

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 private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final 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 province, country, and ZIP or foreign postal code
NORWALK, CT 06851

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

D Employer identification number
06-1504413

E Telephone number
(203) 972-1250

G Gross receipts \$ 57,926,726

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: WWW.THEMMRF.ORG

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1998

M State of legal domicile CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	17
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	51
6 Total number of volunteers (estimate if necessary)	390
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	37,196,531	44,515,691
9 Program service revenue (Part VIII, line 2g)	2,337,395	3,005,435
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	216,547	445,834
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,637,196	-2,275,935
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,113,277	45,691,025
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,824,848	8,106,761
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,235,074	6,135,807
16a Professional fundraising fees (Part IX, column (A), line 11e)	131,600	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,394,739		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17,068,952	16,294,030
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	27,260,474	30,536,598
19 Revenue less expenses Subtract line 18 from line 12	8,852,803	15,154,427

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	37,562,966	56,487,907
21 Total liabilities (Part X, line 26)	11,815,941	15,606,042
22 Net assets or fund balances Subtract line 21 from line 20	25,747,025	40,881,865

Part II Signature Block

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

Sign Here

Signature of officer
Date 2018-11-09

ROBERT MIANI TREASURER/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name GARRETT M HIGGINS	Preparer's signature GARRETT M HIGGINS	Date 2018-11-09	Check <input type="checkbox"/> if self-employed	PTIN P00543209
Firm's name ▶ PKF O'CONNOR DAVIES LLP			Firm's EIN ▶ 27-1728945	
Firm's address ▶ 3001 SUMMER STREET 5TH FLOOR EAST STAMFORD, CT 06905			Phone no (203) 323-2400	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

AS A PATIENT-FOUNDED ORGANIZATION, THE MMRF STANDS TOGETHER WITH THOSE WHO ARE BATTLING MULTIPLE MYELOMA AT THE SAME TIME, WE STAND APART WITH OUR INNOVATIVE APPROACH WE GENERATE, INTERPRET, AND ACTIVATE THE LARGEST COLLECTION OF HIGH-QUALITY DATA, ACCESSIBLE TO ALL, AS WELL AS ORCHESTRATE THE PEOPLE, THE PROGRAMS, AND THE TECHNOLOGIES NECESSARY TO SPEED THE DISCOVERY OF A CURE - FOR EVERY PATIENT

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 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 \$ 9,065,321 including grants of \$ 6,857,761) (Revenue \$ 1,997,388)
 See Additional Data

4b (Code) (Expenses \$ 5,301,242 including grants of \$ 1,249,000) (Revenue \$ 3,005,435)
 See Additional Data

4c (Code) (Expenses \$ 4,585,896 including grants of \$) (Revenue \$)
 See Additional Data






















(Code) (Expenses \$ 8,720,407 including grants of \$) (Revenue \$)

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 \$ 8,720,407 including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 27,672,866

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i> 		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? <i>If "Yes," complete Schedule D, Part II</i> 		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 		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? <i>If "Yes," complete Schedule D, Part VI</i> 	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? <i>If "Yes," complete Schedule D, Part VII</i> 		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? <i>If "Yes," complete Schedule D, Part VIII</i> 		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? <i>If "Yes," complete Schedule D, Part IX</i> 		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 		No
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)? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i> 	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> 	Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> 		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) 		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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>		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>		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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational information.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (19), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (List States), 18 (Public inspection), 19 (Schedule O), 20 (Person with books and records).

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
See Additional Data Table										

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	2,575,852	0	204,312

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **16**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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>	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>		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
TGEN 445 N FIFTH STREET PHOENIX, AZ 85004	TISSUE & GENE ANALYSIS	2,985,717
PRECISION ONCOLOGY 200 ROUTE 21 NORTH SUITE 102 FLEMMING, NJ 08822	CONTRACT RESEARCH	2,081,015
REDMEDED LLC 5 GREAT VALLEY PARKWAY SUITE 221 MALVERN, PA 19355	CONTINUING MEDICAL EDUCATION	1,887,900
EVENT 360 55 E JACKSON BOULEVARD SUITE 1010 CHICAGO, IL 60604	5K EVENT MANAGEMENT	1,116,343
PRICEWATERHOUSECOOPERS LLP PO BOX 7247-8001 PHILADELPHIA, PA 19170	BUSINESS PLANNING AND CONSULTING	600,394

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 ▶ **34**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c	10,240,735				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	34,274,956				
	g Noncash contributions included in lines 1a-1f \$ _____		1,337,923				
	h Total. Add lines 1a-1f			44,515,691			
Program Service Revenue		Business Code					
	2a RESEARCH & CLINICAL TRIALS	541610	3,005,435	3,005,435			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			3,005,435				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		373,452			373,452	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		1,997,388	1,997,388			
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7,748,635					
		b Less cost or other basis and sales expenses		7,676,253			
		c Gain or (loss)		72,382			
	d Net gain or (loss)			72,382		72,382	
	8a Gross income from fundraising events (not including \$ 10,240,735 of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b	286,125			
		c Net income or (loss) from fundraising events			-4,273,323		-4,273,323
9a Gross income from gaming activities See Part IV, line 19	a						
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			45,691,025	5,002,823	0	-3,827,489	

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).

