer identification number  
06-1504413

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

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

3

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

Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	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 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

Software ID:  
Software Version:  
EIN: 06-1504413  
Name: THE MULTIPLE MYELOMA RESEARCH FOUNDATION INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 WISCONSIN - MADISON600 HIGHLAND AVENUE CSC K4/344 MADISON, WI 53792	39-6006492		75,000				THE MULTIPLE MYELOMA RESEARCH FOUNDATION (MMRF) SUPPORTS INVESTIGATORS WITH LESS 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
MAYO CLINIC ARIZONA13400 E SHEA BOULEVARD SCOTTSDALE, AZ 85259	41-6011702		75,000				THE MULTIPLE MYELOMA RESEARCH FOUNDATION (MMRF) SUPPORTS INVESTIGATORS WITH LESS 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
BRENTWOOD BIOMEDICAL RESEARCH INSTITUTE11301 WILSHIRE BOULEVARD 114 ROOM 218 LOS ANGELES, CA 90073	95-4183712		75,000				THE MULTIPLE MYELOMA RESEARCH FOUNDATION (MMRF) SUPPORTS INVESTIGATORS WITH LESS 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
NORTHWESTERN UNIVERSITY750 NORTH LAKE SHORE DRIVE RUBLOFF BUILDING 7TH FLOOR CHICAGO, IL 60611	36-2167817		75,000				THE MULTIPLE MYELOMA RESEARCH FOUNDATION (MMRF) SUPPORTS INVESTIGATORS WITH LESS 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
TGEN445 NORTH 5TH STREET SUITE 423 PHOENIX, AZ 85004	75-3065445		75,000				THE MULTIPLE MYELOMA RESEARCH FOUNDATION (MMRF) SUPPORTS INVESTIGATORS WITH LESS 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
DANA FARBER CANCER INSTITUTE 44 BINEY ST BOSTON, MA 02115	04-2263040	501(C)(3)	75,000				THE MULTIPLE MYELOMA RESEARCH FOUNDATION (MMRF) SUPPORTS INVESTIGATORS WITH LESS 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
DANA FARBER CANCER INSTITUTE 44 BINEY ST BOSTON, MA 02115	04-2263040	501(C)(3)	75,000				THE MULTIPLE MYELOMA RESEARCH FOUNDATION (MMRF) SUPPORTS INVESTIGATORS WITH LESS 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
DANA FARBER CANCER INSTITUTE 44 BINEY ST BOSTON, MA 02115	04-2263040	501(C)(3)	100,000				TO SUPPORT GENERAL MULTIPLE MYELOMA RESEARCH TO FIND A CURE
DANA FARBER CANCER INSTITUTE 44 BINEY ST BOSTON, MA 02115	04-2263040	501(C)(3)	418,300				FUND MULTIPLE MYELOMA CANCER RESEARCH BY THE DANA FARBER CANCER INSTITUTE
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER7455 FANNIN HOUSTON, TX 77054	74-6001118		75,000				THE MULTIPLE MYELOMA RESEARCH FOUNDATION (MMRF) SUPPORTS INVESTIGATORS WITH LESS 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
MASSACHUSETTS GENERAL HOSPITAL FOR CHILDREN101 HUNTINGTON AVENUE SUITE 200 BOSTON, MA 02199	23-7156071		75,000				THE MULTIPLE MYELOMA RESEARCH FOUNDATION (MMRF) SUPPORTS INVESTIGATORS WITH LESS 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
MAYO CLINICMAYO CLINIC COLLEGE OF MEDICINE200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702		200,000				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
BRENTWOOD BIOMEDICAL RESEARCH INSTITUTE11301 WILSHIRE BOULEVARD 114 ROOM 218 LOS ANGELES, CA 90073	95-4183712		200,000				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
UNIVERSITY OF WISCONSIN - MADISON600 HIGHLAND AVENUE CSC K4/344 MADISON, WI 53792	39-6006492		200,000				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
MAYO CLINIC ARIZONA13400 E SHEA BOULEVARD SCOTTSDALE, AZ 85259	41-6011702		200,000				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
UNIVERSITY OF ALABAMA AT BIRMINGHAM1530 3RD AVENUE SOUTH BIRMINGHAM, AL 352941150	63-6001138		200,000				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
WASHINGTON UNIVERSITY IN ST LOUIS560 E EUCLID AVENUE ST LOUIS, MO 63110	43-0653611		200,000				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
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE E16R-259 BOSTON, MA 02215	04-2103881		200,000				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
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER7455 FANNIN HOUSTON, TX 77054	74-6001118		200,000				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
FRED HUTCHINSON CANCER RESEARCH CENTERFAIRVIEW AVENUE N 36-500 PO BOX 19024 SEATTLE, WA 98109	23-7156071		200,000				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