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21.	8,006,761	8,006,761		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	100,000	100,000		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	2,032,134	1,381,259	126,242	524,633
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.	3,438,330	2,337,062	213,599	887,669
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	95,485	64,902	5,932	24,651
9 Other employee benefits.	206,189	140,148	12,809	53,232
10 Payroll taxes.	363,669	247,189	22,592	93,888
11 Fees for services (non-employees)				
a Management.				
b Legal.				
c Accounting.	100,500	68,311	6,243	25,946
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,352,674	1,211,506	8,709	132,459
12 Advertising and promotion.	1,040,895	850,407	414	190,074
13 Office expenses.	260,571	188,959	13,522	58,090
14 Information technology.	288,690	151,735	13,859	123,096
15 Royalties.				
16 Occupancy.	338,329	229,965	21,018	87,346
17 Travel.	275,052	211,895	1,598	61,559
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	1,145,572	1,138,862	1,290	5,420
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	270,850	155,516	14,901	100,433
23 Insurance.	99,599	67,699	6,187	25,713
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a LS STUDY	4,585,896	4,585,896		
b CLINICAL TRIALS	3,141,667	3,141,667		
c PATIENT & CLINICIAN OUT	1,769,489	1,769,489		
d GENOMIC ANALYSIS	559,110	559,110		
e All other expenses	1,065,136	1,064,528	78	530
25 Total functional expenses. Add lines 1 through 24e.	30,536,598	27,672,866	468,993	2,394,739
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	5,309,396	1	14,258,907
	2 Savings and temporary cash investments	12,581,245	2	13,024,327
	3 Pledges and grants receivable, net	4,654,461	3	6,348,349
	4 Accounts receivable, net	1,155,770	4	2,341,764
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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	680,846	9	720,523
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,886,273		
	b Less accumulated depreciation	1,418,618		
	11 Investments—publicly traded securities	11,980,487	11	18,684,405
	12 Investments—other securities See Part IV, line 11	550,000	12	550,000
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	101,920	15	91,977
16 Total assets. Add lines 1 through 15 (must equal line 34)	37,562,966	16	56,487,907	
Liabilities	17 Accounts payable and accrued expenses	5,255,958	17	6,366,096
	18 Grants payable	4,583,636	18	7,316,928
	19 Deferred revenue	1,976,347	19	1,923,018
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other 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		25	
	26 Total liabilities. Add lines 17 through 25	11,815,941	26	15,606,042
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	20,489,602	27	34,872,587
	28 Temporarily restricted net assets	5,257,423	28	6,009,278
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	25,747,025	33	40,881,865
	34 Total liabilities and net assets/fund balances	37,562,966	34	56,487,907

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	45,691,025
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,536,598
3	Revenue less expenses Subtract line 2 from line 1	3	15,154,427
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,747,025
5	Net unrealized gains (losses) on investments	5	-19,587
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	40,881,865

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a		No
<p>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</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 06-1504413

Name: THE MULTIPLE MYELOMA RESEARCH
FOUNDATION INC

Form 990 (2017)

Form 990, Part III, Line 4a:

THE MULTIPLE MYELOMA RESEARCH FOUNDATION (MMRF) SUPPORTS INVESTIGATORS AND SCIENTIFIC PROJECTS THROUGH A NUMBER OF RESEARCH GRANTS. THE GOAL OF THIS INITIATIVE IS TO ACCELERATE THE DEVELOPMENT OF THERAPEUTIC APPROACHES FOR MYELOMA THROUGH OUR UNIQUE END-TO-END MODEL THAT SUPPORTS EFFORTS IN BASIC SCIENCE, OR TRANSLATION RESEARCH. 2017 CULMINATED WITH THE AWARDING OF GRANTS TOWARD THREE NEW PROGRAMS. IN DATA ANALYTICS & ANALYSIS, MMRF AWARDED \$1 MILLION TO INVESTIGATORS FOR OUR ANSWER FUND, WHICH WILL LEVERAGE THE LANDMARK MMRF COMPASS STUDY TO IDENTIFY THE NEXT GENERATION OF THERAPEUTIC TARGETS AND/OR PATHWAYS OR BIOMARKERS FOR HIGH-RISK MULTIPLE MYELOMA (MM) PATIENTS. IN IMMUNOTHERAPY, \$7 MILLION WAS AWARDED TO CREATE THE IMMUNE NETWORKS OF EXCELLENCE. THESE MULTICENTER, AND MULTINATIONAL, RESEARCH PARTNERSHIPS OF WORLD-CLASS SCIENTISTS AND CLINICIANS WILL ACCELERATE RESEARCH INTO THE ROLE OF THE PATIENT IMMUNE SYSTEM IN MYELOMA BIOLOGY AND DISEASE PROGRESSION, AND CHARACTERIZE THE CHANGES IN THE IMMUNE SYSTEM ASSOCIATED WITH THE PATIENT'S RESPONSE OR RESISTANCE TO THERAPY, AND IDENTIFY AND DEVELOP NOVEL IMMUNOTHERAPIES AND IMMUNOTHERAPY STRATEGIES. THESE INVESTIGATIVE NETWORKS WILL ALSO COLLECT AND ANALYZE A WIDE RANGE OF KEY IMMUNOLOGICAL DATA FROM PATIENTS AT DIFFERENT DISEASE STAGES AND IMMUNOTHERAPIES THAT WILL BE THE BASIS OF IMMUNE DATABANK. THE THIRD NEW INITIATIVE IS THE MMRF PREVENTION PROJECT, WHICH FOCUSES ON DETERMINING WHY THE PRECURSOR CONDITIONS MGUS AND SMOLDERING (SMM) QUICKLY PROGRESS TO MM IN SOME PATIENTS AND HOW TO IDENTIFY THIS HIGH-RISK POPULATION. \$4 MILLION WAS AWARDED TO FIVE INSTITUTIONS FOR WORK ON THE MMRF PREVENTION PROJECT.

Form 990, Part III, Line 4b:

THE MULTIPLE MYELOMA RESEARCH CONSORTIUM, LLC (MMRC) IS A SUBSIDIARY OF THE MULTIPLE MYELOMA RESEARCH FOUNDATION. THE MMRC IS THE FIRST RESEARCH MODEL THAT BRINGS TOGETHER 25 LEADING ACADEMIC CENTERS WITH INDUSTRY PARTNERS TO CONDUCT HIGHLY COLLABORATIVE PHASE 1 AND PHASE 2 CLINICAL TRIALS OF NOVEL COMPOUNDS AND COMBINATION TREATMENTS FOR MULTIPLE MYELOMA. ALL CENTERS ARE DRIVEN BY HIGHLY DEFINED METRICS THAT MANDATE ACCOUNTABILITY AND STRONGLY PROMOTE TEAM SCIENCE. THERE ARE CURRENTLY SEVERAL TREATMENTS IN THE PIPELINE, INCLUDING THOSE THAT TARGET GENOMIC MARKERS, IMMUNOTHERAPIES, AND NOVEL AGENTS AND MECHANISMS. IN 2017, MMRF THROUGH MMRC OPENED 4 CLINICAL TRIALS AND ENROLLED 242 PATIENTS ACROSS 179 TRIALS. FROM ITS INCEPTION, MMRC HAS ENROLLED OVER 2,400 PATIENTS ACROSS MORE THAN 80 CLINICAL TRIALS.

Form 990, Part III, Line 4c:

THE MMRF LONGITUDINAL STUDY (COMMPASS) COMMENCED IN 2011 AND HAS BEEN EXTENDED THROUGH 2023. MMRF IS THE SPONSOR OF A PERSONALIZED MEDICINE INITIATIVE IN WHICH 1,153 NEWLY DIAGNOSED PATIENTS HAVE BEEN ENROLLED TO DATE THROUGH 108 SITES (I.E., HOSPITALS, ACADEMIC MEDICAL CENTERS AND OTHER COMMUNITY HEALTH CENTERS) ACROSS NORTH AMERICA AND EUROPE. THIS IS AN OBSERVATIONAL STUDY, RATHER THAN AN INTERVENTIONAL ONE WITH EXPERIMENTAL DRUGS BEING TESTED. BIOSPECIMENS (LIKE BLOOD AND BONE MARROW SAMPLES) ARE COLLECTED FROM THE PATIENTS PERIODICALLY OVER THE COURSE OF THEIR TREATMENT ALONG WITH CORRELATING CLINICAL DATA. THE STANDARD OF CARE (I.E., DRUGS AND TREATMENT) FOR EACH PATIENT IS DETERMINED BY SUCH PATIENT'S PERSONAL PHYSICIAN. THE TISSUE SAMPLES COLLECTED ARE PLACED IN A BIOBANK. AN UNRELATED, THIRD PARTY, NOT-FOR-PROFIT BIOMEDICAL RESEARCH INSTITUTE THEN PERFORMS LABORATORY TESTS ON A PORTION OF EACH OF THE SAMPLES RESULTING IN GENOMIC DATA ABOUT EACH PATIENT. OUR GOAL IS TO BUILD AND ANALYZE THE LARGEST FULLY ACCESSIBLE CLINICO-GENOMIC DATASET OF ANY CANCER. THE FINDINGS CANNOT BE PATENTED AND ALL THE DATA ARE PLACED ON A PUBLIC PORTAL (THE MMRF RESEARCHER GATEWAY). THE RESULTING DATA REPOSITORY IS THE MOST COMPREHENSIVE CATALOG OF MULTIPLE MYELOMA AND CONTAINS THE GREATEST AMOUNT OF WHOLE GENOME SEQUENCING DATA OF ANY CANCER, ACCESSIBLE TO ANY RESEARCHER IN THE WORLD. IT WILL PROVIDE FAR MORE INFORMATION THAN IS AVAILABLE FROM CURRENT CANCER TISSUE BANKS THAT TYPICALLY INCLUDE ONLY ONE SAMPLE PER PATIENT. THE MMRF CONTINUES TO OPERATE THE COMMUNITY GATEWAY, WHICH ALLOWS MYELOMA PATIENTS, INCLUDING THOSE ENROLLED IN THE COMMPASS STUDY, TO OBTAIN INFORMATION REGARDING TREATMENTS AND TRIALS THAT ARE SPECIFIC TO THEIR NEEDS. IN 2015, COMMPASS WAS CLOSED TO NEW ENROLLMENT WITH THE AFOREMENTIONED 1,153 PATIENTS WHO ARE BEING FOLLOWED FOR A PERIOD OF 8 YEARS UNTIL 2023. SAMPLE/DATA SHARING COLLABORATIONS WITH GROUPS LIKE ECOG, (THE "EASTERN COOPERATIVE ONCOLOGY GROUP") ARE EXPECTED TO ACCRUE APPROXIMATELY AN ADDITIONAL 100 PATIENTS BY THE END OF 2018.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
MICHAEL MORTIMER CHAIRMAN	2 00	X		X				0	0	0
LORI TAUBER-MARCUS VICE CHAIRMAN	2 00	X		X				0	0	0
PAUL GIUSTI PRESIDENT & CEO	45 00	X		X				542,600	0	12,835
KATHY GIUSTI FOUNDER & STRATEGIC ADVISOR	45 00	X		X				326,032	0	1,722
KENNETH ANDERSON MD BOARD MEMBER	2 00	X						0	0	0
KAREN ANDREWS BOARD MEMBER	2 00	X						0	0	0
TOM CONHEENEY BOARD MEMBER	2 00	X						0	0	0
RODNEY GILMORE BOARD MEMBER	2 00	X						0	0	0
EUGENE GRISANTI BOARD MEMBER (THRU 03/2017)	2 00	X						0	0	0
W DANA LAFORGE BOARD MEMBER	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
DAVID LUCCHINO BOARD MEMBER	2 00	X						0	0	0
JOEL MARCUS BOARD MEMBER (THRU 04/2017)	2 00	X						0	0	0
SUSAN MARVIN BOARD MEMBER	2 00	X						0	0	0
GERALD MCDUGALL BOARD MEMBER	2 00	X						0	0	0
WILLIAM MCKIERNAN BOARD MEMBER	2 00	X						0	0	0
DAVID PARKINSON MD BOARD MEMBER	2 00	X						0	0	0
MARIE PINIZZOTTO MD BOARD MEMBER	2 00	X						0	0	0
MICHAEL REINERT BOARD MEMBER	2 00	X						0	0	0
RODGER RINEY BOARD MEMBER	2 00	X						0	0	0
STEVEN SHAK BOARD MEMBER	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
MERYL ZAUSNER BOARD MEMBER	2 00	X						0	0	0
ROBERT MIANI TREASURER/CFO	45 00			X				311,083	0	21,509
KAREN DIETZ SECRETARY/IN-HOUSE COUNSEL	45 00			X				125,911	0	39,157
ANNE QUINN YOUNG SVP OF MARKETING	45 00				X			223,440	0	13,178
DANIEL AUCLAIR SVP OF RESEARCH	45 00				X			221,754	0	10,368
LAURA GILMAN VP OF EVENTS	45 00				X			152,016	0	30,531
ALICIA O'NEILL DIR OF EVENTS BUSINESS DEVELOPMENT	45 00					X		148,279	0	19,839
KAREN WOOLLEY CLINICAL OPERATIONS MANAGER	45 00					X		138,268	0	6,519
MARY DEROME DIR OF MED COMMS & EDUC	45 00					X		132,500	0	8,778
MARGARET FURLONG ASSOC DIR OF CLINICAL OPS	45 00					X		131,258	0	34,079