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
TRAGARA10955 VISTA SORRENTO PARKWAY SUITE 120 SAN DIEGO, CA 92130	32- 0162504		150,000				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
CONSTELLATION PHARAMCEUTICALS 215 FIRST ST SUITE 200 CAMBRIDGE, MA 02142	26- 1741721		275,000				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
UNIVERSITY OF CALIFORNIA SAN FRANCISCO1855 FOLSOM STREET ROOM 423 SAN FRANCISCO, CA 94103	94- 6036493		100,000				TO SUPPORT GENERAL MULTIPLE MYELOMA RESEARCH TO FIND A CURET
UNIVERSITY OF CALIFORNIA SAN FRANCISCO1855 FOLSOM STREET ROOM 423 SAN FRANCISCO, CA 94103	94- 6036493		1,000,000				THE OBJECTIVE IS TO FACILITATE THE DEVELOPMENT AND AVAILABILITY OF PROMISING DRUG CANDIDATES FOR TREATMENT OF MULTIPLE MYELOMA
MULTIPLE MYELOMA RESEARCH CONSORTIUM383 MAIN AVENUE NORWALK, CT 06851	81- 0640775	501(C)(3)	5,016,000				THE MMRC INTEGRATES RESEARCH EFFORTS FROM MYELOMA RESEARCH CENTERS AND CREATES A SHARED RESEARCH ENVIRONMENT

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

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

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>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</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div>		
<div>b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</div>	1b	
<div>2</div> <div>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?</div>	2	
<div>3</div> <div>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</div> <div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div>4</div> <div>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</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	4a	No
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	No
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>	4c	No
<div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		
<div></div> <div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div>		
<div>5</div> <div>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</div>		
<div>a</div> <div>The organization?</div>	5a	No
<div>b</div> <div>Any related organization?</div>	5b	No
<div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		
<div>6</div> <div>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</div>		
<div>a</div> <div>The organization?</div>	6a	No
<div>b</div> <div>Any related organization?</div>	6b	No
<div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		
<div>7</div> <div>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</div>	7	No
<div>8</div> <div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</div>	8	No
<div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div>	9	

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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)	346,004	80,000	301	0	0	426,305	0
	(ii)	0	0	0	0	0	0	0
(2) WALTER CAPONE	(i)	314,599	35,000	5,378	0	0	354,977	0
	(ii)	0	0	0	0	0	0	0
(3) LOUISE PERKINS	(i)	205,419	15,000	5,378	0	0	225,797	0
	(ii)	0	0	0	0	0	0	0
(4) JOAN LEVY	(i)	135,801	15,000	5,378	0	0	156,179	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
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SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Name of the organization  
THE MULTIPLE MYELOMA RESEARCH FOUNDATION INC