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
CHRISTOPHER WILLIAMS VP OF BUSINESS DEVELOPMENT	45 00					X		122,711	0	5,797

SCHEDULE A
(Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 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)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	19,073,387	29,542,535	29,213,174	37,196,531	44,515,691	159,541,318
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	19,073,387	29,542,535	29,213,174	37,196,531	44,515,691	159,541,318
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)						40,195,218
6 Public support. Subtract line 5 from line 4						119,346,100

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	19,073,387	29,542,535	29,213,174	37,196,531	44,515,691	159,541,318
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	153,236	139,672	145,653	216,547	373,452	1,028,560
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						160,569,878

12 Gross receipts from related activities, etc (see instructions) **12** 12,090,724

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	74.330 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	75.010 %

16a 33 1/3% support test—2017. 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—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2017. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2016. 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 VI 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 III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI.)						
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 section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 06-1504413

Name: THE MULTIPLE MYELOMA RESEARCH
FOUNDATION INC

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
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" on Form 990, Part IV, line 6.

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

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

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

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

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 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" on 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 XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		40,475	40,475	0
d Equipment		226,430	170,038	56,392
e Other		1,619,368	1,208,105	411,263
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				467,655

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	45,966,370
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-19,587
b	Donated services and use of facilities	2b	294,932
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	275,345
3	Subtract line 2e from line 1	3	45,691,025
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 XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	45,691,025

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	30,831,530
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	294,932
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	294,932
3	Subtract line 2e from line 1	3	30,536,598
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 XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	30,536,598

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 06-1504413

Name: THE MULTIPLE MYELOMA RESEARCH
FOUNDATION INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	MMRF RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED MANAGEMENT HAS DETERMINED THAT MMRF HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE

**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.
▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
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 its grants and other 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 its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) NORTH AMERICA	0	0	GRANTMAKING		100,000
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			100,000
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			100,000

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. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		NORTH AMERICA	SITE INVESTMENT GRANT, CORRELATIVE GRANT	100,000	CHECK			
(2)								
(3)								
(4)								

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 ▶ 1

3 Enter total number of other organizations or entities ▶ 0

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* 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, Information 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
PART I, LINE 2	MMRF RECEIVES PROGRESS REPORTS ON HOW THE GRANTED FUNDS ARE USED MMRF CONDUCTS A REVIEW PROCESS, RANKING PROPOSED GRANTS AND AWARDING THE PROPOSED GRANT TO THE HIGHEST SCORING ORGANIZATION

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2017

**Open to Public
Inspection**

Complete if the organization answered "Yes" on 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 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

(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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d)
		GREENWICH DINNER (event type)	NEW YORK DINNER (event type)	40 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	1,550,000	667,810	8,309,050	10,526,860
2	Less Contributions	1,412,625	572,435	8,255,675	10,240,735
3	Gross income (line 1 minus line 2)	137,375	95,375	53,375	286,125
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	759	250	202	1,211
	6 Rent/facility costs	388,052	167,195	78,650	633,897
	7 Food and beverages				
	8 Entertainment	335,252	82,431	50,843	468,526
	9 Other direct expenses	247,502	97,542	3,110,770	3,455,814
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				4,559,448
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-4,273,323

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct 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 conduct 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 conducted in

a	The organization's facility	%
b	An outside facility	%

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

Name ▶
 Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$
 Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

Return Reference	Explanation
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**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization
THE MULTIPLE MYELOMA RESEARCH
FOUNDATION INC

Employer identification number
06-1504413

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **27**

3 Enter total number of other organizations listed in the line 1 table **2**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	<p>THERE ARE SEVERAL STEPS THAT LEAD UP TO INDIVIDUAL RESEARCH GRANTS BEING AWARDED 1 THE OVERALL RESEARCH BUDGET IS PRESENTED TO THE PROGRAMMING COMMITTEE THE BUDGET IS BROKEN DOWN INTO THREE MAIN CATEGORIES WHICH INCLUDE THE FOLLOWING GRANT TYPES A) CLINIC CLINICAL-SITE INVESTMENT GRANTS, CLINICAL FUNDING AGREEMENT GRANTS, PRECISION MEDICINE GRANTS B) LEARNING NETWORK GATEWAYS, DATA ANALYSIS INITIATIVES, TRANSLATIONAL SITE INVESTMENTS GRANTS (MMRF TRANSLATIONAL NETWORK), TRANSLATIONAL AND IMMUNE PROGRAM GRANTS, RESEARCH FELLOW GRANTS C) DATA BANK MMRF-SPONSORED LONGITUDINAL MOLECULAR AND IMMUNE STUDIES (COMMPASS AND FOLLOW-ON REGISTRY/COMMPASS 2 0) THE BUDGET SPEND IS APPROVED BY THE PROGRAMMING COMMITTEE, AND THEN LATER THE BOARD GIVES FINAL APPROVAL FOR THE RESEARCH SPEND 2 DURING THE YEAR, WE HAVE MONTHLY RESEARCH SPEND MEETINGS WITH THE CEO AND CFO TO DISCUSS PROGRESS ON MAKING THE AWARDS ADDITIONALLY, ANY CHANGES OR REFORECASTS ARE DISCUSSED IF THERE IS A CHANGE GREATER THAN \$1M THEN WE MUST GO BACK TO THE PROGRAMMING COMMITTEE TO DISCUSS 3 THERE ARE TWO DISTINCT TYPES OF GRANTS BEING AWARDED BY MMRF CLASSICAL RESEARCH SUPPORT GRANTS AND CLINICAL/TRANSLATIONAL SITE SUPPORT GRANTS THE ACTUAL AWARDS ARE MADE ACCORDING TO THE BELOW SCHEDULE A RESEARCH FELLOW AWARDS - QTR 3 OR QTR 4 B CLINICAL AND TRANSLATIONAL SITE SUPPORT GRANTS - QTR 4 C OTHER GRANTS ARE MADE THROUGHOUT THE YEAR CLASSICAL RESEARCH GRANTS CLASSICAL RESEARCH GRANTS ARE AWARDED ON THE BASIS OF THE FOLLOWING PROCESS GRANTS ARE REVIEWED BY AN EXTERNAL GROUP OF SCIENTISTS WITH THE APPROPRIATE AREAS OF EXPERTISE SCIENTIFIC RATINGS USE THE CURRENT NIH SCORING SYSTEM OF 1-9 WITH 1 DEMONSTRATING THE HIGHEST SCIENTIFIC MERIT AND 9 BEING THE LOWEST EACH PROPOSAL IS EVALUATED BY TWO INDEPENDENT OUTSIDE REVIEWERS AND THE SCORES ARE AVERAGED TOGETHER MOST GRANTS CHOSEN SCORE AT LEAST A 3 OR BETTER TO BE FUNDED ONCE THE GRANTS ARE RATED EXTERNALLY, FINAL REVIEW IS DONE BY THE MMRF RESEARCH LEADERSHIP AND RECOMMENDATIONS ARE MADE TO THE CEO TO CONFIRM THE FINAL SELECTION AFTER EACH GRANT TYPE AWARD IS MADE, AN AWARD LETTER IS SENT TO THE RECIPIENT AND AN EMAIL IS SENT TO THE CFO AND THE ASSOCIATE DIRECTOR OF FINANCE NOTIFYING THEM OF THE GRANTS AWARDED AND TO PROCEED WITH MAKING THE ACCRUAL FOR THE GRANT ALSO, WE HAVE A CONFLICT OF INTEREST POLICY AND A COMMITTEE THAT REVIEWS ANY ISSUES AFTER THE FIRST PAYMENT THE RESEARCHER SENDS IN THE REQUIRED PROGRESS REPORT AND TO RECEIVE REMAINING PAYMENTS THE REPORT IS THEN REVIEWED BY OUTSIDE REVIEWERS TO ENSURE THAT THE APPROPRIATE PROGRESS WAS MADE ON THE STUDY ONCE THE RESEARCH EMPLOYEE ASSIGNED TO GRANT COORDINATION RECEIVES NOTIFICATION FROM THE REVIEWERS, HE/SHE PREPARES A PAYMENT REQUEST FORM TO THE SR VICE PRESIDENT OF RESEARCH TO SIGN AND THEN SEND IT TO ACCOUNTING FOR PROCESSING CLINICAL/TRANSLATIONAL SITE SUPPORT GRANTS GRANT PROPOSALS TO SUPPORT MMRF/C CLINICAL OR TRANSLATIONAL SITES ARE REVIEWED BY MMRF RESEARCH STAFF AND LEADERSHIP IN COLLABORATION WITH OUTSIDE ADVISORS SIMILAR TO CLASSICAL GRANTS, MMRF RESEARCH LEADERSHIP THEN MAKES RECOMMENDATIONS TO THE CEO FOR FINAL APPROVAL AFTER EACH GRANT TYPE AWARD IS APPROVED, AN AWARD LETTER IS SENT TO THE RECIPIENT AND AN EMAIL IS SENT TO THE CFO AND THE ASSOCIATE DIRECTOR OF FINANCE NOTIFYING THEM OF THE GRANTS AWARDED AND TO PROCEED WITH MAKING THE ACCRUAL FOR THE GRANT SUCH GRANTS ARE TYPICALLY RENEWED ANNUALLY OR ARE MULTI-YEAR IN NATURE CONTINUATION/RENEWAL IS AWARDED BASED ON MILESTONES ESTABLISHED UPON INITIATION OF THE PROGRAM CONFLICT OF INTEREST POLICY AND COMMITTEE OVERSIGHT ALSO APPLY HERE</p>