Employer identification number  
06-1504413

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	19	704,157	FMV AT DAY OF RECEIPT/SA
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? . . . . .				Yes No
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?				No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .				No
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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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 to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization THE MULTIPLE MYELOMA RESEARCH FOUNDATION INC	Employer identification number 06-1504413
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Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	PERSONALIZED MEDICINE IN 2011, THE MULTIPLE MYELOMA RESEARCH FOUNDATION, (THE "MMRF") SPONSORED A MULTI-YEAR PERSONALIZED MEDICINE RESEARCH INITIATIVE IN MULTIPLE MYELOMA IT BEGAN CERTAIN PROCESSES IN TAX YEAR 2010 IN CONTEMPLATION OF SUCH INITIATIVE AND STARTED THE INITIATIVE IN TAX YEAR 2011 THIS IS A NEW ACTIVITY FOR THE MMRF AS IT UNDERTOOK 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, THE MMRF IS REPORTING THIS ACTIVITY TO THE IRS AS A CHANGE IN ITS ACTIVITIES PURSUANT TO SECTION III 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 IS SPONSORING SCIENTIFIC RESEARCH CARRIED ON IN THE PUBLIC INTEREST TO DISCOVER A CURE FOR MULTIPLE MYELOMA MMRF IS THE SPONSOR OF A PERSONALIZED MEDICINE INITIATIVE IN WHICH UP TO 1000 NEWLY DIAGNOSED PATIENTS WILL BE ENROLLED THROUGH SEVERAL SITES (I.E., HOSPITALS, ACADEMIC MEDICAL CENTERS AND OTHER COMMUNITY HEALTH CENTERS) ACROSS THE COUNTRY NO EXPERIMENTAL DRUG IS USED IN THE STUDY RATHER BLOOD AND BONE MARROW SAMPLES ARE TAKEN FROM THE PATIENTS PERIODICALLY OVER THE COURSE OF THEIR TREATMENT THE STANDARD OF CARE (I.E., DRUGS AND TREATMENT) FOR EACH PATIENT IS DETERMINED BY SUCH PATIENT'S PERSONAL PHYSICIAN THE TISSUES SAMPLES COLLECTED ARE 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 INDIVIDUAL'S 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 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 IS DERIVED PRIMARILY (>60%) FROM PRIVATE DONATIONS SUPPLEMENTAL FUNDING ALSO COMES FROM PHARMACEUTICAL AND BIOTECH COMPANIES A CONSORTIUM OF THESE COMPANIES WAS CREATED CONSORTIUM MEMBERS PAY YEARLY DUES AND IN RETURN ARE GRANTED EARLY ACCESS TO THE FINDINGS OF THE STUDY BEFORE THE INFORMATION IS MADE AVAILABLE TO THE PUBLIC (SEE ABOVE) THESE COMPANIES DO 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 EARLY ACCESS PROGRAM ANOTHER NEW PROGRAM STARTED IN TAX YEAR 2011, IS THE CARFILZOMIB EXPANDED ACCESS PROGRAM UNDER AN EXPANDED ACCESS PROGRAM, THE US FOOD AND DRUG ADMINISTRATION ALLOWS SERIOUSLY ILL PATIENTS WHO LACK ANY TREATMENT OPTIONS TO TRY A PROMISING DRUG THAT IS STILL UNDER DEVELOPMENT ONYX PHARMACEUTICALS AND THE MMRF HAVE ESTABLISHED THE CARFILZOMIB MEYELOMA ACCESS PROGRAM (C-MAP), AN EXPANDED ACCESS PROGRAM THAT MAKES CARFILZOMIB AVAILABLE TO ELIGIBLE PATIENTS IN THE US WITH RELAPSED AND REFRACTORY MULTIPLE MYELOMA THE MMRF ROLE IN THIS PROGRAM IS TO FACILITATE THE PROGRAM BY OUTSOURCING THE PROJECT MANAGEMENT COMPONENT OF THE PROGRAM TO A CLINICAL RESEARCH ORGANIZATION (CRO) WHO ADMINISTERS THE PROGRAM THE GOAL OF THE PROGRAM IS TO ENROLL 46 MEDICAL SITES AND 500 PATIENTS DURING THE LIFE SPAN OF THE PROGRAM WHICH IS FROM JULY 2011 TO JULY 2012
	FORM 990, PART VI, SECTION A, LINE 2	KATHY GIUSTI, CEO AND KAREN ANDREWS, CO-FOUNDER AND BOB 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	THE TREASURER FIRST REVIEWS THE 990 WITH THE CEO AND COO A COPY IS THEN SENT TO THE BOARD FOR REVIEW AND COMMENTS THEN THE CEO SIGNES THE RETURN
	FORM 990, PART VI, SECTION B, LINE 12C	DUTY TO DISCLOSE A POTENTIAL CONFLICT OF INTEREST ANY INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST TO THE BOARD OR CONFLICTS COMMITTEE AND MUST BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE BOARD, MEMBERS OF THE CONFLICTS COMMITTEE AND ALL MEMBERS OF ANY COMMITTEE CONSIDERING THE PROPOSED CONTRACT OR TRANSACTION DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, THE INTERESTED PERSON SHALL LEAVE THE BOARD OR CONFLICTS COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR CONFLICT COMMITTEE MEMBERS, AS APPLICABLE, SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST I AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR CONFLICTS COMMITTEE MEETING, BUT AFTER SUCH PRESENTATION, HE OR SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE CONTRACT OR TRANSACTION THAT RESULT IN THE CONFLICT OF INTEREST II THE CHAIR OF THE BOARD OR CHAIRPERSON OF THE CONFLICTS COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR APPOINT OR ESTABLISH AN ADVISORY COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED CONTRACT OR TRANSACTION AFTER EXERCISING DUE DILIGENCE, THE BOARD OR THE CONFLICTS COMMITTEE SHALL TAKE ALL REASONABLE STEPS TO DETERMINE WHETHER THE MMRF CAN OBTAIN A MORE ADVANTAGEOUS CONTRACT OR TRANSACTION WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST IF A MORE ADVANTAGEOUS CONTRACT OR TRANSACTION IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OR CONFLICT COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE, BUT NOT LESS THAN TWO, OF THE DISINTERESTED DIRECTORS OR MEMBERS THEREOF WHETHER THE CONTRACT OR TRANSACTION IS IN THE MMRF'S BEST INTEREST AND IS FAIR AND REASONABLE TO THE MMRF, PROVIDED, HOWEVER, IF SUCH CONTRACT OR TRANSACTION IS APPROVED BY DISINTERESTED DIRECTORS WHO DO NOT SATISFY A QUORUM OR VOTING REQUIREMENT APPLICABLE TO THE AUTHORIZATION OF THE ACTION BY REASON OF THE MMRF'S CERTIFICATE OF INCORPORATION, BYLAWS OR A PROVISION OF LAW, THE ACTION MUST BE INDEPENDENTLY APPROVED BY SUCH INTERESTED AND DISINTERESTED DIRECTORS AS SATISFY THE APPLICABLE QUORUM OR VOTING REQUIREMENT VIOLATION OF THE CONFLICTS OF INTEREST POLICY III IF THE BOARD OR CONFLICTS COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT A DIRECTOR, OFFICER OR COMMITTEE MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM SUCH PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORD SUCH PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE IF, AFTER HEARING THE RESPONSE OF THE DIRECTOR, OFFICER OR COMMITTEE MEMBER AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD OR CONFLICTS COMMITTEE DETERMINES THAT SUCH PERSON HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE BOARD OR CONFLICTS COMMITTEE, AS APPLICABLE, SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION
	FORM 990, PART VI, SECTION B, LINE 15	THE CEO'S AND COO'S COMPENSATION IS REVIEWED BY THE HR COMMITTEE, AND MAKES A RECOMMENDATION REGARDING ANY CHANGES THESE CHANGES ARE THEN APPROVED BY THE EXECUTIVE COMMITTEE COMPENSATION FOR ALL OTHER EMPLOYEES ARE BENCHMARKED AGAINST OTHER 501(C)(3)'S AND RESEARCH ORGANIZATIONS, THEN REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE
	FORM 990, PART VI, SECTION C, LINE 18	FORM 990S ARE AVAILABLE ON THE FOUNDATION'S WEBSITE AND ALSO ON SEVERAL CHARITY RATING ORGANIZATION'S WEBSITES SUCH AS THE BETTER BUSINESS BUREAU
	FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS ARE AVAILABLE ON THE FOUNDATION'S AND ALSO ON SEVERAL CHARITY RATING ORGANIZATION'S WEBSITES SUCH AS THE BETTER BUSINESS BUREAU GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -78,161
	FORM 990, PART XIII, LINE 2C	THERE HAS BEEN NO CHANGE IN THE PROCESS