Additional Data

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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARBARA ANN KARMANOS CANCER HOSPITAL 4100 JOHN R STREET DETROIT, MI 48201	20-1649466	501(C)(3)	48,000				SITE INVESTMENT GRANT
BAYLOR RESEARCH INSTITUTE - SAMMONS CANCER CENTER PO BOX 846275 DALLAS, TX 75284	75-1921898	501(C)(3)	30,000				SITE INVESTMENT GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETH ISREAL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON, MA 02215	04-2103881	501(C)(3)	1,632,000				IMMUNOTHERAPY RFA GRANT
CITY OF HOPE 1500 EAST DUARTE ROAD MEDICAL OFFICE BLD 3RD FLOOR DURATE, CA 91010	95-3435919	501(C)(3)	58,000				SITE INVESTMENT GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DANA FARBER CANCER INSTITUTE 44 BINEY ST BOSTON, MA 02115	04-2263040	501(C)(3)	1,087,500				SITE INVESTMENT GRANT, CORRELATIVE GRANT, FELLOW RESEARCH GRANT, ANSWER FUND, PREVENTION
EMORY UNIVERSITY 1365 CLIFTON RD BLDG C ATLANTA, GA 30322	58-0566256	501(C)(3)	553,000				SITE INVESTMENT GRANT, ANSWER FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HACKENSACK UNIVERSITY MEDICAL CENTER 360 ESSEX CENTER SUITE 302 HACKENSACK, NJ 07601	22-1487576	501(C)(3)	58,500				SITE INVESTMENT GRANT
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI ONE GUSTAVE L LEVY PLACE PO BOX 1075 NEW YORK, NY 10029	13-6171197	501(C)(3)	164,000				SITE INVESTMENT GRANT, FELLOW RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS MEDICAL INSTITUTIONS 3910 KESWICK ROAD NO N4327B BALTIMORE, MD 21211	52-0595110	501(C)(3)	1,500,000				IMMUNOTHERAPY RFA GRANT
LEVINE CANCER CENTER 1021 MOREHEAD MEDICAL DRIVE CHARLOTTE, NC 28204	56-0529945	501(C)(3)	32,500				SITE INVESTMENT GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	57,500				SITE INVESTMENT GRANT
MAYO CLINIC 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-0714831	501(C)(3)	35,000				SITE INVESTMENT GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC 13400 EAST SHEA BOULEVARD SCOTTSDALE, AZ 85259	86-0800150	501(C)(3)	42,500				SITE INVESTMENT GRANT
MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10065	13-1924236	501(C)(3)	1,325,000				SITE INVESTMENT GRANT, IMMUNOTHERAPY RFA GRANT, RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY RESEARCH FOUNDATION B321 STARLING LOVING HALL 320 WEST 10TH AVENUE COLUMBUS, OH 43210	31-6401599	501(C)(3)	62,500				SITE INVESTMENT GRANT
ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10065	13-1624158	501(C)(3)	100,000				RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SARAH CANNON RESEARCH INSTITUTE LLC 3322 WEST END ROAD SUITE 900 NASHVILLE, TN 37203	20-1557751		43,000				SITE INVESTMENT GRANT
THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE 445 N FIFTH STREET PHOENIX, AZ 85004	75-3065445	501(C)(3)	75,000				FELLOW RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF CHICAGO 5841 S MARYLAND AVENUE MC 2115 CHICAGO, IL 60637	36-2177139	501(C)(3)	52,000				SITE INVESTMENT GRANT
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER 1515 HOLCOMBE HOUSTON, TX 77030	74-6001118	STATE OF TEXAS	350,000				RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUFTS MEDICAL CENTER 800 WASHINGTON STREET BOX 468 BOSTON, MA 02111	27-0440772	501(C)(3)	75,000				FELLOW RESEARCH GRANT
UCSF MYELOMA RESEARCH PROGRAM 1855 FOLSOM STREET ROOM 423 SAN FRANCISCO, CA 94103	94-6036493	501(C)(3)	105,761				SITE INVESTMENT GRANT, PROGRAM GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES 4301 W MARKHAM STREET SLOT 812 LITTLE ROCK, AR 72205	71-6046242	STATE OF ARKANSAS	125,000				SITE INVESTMENT GRANT, RESEARCH GRANT
UNIVERSITY OF MICHIGAN 4310 CANCER CENTER 1500 EAST MEDICAL CENTER DRIVE ANN ARBOR, MI 48109	38-6006309	501(C)(3)	62,500				SITE INVESTMENT GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 103 SOUTH BUILDING CAMPUS BOX 9100 CHAEL HILL, NC 27599	56-6001393	501(C)(3)	75,000				FELLOW RESEARCH GRANT
UNIVERSITY OF TEXAS-SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	75-6002868	501(C)(3)	25,000				SITE INVESTMENT GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA CANCER SPECIALISTS PC 8503 ARLINGTON BLVD SUITE 320 FAIRFAX, VA 22031	54-1795091		35,000				SITE INVESTMENT GRANT
WASHINGTON UNIVERSITY IN ST LOUIS 660 E EUCLID AVENUE ST LOUIS, MO 63110	43-0653611	501(C)(3)	97,500				SITE INVESTMENT GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY 246 CHURCH STREET NEW HAVEN, CT 06520	06-0646973	501(C)(3)	100,000				RESEARCH GRANT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE MULTIPLE MYELOMA RESEARCH
FOUNDATION INC

Employer identification number
06-1504413

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/>	First-class or charter travel	<input type="checkbox"/>	Housing allowance or residence for personal use
<input type="checkbox"/>	Travel for companions	<input type="checkbox"/>	Payments for business use of personal residence
<input type="checkbox"/>	Tax indemnification and gross-up payments	<input type="checkbox"/>	Health or social club dues or initiation fees
<input type="checkbox"/>	Discretionary spending account	<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/>	Compensation committee	<input type="checkbox"/>	Written employment contract
<input type="checkbox"/>	Independent compensation consultant	<input checked="" type="checkbox"/>	Compensation survey or study
<input checked="" type="checkbox"/>	Form 990 of other organizations	<input checked="" type="checkbox"/>	Approval by the board or compensation committee
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PAUL GIUSTI PRESIDENT & CEO	(i)	415,000	126,000	1,600	10,800	2,035	555,435	0
	(ii)	0	0	0	0	0	0	0
2 KATHY GIUSTI FOUNDER & STRATEGIC ADVISOR	(i)	250,000	75,000	1,032	0	1,722	327,754	0
	(ii)	0	0	0	0	0	0	0
3 ROBERT MIANI TREASURER/CFO	(i)	223,787	79,700	7,596	10,800	10,709	332,592	0
	(ii)	0	0	0	0	0	0	0
4 KAREN DIETZ SECRETARY/IN-HOUSE COUNSEL	(i)	103,820	15,000	7,091	5,766	33,391	165,068	0
	(ii)	0	0	0	0	0	0	0
5 ANNE QUINN YOUNG SVP OF MARKETING	(i)	185,183	25,000	13,257	9,008	4,170	236,618	0
	(ii)	0	0	0	0	0	0	0
6 DANIEL AUCLAIR SVP OF RESEARCH	(i)	196,350	25,000	404	8,854	1,514	232,122	0
	(ii)	0	0	0	0	0	0	0
7 LAURA GILMAN VP OF EVENTS	(i)	133,925	15,000	3,091	6,584	23,947	182,547	0
	(ii)	0	0	0	0	0	0	0
8 ALICIA O'NEILL DIR OF EVENTS BUSINESS DEVELOPMENT	(i)	128,910	12,000	7,369	4,488	15,351	168,118	0
	(ii)	0	0	0	0	0	0	0
9 MARGARET FURLONG ASSOC DIR OF CLINICAL OPS	(i)	113,634	10,000	7,624	5,752	28,327	165,337	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 7	<p>THE FOLLOWING EMPLOYEES RECEIVED A BONUS FROM THE ORGANIZATION. EACH BONUS WAS BASED ON THE DISCRETION OF THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. EACH BONUS WAS BASED UPON A REVIEW OF THE INDIVIDUAL'S PERFORMANCE, AND APPROVED BY THE COMPENSATION COMMITTEE PRIOR TO BEING AWARDED. PAUL GIUSTI, PRESIDENT & CEO \$126,000. KATHY GIUSTI, FOUNDER & STRATEGIC ADVISOR \$75,000. ROBERT MIANI, CFO \$79,700. KAREN DIETZ, SECRETARY & IN-HOUSE COUNSEL \$15,000. ANNE QUINN YOUNG, SENIOR VP OF MARKETING \$25,000. DANIEL AUCLAIR, SENIOR VP OF RESEARCH \$25,000. LAURA GILMAN, VP OF EVENTS \$15,000. ALICIA O'NEIL, DIRECTOR OF EVENTS BUSINESS DEVELOPMENT & PARTNERSHIPS \$12,000. KAREN WOOLLEY, CLINICAL OPERATIONS MANAGER \$7,500. MARY DEROME, DIRECTOR OF MEDICAL COMMUNICATIONS AND EDUCATION \$5,500. MARGARET FURLONG, ASSOCIATE DIRECTOR OF CLINICAL OPERATIONS \$10,000.</p>

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	42	1,337,923	AVG SELLING PRICE
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** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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?		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 nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