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
THE MULTIPLE MYELOMA RESEARCH FOUNDATION INC

Employer identification number  
06-1504413

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) MULTIPLE MYELOMA RESEARCH CONSORTIUM INC 383 MAIN AVENUE 5TH FLOOR  NORWALK, CT 06851 81-1640775	TO ACCELERATE DRUG DEVELOPMENT FOR MULTIPLE MYELOMA &IMPROVE PATIENT OUTCOME	CT	509 (A) (3)	501 (C) (3)	THE MULTIPLE MYELOMA RESEARCH FOUNDATION INC		No



Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on 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

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 (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

Yes

1o

No

1p

No

1q

No

1r

No

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	5,016,000	
(2) MULTIPLE MYELOMA RESEARCH CONSORTIUM	M	163,254	
(3) MULTIPLE MYELOMA RESEARCH CONSORTIUM	N	583,974	
(4)			
(5)			
(6)			

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

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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Additional Data

Software ID:  
Software Version:  
EIN: 06-1504413  
Name: THE MULTIPLE MYELOMA RESEARCH FOUNDATION INC

Form 990, Special Condition Description:

Special Condition Description
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Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services
(Code ) (Expenses \$ 10,868,169 including grants of \$ 13,614,779 ) (Revenue \$ 1,426,530 ) 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