2017

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury

Internal Revenue Service

Name of the organization

THE MULTIPLE MYELOMA RESEARCH FOUNDATION INC

Employer identification number

06-1504413

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	<p>MMRF ACCOMPLISHMENTS FOR 2017 THE MMRF HAS BUILT ON THE SUCCESSES OF 2016 AND HAD A BANNER YEAR IN 2017, WHICH INCLUDED THE LAUNCH OF 3 IMPORTANT MULTI-MILLION DOLLAR RESEARCH INITIATIVES * FIVE NEW INNOVATIVE CLINICAL TRIALS WERE LAUNCHED BY THE MULTIPLE MYELOMA RESEARCH CONSORTIUM, BRINGING THE TOTAL NUMBER OF OPEN AND ENROLLING TRIALS TO 16 * IN 2017, THE MMRC ENROLLED 242 PATIENTS IN 16 ACTIVE TRIALS, WHICH EXCEEDED 2017 ENROLLMENT PROJECTIONS BY 10% * 990 COMMPASS PATIENTS HAVE HAD THEIR BASELINE MOLECULAR PROFILES COMPLETED, 216 HAD THEIR RELAPSE SAMPLES SEQUENCED AND RESULTS WERE RETURNED TO THE TREATING PHYSICIAN MORE THAN 25 ABSTRACTS RESULTING FROM COMMPASS DATA WERE PRESENTED AT THE AMERICAN SOCIETY OF HEMATOLOGY MEETING IN DECEMBER 2017, MORE THAN 60 COMMPASS PUBLICATIONS HAVE BEEN PUBLISHED TO DATE * ALMOST 500 RELAPSED/REFRACTORY MM PATIENTS HAVE HAD THEIR MOLECULAR PROFILES COMPLETED THROUGH THE MMRF MOLECULAR PROFILING INITIATIVE AT UNIVERSITY OF MICHIGAN, RESULTS WERE RETURNED TO THE TREATING PHYSICIAN * 2017 PATIENT EDUCATION PROGRAMS REACHED OVER 6000 PATIENTS AND CAREGIVERS IN 2017 * THE MMRF LAUNCHED THREE IMPORTANT MULTI-YEAR, MULTI-MILLION DOLLAR RESEARCH INITIATIVES IN PRECISION MEDICINE - THE IMMUNOTHERAPY INITIATIVE THIS IS A 3-YEAR INVESTMENT IN CREATING ACADEMIC NETWORKS OF EXCELLENCE TO DEVELOP THE SCIENCE BEHIND PRECISION APPROACHES IN IMMUNOTHERAPY IN MYELOMA EFFORTS WILL CENTER ON BUILDING A ROBUST IMMUNE DATA SET, SETTING DATA STANDARDS, AND ACCELERATING NEW AND PROMISING IMMUNE THERAPIES TO PATIENTS - THE ANSWER FUND THIS 3-YEAR EFFORT IS DESIGNED TO ENCOURAGE RESEARCHERS TO USE COMMPASS DATA TO ANSWER THE QUESTIONS THAT ARE MOST IMPORTANT TO THE MYELOMA COMMUNITY THE FIRST QUESTION TO BE ANSWERED IS AROUND HIGH-RISK PATIENTS, HOW TO IDENTIFY THEM EARLIER AND MORE PRECISELY, AND HOW BEST TO TREAT THEM THE SECOND QUESTION IS THE RESULT OF A CROWD SOURCING EFFORT WE ASKED PATIENTS AND HEALTH CARE PROFESSIONALS TO TELL US THEIR MOST PRESSING ISSUES THIS SECOND PROJECT WILL CENTER AROUND MAINTENANCE THERAPY, WHICH PROVED TO BE THE MOST POPULAR TOPIC AMONG THOSE WHO ANSWERED OUR SURVEY - THE PREVENTION PROJECT THIS IS A \$4M EFFORT IN COLLABORATION WITH THE PERELMAN FAMILY FOUNDATION, WHICH FOCUSSES ON EARLY DETECTION AND ULTIMATELY, PREVENTION OF MYELOMA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	KATHY GIUSTI, FOUNDER & STRATEGIC ADVISOR, KAREN ANDREWS, BOARD MEMBER, AND PAUL GIUSTI, PRESIDENT & CEO, ALL HAVE A FAMILY RELATIONSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS FIRST REVIEWED WITH THE CEO OF THE FOUNDATION ONCE REVIEWED WITH THE CEO, THE FORM 990 IS EMAILED TO EACH BOARD MEMBER EACH BOARD MEMBER REVIEWS THE FORM 990 AND IF ANY QUESTIONS ARISE, THEY ARE COMMUNICATED TO THE FOUNDATION AND ADDRESSED AFTER ALL QUESTIONS ARE ADDRESSED, THE FORM 990 IS SUBMITTED TO THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION B, LINE 12C</p>	<p>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 CO</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	ALL SENIOR POSITIONS AND THEIR COMPENSATION ARE REVIEWED AND APPROVED BY THE HR COMMITTEE OF THE BOARD OF DIRECTORS COMPENSATION FOR EMPLOYEES ARE BENCHMARKED AGAINST OTHER 501(C)(3)'S AND RESEARCH ORGANIZATIONS, THEN REVIEWED BY THE COMPENSATION COMMITTEE THE COMPENSATION APPROVAL IS DOCUMENTED IN THE MINUTES BY THE COMMITTEE THIS PROCESS WAS LAST UNDERTAKEN IN 2017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990 AND FORM 1023 ARE MADE AVAILABLE FOR PUBLIC VIEWING UPON WRITTEN REQUEST AT MMRF'S HEADQUARTERS LOCATED AT 383 MAIN AVENUE, 5TH FLOOR, NORWALK, CT 06851 FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABE AT THE ORGANIZATION'S WEBSITE WWW THEMRF ORG FORM 990 IS AVAILABLE ON WWW GUIDESTAR ORG, WWW CHARITYNAVIGATOR ORG, AND OTHER SIMILAR WEBSITES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE MULTIPLE MYELOMA RESEARCH FOUNDATION, INC AUDIT/FINANCE COMMITTEE RECOMMENDS THE AUDITOR TO THE BOARD, AND THE BOARD APPOINTS THE AUDITOR THE BOARD ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS THE POLICY FOR SELECTION AND OVERSIGHT OF THE INDEPENDENT AUDITORS HAS NOT CHANGED SINCE LAST YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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 (if applicable) 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
(1) MULTIPLE MYELOMA RESEARCH FOUNDATION LLC 383 MAIN AVENUE 5TH FLOOR NORWALK, CT 06851 47-1162865	TO SUPPORT ITS MEMBER'S CHARITABLE MISSION	DE	0	0	THE MULTIPLE MYELOMA RESEARCH FOUNDATION INC
(2) MULTIPLE MYELOMA RESEARCH CONSORTIUM LLC 383 MAIN AVENUE 5TH FLOOR NORWALK, CT 06851 47-1142650	FACILITATING OR SPONSORING CLINICAL TRIALS AND RELATED RESEARCH	CT	4,170,977	1,087,704	THE MULTIPLE MYELOMA RESEARCH FOUNDATION INC

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 entity?	
						Yes	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	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)